STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018367	A. BUILDING: _____ B. WING _____	10/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORY VISION COMMUNITY LIVING NORTH	734 NORTH MONROE STREET WATERLOO, WI 53594

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments From 10/06/2025 to 10/10/2025, Surveyor conducted a standard survey at Victory Vision Community Living North, a CRBF in Waterloo. Ten deficiencies were identified. Four deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 65W911, dated 02/18/2021, SOD 65W912, dated 04/21/2021, SOD 65W913, dated 07/22/2021, SOD 65W914, dated 02/04/2022, SOD YUJP11, dated 04/12/2023 and SOD YUJP12, dated 10/10/2023. Census: 5	N 000		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A	N 310		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 310	Continued From page 1 statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 admission agreements reviewed was signed by the resident. Resident 2's admission agreement was not signed by him/her. Findings include: On 10/06/2025 at approximately 12:45 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 01/20/2025 with diagnoses including paraplegia, anxiety and depression. Resident 2's record did not include documentation of an activated Health Care Power of Attorney or guardianship. Resident 2's admission agreement was not signed by him/her. On 10/06/2025 at approximately 2:00 p.m., Surveyor asked Operations Manager A to clarify Resident 2's decision making status. Operations Manager A stated Resident 2's family member stated s/he was Resident 2's decision maker, so the provider had the family member sign	N 310		

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N 310	Continued From page 2 paperwork. Operations Manager A was unable to definitively state if Resident 2 was his/her own decision maker or if Resident 2 had an activated Health Care Power of Attorney. Surveyor requested follow up from Operations Manager A. On 10/07/2025 at 11:25 a.m., Surveyor received a completed "Authorized Representative" form from Operations Manager A. Surveyor noted the form was applicable to benefit enrollment with the state, not a Health Care Power of Attorney or guardianship. Surveyor shared concern with Operations Manager A that documentation did not indicate Resident 2's family member was his/her activated Health Care Power of Attorney or legal guardian. Surveyor did not receive a follow up response or further documentation from Operations Manager A.	N 310		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed received all his/her medications as prescribed. Resident 1 did not receive his/her insulin as prescribed. This is a repeat deficiency. See Statement of Deficiency (SOD) 65W913, dated 07/22/2021,	N 352		

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N 352	Continued From page 3 SOD 65W914, dated 02/04/2022, SOD YUJP11, dated 04/12/2023, SOD YUJP12, dated 10/10/2023 and SOD YUJP13, dated 04/16/2024. Findings include: On 10/06/2025 at approximately 12:45 p.m., Surveyor reviewed Resident 1's record. Resident 1 admitted to the provider's facility on 03/02/2019 with diagnoses including diabetes, down syndrome and autism. Resident 1's record documented the provider's staff managed Resident 1's medications, including diabetic management. Resident 1's physician orders included Insulin Lispro 100 unit/ml (Start Date: 08/08/2025) - 1 unit for every 18 grams of carbs meals/snacks + correction with meals via sliding scale for the following blood sugar (BS) readings <150=0 units, 151-200=2 units, 201-250=3 units, 251-300=4 units, 301-350=5 units, 351-400=6 units, >400=7 units. Operations Manager A further explained Resident 1's carb counts stating the unit dosing would round down if .4 or below and round up if .5 or above. Surveyor reviewed Resident 1's medication administration record (MAR), dated 09/01/2025 to 10/06/2025, and identified the following concerns: - 09/01/2025 11:04 a.m. Carbs=70, BS=200, Total Insulin Given: 7 *Per order, 6 units should have been administered (4 units for carb intake, 2 units for BS reading). - 09/02/2025 12:59 p.m. Carbs=75, BS=348, Total Insulin Given: 10 *Per order, 9 units should have been administered (4 units for carb intake, 5 units for BS reading). - 09/02/2025 4:56 p.m. Carbs=75, BS=321, Total Insulin Given: 11 *Per order, 10 units should have been administered (4 units for carb intake, 5 units for BS reading).	N 352		

