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 _____	R 03/10/2026

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 03/09/2026 to 03/10/2026, Surveyor conducted a verification visit at Victory Vision Community Living North, a CBRF located in Waterloo, WI. Three deficiencies were identified. Three deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 65W912, dated 04/21/2021, SOD 65W913, dated 07/22/2021, SOD 65W914, dated 02/04/2022, SOD YUJP11, dated 04/12/2023, SOD YUJP12, dated 10/10/2023 and SOD 217G11, dated 10/10/2025. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 5	{N 000}		
{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 2 of 3 residents reviewed received all his/her medications as prescribed. Resident 1 did not receive his/her Acitretin as prescribed from 01/17/2026 to 03/09/2026. Resident 1 did not receive his/her insulin as prescribed on 2 occurrences from 01/17/2026 to	{N 352}		

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

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{N 352}	Continued From page 1 03/09/2026. Resident 2 did not receive his/her Polyethylene Glycol daily as prescribed. This is a repeat deficiency. See Statement of Deficiency (SOD) 65W913, dated 07/22/2021, SOD 65W914, dated 02/04/2022, SOD YUJP11, dated 04/12/2023, SOD YUJP12, dated 10/10/2023, SOD YUJP13, dated 04/16/2024 and SOD 217G11, dated 10/10/2025. Findings include: From 03/09/2026 to 03/10/2026, Surveyor conducted a verification visit and identified the following concerns regarding resident medications: Example 1 - Resident 1's Acitretin: On 03/09/2026 at approximately 11:00 a.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 Acitretin 25 mg (Start Date: 01/08/2026) - Take 1 capsule by moth daily. Resident 1's Medication Administration Record (MAR), documented the medication was not administered. On 03/09/2026 at approximately 12:30 p.m., Surveyor reviewed the provider's medication cart with Operations Manager A. Surveyor was unable to locate Acitretin in Resident 1's supply. Operations Manager A confirmed the medication	{N 352}		

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{N 352}	Continued From page 2	{N 352}		

was unavailable. Operations Manager A stated the medication was never administered to Resident 1 because the pharmacy was unable to send the medication in unit dose packaging and the provider did not have a registered nurse available to repackage the medication on a regular basis. Operations Manager A stated, effective the day of Surveyor's visit, the medication was discontinued and a cream was being ordered.

Example 2 - Resident 1's Insulin Administration:

Resident 1's physician orders included Insulin Lispro 100 unit/ml (Start Date: 10/21/2025) - 1 unit for every 17 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. Surveyor reviewed Resident 1's MAR and identified the following dates when Resident 1 did not receive his/her insulin as ordered:

- 01/31/2026 5:00 p.m. BS=235, Carb=65 - Total Units Given: 8 units. *Per order, 7 units should have been administered (3 units for BS reading, 4 units for carb intake).
- 02/23/2026 5:00 p.m. BS=128, Carbs=43 - Total Insulin Given: 5 *Per order, 3 units should have been administered (0 units for BS reading, 3 units for carb intake).

On 03/10/2026 at approximately 4:00 p.m., Operations Manager A reviewed Resident 1's insulin administration errors with Surveyor. Operations Manager A confirmed the 01/31/2026 and 02/23/2026 errors.

Example 3 - Resident 2's Polyglycol

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{N 352}	Continued From page 3 Administration: 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 Polyethylene Glycol (Start Date: 01/06/2026) - Mix 17 grams in 4-8 ounces of liquid daily for constipation. Resident 2's MAR, dated 12/05/2025 to 03/09/2026, documented 83 administrations of Polyethylene Glycol. On 03/09/2026 at approximately 12:30 p.m., Surveyor reviewed the provider's medication cart with Operations Manager A. Surveyor observed 1 Polyethylene Glycol bottle that had an open date of 12/05/2025 written on it. Surveyor shared concern that a bottle of Polyethylene Glycol opened on 12/05/2025 should be depleted within 30 days if administered daily. On 03/10/2026 at 1:53 p.m., Surveyor interviewed Pharmacist D. Pharmacist D stated pharmacy had delivered 1 bottle of Polyethylene Glycol to the provider's facility for Resident 2 on 11/25/2025 and 03/09/2026, indicating Resident 2 did not receive his/her Polyethylene Glycol as prescribed. On 03/10/2026 at approximately 4:00 p.m., Surveyor discussed concern regarding Resident 2's Polyethylene Glycol with Operations Manager A. Operations Manager A did not have questions.	{N 352}		
{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	{N 408}		

