

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/10/2026
NAME OF PROVIDER OR SUPPLIER VICTORY VISION COMMUNITY LIVING NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 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 07/08/2026 to 07/10/2026, Surveyor conducted a verification visit at Victory Vision Community Living North, a CBRF located in Waterloo, WI. Three deficiencies were identified. Two deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) 65W911, dated 02/09/2021, SOD 217G11, dated 10/10/2025 and SOD 217G12, dated 03/10/2026. Under statutory provisions of Wis. Stat. Chapter 50, a \$200 revisit fee is being assessed. Census: 6	{N 000}		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure staffing was provided in sufficient numbers to meet the needs of residents. The provider, which cared for 1 resident that required 1:1 supervision for 16 hours/day and 5 other residents that required assistance, did not staff with 2 caregivers present for 16 hours/day to meet the needs of residents. This is a repeat deficiency. See Statement of Deficiency (SOD) 65W911, dated 02/09/2021. Findings include:	N 396		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/10/2026
NAME OF PROVIDER OR SUPPLIER VICTORY VISION COMMUNITY LIVING NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 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 396	Continued From page 1 The provider is licensed to serve up to 6 residents with diagnoses including emotionally disturbed/mental illness, physically disabled, traumatic brain injury, developmentally disabled and advanced age. On 07/08/2026 at 11:30 a.m., Surveyor arrived to the provider's facility and observed Caregiver E was the only caregiver present. Five residents (Resident 1, Resident 2, Resident 3, Resident 4 and Resident 5) were present. Caregiver E reported Resident 6 had just left for work. Caregiver E reported s/he had been the only caregiver present since 10:00 a.m. Caregiver E confirmed Resident 1 required 1:1 supervision at the time and that s/he was responsible for Resident 1's supervision as well as the cares of the other residents. Surveyor asked Caregiver E how often the home was staffed with only 1 caregiver present during the day. Caregiver E replied, "Not often." On 07/08/2026 at 11:51 a.m., Caregiver F arrived to the facility. On 07/08/2026 at 12:09 p.m., Supervisor G arrived to the facility. Supervisor G stated s/he was replacing Caregiver E. Supervisor G stated s/he was supposed to be the 2nd caregiver present earlier in the day but had to cover at an affiliated home. On 07/08/2026 at 1:24 p.m., Surveyor interviewed Care Coordinator B. Surveyor shared observation that only 1 caregiver was present upon Surveyor's arrival to the facility. Care Coordinator B confirmed Surveyor's observation and stated there was an emergency at an affiliated home. Care Coordinator B stated Resident 1 was	N 396		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/10/2026
NAME OF PROVIDER OR SUPPLIER VICTORY VISION COMMUNITY LIVING NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 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 396	Continued From page 2 supposed to have 1:1 supervision for 16 hours/day from 7:00 a.m. to 11:00 p.m. Care Coordinator B stated the provider would typically take Resident 1 out of the home from 10:00 a.m. to 3:00 p.m. to attend day program, where the provider also provided 1:1 care; however, they were unable to do so on 07/08/2026 due to the provider's staffing. On 07/08/2026 at 1:40 p.m., Surveyor reviewed resident records which documented the following: - Resident 2's individual service plan (ISP), dated 07/08/2026, stated s/he required