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N 352	Continued From page 4 - 09/07/2025 12:22 p.m. Carbs=42, BS=341, Total Insulin Given: 8 *Per order, 7 units should have been administered (2 units for carb intake, 5 units for BS reading). - 09/09/2025 4:43 p.m. Carbs=21, BS=403, Total Insulin Given: 9 *Per order, 8 units should have been administered (1 unit for carb intake, 7 units for BS reading). - 09/14/2025 4:15 p.m. Carbs=73, BS=168, Total Insulin Given: 7 *Per order, 6 units should have been administered (4 units for carb intake, 2 units for BS reading). - 09/17/2025 5:28 p.m. Carbs=62, BS=228, Total Insulin Given: 7 *Per order, 6 units should have been administered (3 units for carb intake, 3 units for BS reading). - 09/19/2025 12:28 p.m. Carbs=75, BS=152, Total Insulin Given: 7 *Per order, 6 units should have been administered (4 units for carb intake, 2 units for BS reading). - 09/19/2025 5:13 p.m. Carbs=62, BS=218, Total Insulin Given: 7 *Per order, 6 units should have been administered (3 units for carb intake, 3 units for BS reading). - 09/21/2025 7:18 a.m. Carbs=47, BS=247, Total Insulin Given: 7 *Per order, 6 units should have been administered (3 units for carb intake, 3 units for BS reading). - 09/21/2025 11:42 a.m. Carbs=66, BS=239, Total Insulin Given: 6 *Per order, 7 units should have been administered (4 units for carb intake, 3 units for BS reading). - 09/21/2025 5:12 p.m. Carbs=85, BS=423, Total Insulin Given: 11 *Per order, 12 units should have been administered (5 units for carb intake, 7 units for BS reading). - 09/24/2025 5:12 p.m. Carbs=77, BS-368, Total Insulin Given: 11 *Per order, 10 units should have been administered (4 units for carb intake, 6 units for BS reading).	N 352		

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N 352	Continued From page 5 - 09/25/2025 12:13 p.m. Carbs=62, BS=159, Total Insulin Given 6 *Per order, 5 units should have been administered (3 units for carb intake, 2 units for BS reading). - 09/25/2025 5:37 p.m. Carbs=44, BS=163, Total Insulin Given: 5 *Per order, 4 units should have been administered (2 units for carb intake, 2 units for BS reading). On 10/06/2025 at 1:00 p.m., Surveyor interviewed Operations Manager A and reviewed concerns with Resident 1's diabetic management. Operations Manager A stated one of the employees who had made errors was no longer with the facility and the other employee was great with diabetic management. Operations Manager A stated s/he and Care Coordinator B audited Resident 1's MAR at least monthly, but tried to do so weekly. Operations Manager A stated Resident 1's diabetic management often resulted in a medication deficiency during licensing surveys.	N 352		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.	N 386		

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N 386	Continued From page 6	N 386		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 1 of 2 individual service plans (ISP) reviewed included the resident's needs. Resident 2's record did not include his/her need for assistance with tobacco use.

This was a repeat deficiency. See Statement of Deficiency (SOD) 65W911 on 02/18/2021 and SOD 65W912, dated 04/21/2021.

Findings include:

On 10/06/2025 at approximately 11:20 a.m., Surveyor observed Resident 2 sitting outside the facility with cigarettes and a lighter. Surveyor observed Resident 2's hands were contracted. Resident 2 asked Surveyor for assistance with lighting his/her cigarette.

On 10/06/2025 at approximately 12:45 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 01/20/2025 with diagnoses including paraplegia, anxiety and depression. Resident 2's ISP, dated 07/30/2025, did not include his/her tobacco use.

On 10/06/2025 at approximately 1:00 p.m., Surveyor interviewed Operations Manager A regarding Resident 2's tobacco use. Operations Manager A confirmed Resident 2 used tobacco and required staff to light the cigarettes. Operations Manager A stated once Resident 2's cigarette was lit, Resident 2 was able to smoke cigarettes independently. Surveyor asked Operations Manager A if s/he had an assessment

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N 386	Continued From page 7 and/or Resident 2's need for assistance to light the cigarette and ability to safely smoke cigarettes independently documented in his/her ISP. Operations Manager A replied, "No," and took note to update Resident 2's ISP.	N 386		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 individual service plans (ISP) was updated when there was a change in need. Resident 1's ISP was not updated when his/her tube feeds were discontinued and when his/her supervision needs decreased. This is a repeat deficiency. See Statement of Deficiency (SOD) YUJP11, dated 04/12/2023 and YUJP12, dated 10/10/2023. Findings include:	N 389		

