STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011410	A. BUILDING: _____ B. WING _____	C 07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE FALLS ROAD AFH	743 OLD COUNTY RD PP SHEBOYGAN FALLS, WI 53085

(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
M 000	INITIAL COMMENTS On 07/13/2026 with information gathered through 07/16/2026, Surveyor conducted a standard survey and complaint investigation at Vista Care Falls Road, an Adult Family Home (AFH) in Sheboygan Falls, WI. Five deficiencies identified. Complaint substantiated. Census: 4	M 000		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector on the head of each stairway. There was no smoke detector at the head of the basement stairway.	M 334		

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

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M 334	Continued From page 1 Findings include: On 07/13/2026, at 1:00 PM, Surveyor toured the home and observed the following: -The head of the basement stairway did not contain a smoke detector. On 07/13/2026, at 1:05 PM, Surveyor interviewed Manager B. Manager B confirmed no smoke detector was located at the head of the stairway and stated s/he put a note down for the maintenance to install one. CROSS REFERENCE N0336 DHS 88.05(4)(b)2 Smoke Detectors-Testing and Maintenance	M 334		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each required smoke detector was tested monthly to make sure that the smoke detector was operating for 1 of 1 calendar year reviewed (2025).	M 336		

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M 336	Continued From page 2 Findings include: On 07/13/2026 at approximately 4:00 PM, Surveyor reviewed smoke detector tests for calendar year 2025. Surveyor did not see any smoke detector tests documentation for January, February, July, August, November and December of 2025. On 07/14/2026 at approximately 11:02 AM, Surveyor interviewed Manager B. Manager B stated what Surveyor reviewed would be correct for the smoke detector tests and confirmed smoked detector tests were not completed for January, February, July, August, November and December of 2025.	M 336		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed was evaluated annually for evacuation time using the Department's form. Findings include:	M 346		

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M 346	Continued From page 3 On 07/13/2026, Surveyors requested Resident 1's resident records from Manager B. Resident 1 was admitted to the facility on 07/02/2002. Resident 1 did not have an evacuation assessment for calendar years 2023, 2024 and 2025. Resident 1's most recent evacuation assessment was dated 07/14/2022. On 07/14/2026 at approximately 11:02 AM, Manager B stated the documentation was correct and Resident 1's last evacuation assessment was completed on 07/14/2022 and Resident 1 did not have an evacuation assessment for calendar years 2023, 2024, and 2025.	M 346		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.	M 424		

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M 424	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not update the Individual Service Plan (ISP) every 6 months for 1 of 1 resident (Resident 1). Resident 1's ISP was due to be reviewed for an update on 07/2024, 01/2025, 07/2025 and 01/2026 and was not reviewed or updated. Findings include: On 07/13/2026 at approximately 4:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 07/02/2002 and had a guardian. Resident 1's current ISP was dated for 01/19/2024 and signed by guardian, facility representative and case manager. On 07/14/2026 at approximately 11:02 AM, Surveyor interviewed Manager B. Manager B stated that was the last ISP and signature page they had available for Resident 1.	M 424		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency.	M 582		

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M 582	Continued From page 5	M 582		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed received medications in the dosages and intervals prescribed by the physician for Resident 1.

Resident 1 missed 60 doses of prescribed medication in January 2026, 30 missed doses of prescribed medications in February 2026 and 4 doses of prescribed medication in March 2026.

Findings Include:
On 07/15/2026, Surveyor reviewed Resident 1's records and identified the following:

Resident 1's January to March 2026 medication administration records (MAR) stated Resident 1 missed 60 does in January 2026, 30 doses in February 2026 and 4 doses in March 2026. Surveyor noted several medications were documented as missed. The MAR documented the following:

Carbamazepin tab 200 mg - 1 tablet by mouth twice daily for seizure disorder
January 2026: 01/01: x 1, 01/06: x 2, x 13, 01/07: x 14, 01/08: x 3, 01/15: x 4, 01/20: x 5, 01/23: x 15, 01/24: x 16, 01/25: x 8
* The key on the MAR identified x 1, x 2, x 13, x 14, x 3, x 4 ,x 5, x 15, x 16, x 8 as "missed."
February 2026: 02/05: x 2, 02/08: x 3, 02/19: x 1, 02/21: x 5
* The key on the MAR identified x 1, x 2, x 3, x 5 as "missed."