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{N 408}	Continued From page 4 shall do all of the following: 1. The resident ' s 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 3 residents reviewed had the rationale for use and a detailed description of behaviors which indicated the need for administration of a PRN psychotropic medication included in their individual service plan (ISP) and/or that the PRN psychotropic medication 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, SOD YUJP13, dated 04/16/2024 and SOD 217G11, dated 10/10/2025. Resident 2's ISP did not include a detailed description of behaviors which indicated the need for his/her Lorazepam PRN and his/her	{N 408}		

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{N 408}	Continued From page 5 Lorazepam use for February 2026 had not been monitored. Resident 3's ISP did not provide a detailed description of the behaviors which indicated the need for his/her Quetiapine PRN, Clonazepam PRN and Olanzapine PRN and his/her PRN Clonazepam and Olanzapine use for February 2026 had not been monitored. Findings include: On 03/09/2026 at 11:30 a.m., Surveyor reviewed resident records provided by Operations Manager A and identified the following concerns: Example 1 - Resident 2: 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, not dated, stated s/he had Lorazepam for anxiety and nervousness. The ISP did not provide a detailed rationale for use or description of the behaviors that would warrant the administration of PRN Lorazepam. Resident 2's February MAR documented 22 administrations of Lorazepam PRN. Resident 2's record did not include documentation that Resident 2's PRN psychotropic was monitored for inappropriate use for the month of February. On 03/09/2026 at approximately 12:00 p.m., Surveyor interviewed Operations Manager A. Operations Manager A stated s/he must have gotten distracted while doing PRN psychotropic reviews for February and missed Resident 2.	{N 408}		

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{N 408}	Continued From page 6 Operations Manager A stated Resident 2 became anxious due to fear and discomfort from his/her spinal injury. Operations Manager A stated Resident 2 would shake his/her upper extremities, rub his/her chest and/or ask for medication when in need of PRN Lorazepam. Operations Manager A stated s/he would update the ISP. Example 2 - Resident 3: Resident 3 was admitted to the provider's facility on 10/22/2025. Resident 3's physician orders included Quetiapine 25 mg (Start Date: 10/30/2025) - Take 1 tablet once daily as needed for anxiety or behavioral issues, Clonazepam 1 mg (Start Date: 11/03/2026) - Take ½ to 1 tablet 2 times daily as needed for anxiety/panic and Olanzapine 5 mg (Start Date: 12/19/2025) - Take 1 tablet every 6 hours as needed for anxiety and agitation. Resident 3's ISP, dated 03/09/2026, did not provide a detailed rationale for use or description of the behaviors that would warrant the administration of his/her PRN psychotropic medications. Resident 3's MAR, dated 02/01/2026 to 02/28/2026, documented 0 administrations of Quetiapine PRN, 9 administrations of Clonazepam PRN and 13 administrations of Olanzapine PRN. Resident 3's record included a PRN psychotropic review for February, which reviewed the use of Quetiapine PRN only. Resident 3's use of Clonazepam PRN and Olanzapine PRN was not reviewed for February. On 03/09/2026 at approximately 12:00 p.m., Surveyor interviewed Operations Manager A. Operations Manager A stated s/he must have gotten distracted while doing PRN psychotropic reviews and missed some reviews. Operations	{N 408}		

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{N 408}	Continued From page 7 Manager A stated Resident 3 would become argumentative and/or raise his/her voice when agitated and in need of a PRN psychotropic medication. Operations Manager A stated s/he would update the ISP.	{N 408}		
{N 631}	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits 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 emergency exit ramped to grade. This is a repeat deficiency. See Statement of Deficiency (SOD) 217G11, dated 10/10/2025. Findings include: The provider is a Class CNA (nonambulatory) facility licensed to serve up to 6 residents. On 03/09/2026 at 12:45 p.m., Surveyor toured the provider's facility with Operations Manager A to observe emergency exits. Surveyor and Operations Manager A observed a side exit, front	{N 631}		

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{N 631}	Continued From page 8 door exit, garage exit and back exit. Surveyor and Operations Manager A discussed which exits would be used for non-ambulatory residents in the event of an emergency. Operations Manager A acknowleged that the garage door exit would not be an emergency exit due to the overhead door being an obstruction and the back door exit did not have a hard surface walkway to a public way or safe distance from the home. Operations Manager A concluded the front door exit and side door exit would be the non-ambulatory emergency exits. Surveyor observed the side door had a drop down of approximately 3.5 inches to the cement outside the door. On 03/09/2026 at approximately 12:50 p.m., Surveyor reviewed concern with Operations Manager A and Licensee C that 1 of 2 non-ambulatory exits that had a hard surface walkway to a public way or safe distance from the building was not accessible for non-ambulatory residents due to the approximate 3.5 inch drop down to the cement surface. Operations Manager A and Licensee C acknowledged Surveyor's concern. Licensee C stated s/he would address the concern and began measuring the drop down to order equipment.	{N 631}		