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N 389	Continued From page 8 On 10/06/2025 at approximately 12:00 p.m., Surveyor interviewed Operations Manager A regarding the provider's staffing patterns. Operations Manager A stated the facility was staffed with 2 caregivers on AM and PM shifts due to Resident 1's 1:1 staffing need and then staffed with 1 caregiver overnight. On 10/06/2025 at approximately 12:15 p.m., Surveyor observed Resident 1 being assisted with oral feeding. On 10/06/2025 at approximately 12:45 p.m., Surveyor reviewed Resident 1's record. Resident 1 admitted to the provider's facility on 03/02/2019 with diagnoses including diabetes, down syndrome and autism. Resident 1's ISP, dated 06/13/2025, indicated s/he had a g-tube for feedings and required 1:1 staffing 24 hours per day. On 10/06/2025 at 1:00 p.m., Surveyor interviewed Operations Manager A regarding Resident 1's needs and ISP. Operations Manager A stated Resident 1's g-tube was removed on 07/21/2025 and that s/he thought s/he had updated the ISP regarding the change. Operations Manager A stated Resident 1's need for 1:1 decreased from 24 hours/day to 16 hours/day on 10/01/2025. Operations Manager A stated s/he would update the ISP.	N 389		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s	N 408		

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N 408	Continued From page 9 individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 2 of 2 residents reviewed had the rationale for use and a detailed description of behaviors which indicated the need for administration of a PRN Psychotropic included in their ISP and that the PRN psychotropic use was monitored at least monthly for inappropriate use. This is a repeat deficiency. See Statement of Deficiency (SOD) 65W912, dated 04/21/2021, SOD 65W913, dated 07/22/2021, SOD 65W914, dated 02/04/2022 and SOD YUJP13, dated 04/16/2024. Findings include: On 10/06/2025 at 12:45 p.m., Surveyor reviewed resident records provided by Operations Manager A and identified the following concerns:	N 408		

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N 408	Continued From page 10 - Resident 1 admitted to the provider's facility on 03/02/2019 with diagnoses including diabetes, down syndrome and autism. Resident 1's physician orders included Lorazepam .5 mg 2 times daily as needed for anxiety (Start Date: 08/19/2025). Resident 1's ISP, dated 06/13/2025, did not include the use of the PRN psychotropic medication. Resident 1's September Medication Administration Record (MAR), documented 2 administrations of Lorazepam PRN. Resident 1's record did not include documentation that Resident 1's PRN psychotropic was monitored for inappropriate use monthly. - Resident 2 was admitted to the provider's facility on 01/20/2025 with diagnoses including paraplegia, anxiety and depression. Resident 2's physician orders included Lorazepam .5 mg every 24 hours as needed for anxiety (Start Date: 07/14/2025). Resident 2's ISP, dated 07/30/2025, did not include the use of the PRN psychotropic medication. Resident 2's September MAR documented 11 administrations of Lorazepam PRN. Resident 2's record did not include documentation that Resident 2's PRN psychotropic was monitored for inappropriate use monthly. On 10/06/2025 at approximately 1:00 p.m., Surveyor reviewed concern with Operations Manager A and Care Coordinator B that Resident 1 and Resident 2's ISPs did not include the use of PRN psychotropic medications. Operations Manager A took note of Surveyor's concern. Surveyor shared concern that Resident 1 and Resident 2's record did not include a monthly audit of their PRN psychotropic use. Operations Manager A stated s/he was unaware of the need for a monthly audit and made note of Surveyor's concern.	N 408		

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N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected at least once every 3 years and documentation of the inspection was made available to the department. Findings include: On 10/06/2025 at 11:45 a.m., Surveyor reviewed environmental records provided by Operations Manager A and Care Coordinator B. Records did not include documentation of a furnace inspection. On 10/06/2025 at 1:40 p.m., Surveyor reviewed concern with Operations Manager A and Care Coordinator B that the provider did not have documentation of a furnace inspection completed in the past 3 years. Operations Manager A stated s/he was sure the furnace was inspected and would reach out to their contractor for	N 504		