full assist for personal cares, including a hooyer lift for transfers - Resident 1's behavioral support plan (BSP), dated 03/30/2026, stated s/he required 1:1 supervision for 16 hours per day to monitor and redirect behaviors, which include exposing him/herself, self-injury, hitting or spitting on others, urinating on the floor and attempting to leave the home. - Resident 3's ISP, dated 07/08/2026, stated s/he required assistance with personal cares, including mobility. - Resident 4, Resident 5 and Resident 6's ISPs, dated 07/08/2026, indicated they required cueing and/or supervision for some activities of daily living. On 07/08/2026 at 1:50 p.m., Surveyor reviewed employee schedules, dated 06/08/2026 to 07/05/2026 provided by Licensee C. The schedules listed the following time periods between 7:00 a.m. to 11:00 p.m., excluding 10:00 a.m. to 3:00 p.m. Monday through Friday when Resident 1 attended day program, when the home was not staffed with 2 caregivers as required to meet the needs of the residents:	N 396		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/10/2026
NAME OF PROVIDER OR SUPPLIER VICTORY VISION COMMUNITY LIVING NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 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 396	Continued From page 3 - 06/08/2026 7:00 a.m. to 9:00 a.m. and 6:00 p.m. to 11:00 p.m. - 06/09/2026 7:00 a.m. to 10:00 a.m. and 4:00 p.m. to 11:00 p.m. - 06/10/2026 7:00 a.m. to 10:00 a.m. and 6:00 p.m. to 11:00 p.m. - 06/11/2026 7:00 a.m. to 10:00 a.m. and 4:00 p.m. to 11:00 p.m. - 06/12/2026 7:00 a.m. to 10:00 a.m. and 6:00 p.m. to 11:00 p.m. - 06/13/2026 7:00 a.m. to 11:00 p.m. - 06/14/2026 7:00 a.m. to 11:00 p.m. - 06/15/2026 7:00 a.m. to 10:00 a.m. and 6:00 p.m. to 11:00 p.m. - 06/16/2026 7:00 a.m. to 10:00 a.m. and 3:00 p.m. to 11:00 p.m. - 06/17/2026 7:00 a.m. to 10:00 a.m., 3:00 p.m. to 4:00 p.m. and 6:00 p.m. to 11:00 p.m. - 06/18/2026 7:00 a.m. to 10:00 a.m., 3:00 p.m. to 5:00 p.m. and 7:00 p.m. to 11:00 p.m. - 06/19/2026 7:00 a.m. to 7:00 a.m. to 4:00 p.m. and 6:00 p.m. to 11:00 p.m. - 06/20/2026 7:00 a.m. to 11:00 p.m. - 06/21/2026 7:00 a.m. to 11:00 p.m. - 06/22/2026 7:00 a.m. to 10:00 a.m. and 6:00 p.m. to 11:00 p.m. - 06/23/2026 7:00 a.m. to 10:00 a.m. and 3:00 p.m. to 11:00 p.m. - 06/24/2026 7:00 a.m. to 9:00 a.m., 3:15 p.m. to 6:00 p.m. and 8:00 p.m. to 11:00 p.m. - 06/25/2026 7:00 a.m. to 10:00 a.m. and 3:15 p.m. to 11:00 p.m. - 06/26/2026 7:00 a.m. to 8:00 a.m., 3:00 p.m. to 4:00 p.m., 6:00 p.m. to 11:00 p.m. - 06/27/2026 7:00 a.m. to 11:00 p.m. - 06/28/2026 7:00 a.m. to 11:00 p.m. - 06/29/2026 7:00 a.m. to 10:00 a.m. and 6:00 p.m. to 11:00 p.m. - 07/01/2026 7:00 a.m. to 3:00 p.m. to 5:00 p.m. and 8:00 p.m. to 11:00 p.m.	N 396		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/10/2026
NAME OF PROVIDER OR SUPPLIER VICTORY VISION COMMUNITY LIVING NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 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 396	Continued From page 4 - 07/02/2026 7:00 a.m. to 10:00 a.m. and 6:00 p.m. to 11:00 p.m. - 07/03/2026 7:00 a.m. to 10:00 a.m. and 4:00 p.m. to 11:00 p.m. - 07/04/2026 7:00 a.m. to 11:00 p.m. - 07/05/2026 7:00 a.m. to 11:00 p.m. On 07/08/2026 at 1:24 p.m., Surveyor interviewed Care Coordinator B and pointed out occurrences when the home did not have adequate staff scheduled during Resident 1's 1:1 supervision hours. Care Coordinator B confirmed Surveyor's concern and stated Resident 1 frequently left the home for a family visit Fridays at 10:30 a.m. to 2:00 or 4:00 p.m. on Saturdays, which made up for some of the staffing concerns and that Resident 1 went to bed earlier than 11:00 p.m. in the evenings. Care Coordinator B clarified that Resident 1's BSP did not indicate 1:1 staffing was not required if Resident 1 was sleeping. Cross Reference: N0399 DHS 83.36(2) Maintain Current Written Staffing Schedule	N 396		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee 's full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a staff schedule that included each employee's full name, job assignment and time worked was maintained.	N 399		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/10/2026