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N 504	Continued From page 12 documentation. Operations Manager A was given until 10/07/2025 at 2:00 p.m. to provide documentation. On 10/10/2025 at 8:00 a.m., Surveyor followed up with Operations Manager A. Operations Manager A stated s/he did not have documentation of a furnace inspection completed in the past 3 years to provide Surveyor.	N 504		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire evacuation drills were conducted at least quarterly with both employees and residents and that documentation included the time of the drill and total evacuation time. The	N 525		

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	0018367	A. BUILDING: _____ B. WING _____	10/10/2025

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VICTORY VISION COMMUNITY LIVING NORTH	734 NORTH MONROE STREET WATERLOO, WI 53594

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N 525	Continued From page 13 provider had only completed 1 fire drill in 2025 and the drill did not specify the time the drill was completed or the total evacuation time. Findings include: On 10/06/2025 at 11:45 a.m., Surveyor reviewed environmental records provided by Operations Manager A and Care Coordinator B. Records included documentation of 1 fire drill completed on 01/01/2025 "1st shift" with no evacuation time. On 10/06/2025 at 1:40 p.m., Surveyor reviewed concern with Operations Manager A and Care Coordinator B that the provider had documentation of only 1 fire drill completed in 2025 and the documentation did not include the time of the drill or total evacuation drill. Care Coordinator B responded that s/he had conducted additional drills, but was unable to locate documentation. Care Coordinator B stated, "I'm usually on top of it."	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills, such as tornado, flooding or other emergency or disaster evacuation drill was completed at least semi-annually. The provider completed 1 other evacuation drill in 2024 and did not complete an other evacuation drill during the first half of 2025.	N 526		

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N 526	Continued From page 14 Findings include: On 10/06/2025 at 11:45 a.m., Surveyor reviewed environmental records provided by Operations Manager A and Care Coordinator B. Records included documentation of 1 tornado drill completed on 04/11/2024 and 1 tornado drill completed on 09/19/2025. On 10/06/2025 at 1:40 p.m., Surveyor reviewed concern with Operations Manager A and Care Coordinator B that the provider had documentation of only 1 other evacuation drill completed in 2024 and no documentation of an other evacuation drill completed in the first half of 2025. Care Coordinator B asked Surveyor what the requirement was for other evacuation drills and made note of Surveyor's review of the regulation.	N 526		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the sprinkler system was inspected annually and maintained. The	N 558		

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N 558	Continued From page 15 provider's sprinkler system was last inspected in March 2024 and listed deficiencies with no documented follow up or resolution of the deficiencies. Findings include: On 10/06/2025 at 11:45 a.m., Surveyor reviewed environmental records provided by Operations Manager A and Care Coordinator B. Records included documentation of a sprinkler system inspection completed 03/20/2024. The inspection documented the following deficiencies: - The facility was overdue for an internal investigation of the pipe (due 2023). - The facility was overdue for a sample test or replacement of fast response sprinklers (due in 2024). On 10/06/2025 at 1:40 p.m., Surveyor reviewed concern with Operations Manager A that the sprinkler system had not been inspected since 03/20/2024 and that inspection listed deficiencies with no follow up. Operations Manager A stated s/he thought the deficiencies were addressed during the inspection, but would need to follow up with the contractor. On 10/10/2025 at 8:00 a.m., Surveyor followed up with Operations Manager A. Operations Manager A stated s/he was unable to provide documentation indicating the sprinkler system deficiencies had been corrected, but that the contractor planned to come out to the facility in the near future.	N 558		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits	N 631		

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N 631	Continued From page 16 All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility had 2 grade level or ramped exits to grade. The provider only had 1 exit ramped to grade. Findings include: The provider is a Class CNA (nonambulatory) facility licensed to serve up to 6 residents. On 10/06/2025 at 11:45 a.m., Surveyor observed the provider's emergency exit diagram, which identified the front door and side door as emergency exits. Surveyor observed the front door was ramped to grade. Surveyor observed the side door had a drop down of approximately 3.5 inches to the cement outside the door. On 10/06/2025 at approximately 2:30 p.m., Surveyor shared observation with Operations Manager A that 1 of 2 exits was not ramped to grade. Operations Manager A confirmed the side entrance was an emergency exit and acknowledged Surveyor's concern that the exit was not ramped to grade. Operations Manager A stated residents typically used the front entrance	N 631		

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N 631	Continued From page 17 or the garage exit, which was ramped to grade but required an overhead garage door to open to exit (no service door).	N 631		