NAME OF PROVIDER OR SUPPLIER VICTORY VISION COMMUNITY LIVING NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 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 399	Continued From page 5 Findings include: On 07/08/2026 at 1:50 p.m., Surveyor reviewed employee schedules, dated 06/08/2026 to 07/05/2026 provided by Licensee C. Surveyor noted the following dates did not identify any caregiver working: - 06/10/2026 8:00 p.m. to 06/11/2026 8:00 a.m. - 06/11/2026 8:00 p.m. to 06/12/2026 10:00 a.m. - 06/12/2026 8:00 p.m. to 06/15/2026 at 8:00 a.m. - 06/19/2026 8:00 a.m. to 4:00 p.m. - 06/19/2026 8:00 p.m. to 06/20/2026 10:00 a.m. - 06/20/2026 6:00 p.m. to 06/21/2026 10:00 a.m. - 06/21/2026 6:00 p.m. to 06/22/2026 10:00 a.m. - 06/23/2026 10:00 a.m. to 12:00 p.m. - 06/24/2026 8:00 p.m. to 06/25/2026 8:00 a.m. - 06/25/2026 8:00 p.m. to 06/26/2026 8:00 a.m. - 06/26/2026 8:00 p.m. to 06/29/2026 8:00 a.m. - 06/30/2026 10:00 a.m. to 12:00 p.m. - 07/01/2026 8:00 p.m. to 07/02/2026 8:00 a.m. - 07/02/2026 8:00 p.m. to 07/03/2026 8:00 a.m. - 07/03/2026 6:00 p.m. through 07/05/2026 11:59 p.m. On 07/08/2026 at approximately 5:00 p.m., Licensee C acknowledged the schedules were incomplete. Licensee C stated the concern was identified at an affiliated home and the provider was working on making changes. Licensee C stated they typically don't add staff to weekend shifts because leadership and staff are aware of their schedules. N0396 83.36(1)(a) Adequate Staff To Meet Resident Needs	N 399		
{N 631}	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits	{N 631}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/10/2026
NAME OF PROVIDER OR SUPPLIER VICTORY VISION COMMUNITY LIVING NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 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 631}	Continued From page 6 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 and SOD 217G12, dated 03/10/2026. Findings include: The provider is a Class CNA (nonambulatory) facility licensed to serve up to 6 residents. On 07/08/2026 at 1:55 p.m., Surveyor toured the provider's facility with Care Coordinator B to observe emergency exits. Surveyor observed the provider's evacuation diagram, which identified a side exit as an emergency exit. Surveyor observed a ramp that was installed from the door to the concrete path. The ramp had a rise of 2.5 inches on the right, a rise of 2 inches on the left and an approximately 7.5-inch length. The ramp was not even and resulted in a drop from the door jamb (Photo 1).	{N 631}		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 07/10/2026
NAME OF PROVIDER OR SUPPLIER VICTORY VISION COMMUNITY LIVING NORTH			STREET ADDRESS, CITY, STATE, ZIP CODE 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 631}	Continued From page 7 On 07/08/2026 at 1:57 p.m., Surveyor interviewed Care Coordinator B regarding the ramp. Surveyor shared concern that the ramp did not appear level, had a drop down and did not appear in compliance with the Americans with Disabilities Act's ramp requirements. Care Coordinator B looked at the ramp and agreed the ramp was not level. Care Coordinator B stated s/he had never used the exit and would not want to.	{N 631}			