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M 582	Continued From page 6 March 2026: 03/07: x 1, 03/17: x 2 *The key on the MAR identified x 1, x 2 as "missed." Cetirizine Tab 10 mg - 1 tablet by mouth once every day for antihistamine January 2026: 01/04: x 21, 01/25: x 24, 01/28: x 25 *The key on the MAR identified x 21, x 24 and x 25 as "missed." Ferosul 325 mg tabs- take 1 tablet by mouth three times daily for anemia January 2026: 01/01: x 26, 01/04: x 34, 01/22: x 39, 01/24: x 41, 01/25: x 29, x 37, x 42, 01/26: x 43, 01/27: x 44, 01/28: x 38, x 45 *The key on the MAR identified x 26, x 34, x 39, x 41, x 29, x 37, x 42, x 43, x 44, x 38, x 45 as "missed." February 2026: 02/19: x 9, 02/21: x 10, 02/22: x 11 *The key on the MAR identified x 9, x 10, x 11 as "missed' Fluticasone spray 50mcg-inhale 2 sprays in each nostril once every day February 2026: 02/05: x 13, 02/14: x 14, 02/21: x15 *The key on the MAR identified x 13, x 14, x 15 as "missed' Glycopyrrol tab 2mg-take 1 tablet by mouth four times daily for hypersalivation, cerebral palsy January 2026: 01/01: x 59, 01/04: x 64, 01/22: x 65, 01/23: x 72, 01/24: x 67, x 73, 01/25: x 54, x 62, x 68, 01/26: x 69, 01/27: x 70, 01/28: x 63, x 71 *The key on the MAR identified x 59, x 64, x 65, x 72, x 67, x 73, x 54, x 62, x 68, x 69, x 70, x 63, x 71 as "missed'	M 582		

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M 582	Continued From page 7	M 582		

February 2026: 02/05: x 25, 02/10: x 16, 02/14: x 17, x 23, 02/16: x 18, 02/19: x 19, 02/21: x 20, x 24, 02/22: x 21, 02/23: x 22
*The key on the MAR identified x 25, x 16, x 17, x 23, x 18, x 19, x 20, x 24, x 21, x 22 as "missed'

Levetiraceta tab 750mg-take 1 tablet by mouth twice daily for seizures
January 2026: 01/23: x 86, 01/24: x 87, 01/25: x 81
*The key on the MAR identified x 86, x 87, x 81 as "missed'
February 2026: 02/05: x 26, 02/21: x 28
*The key on the MAR identified x 26 and x 28 as "missed'

Multivitamin tab-take 1 tablet by mouth once daily for supplement
January 2026: 01/04: x 92, 01/25: x 95, 01/28: x 96
*The key on the MAR identified x 92, x 95 and x 96 as "missed'

Olopatadine sol 0.2%-instill 1 drop into each eye once every day
January 2026: 01/25: x 100
*The key on the MAR identified x 100 as "missed'

Omeprazole cap 40mg- take 1 capsule by mouth once every day for GERD
January 2026: 01/25: x 108
*The key on the MAR identified x 108 as "missed'

PEG3350 Pow-510G-Mix 17 grams in 6 oz of cranberry juice and take per g-tube every evening for constipation
January 2026: 01/22: x 113, 01/24: x 115, 01/26: x 117, 01/27: x 118, 01/28: x 119
*The key on the MAR identified x 113, x 115, x 117, x 118, x 119 as "missed'

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M 582	Continued From page 8 February 2026: 02/19: x 52, 02/21: x 33, 02/22: x 34, 02/23: x 35 *The key on the MAR identified x 52, x 33, x 34, x 35 as "missed' Stool Softner tab 100mg-take 1 tablet by mouth once every day for constipation January 2026: 01/25: x 123 *The key on the MAR identified x 123 as "missed' March 2026: 03/01: x 3, 03/07: x 4 *The key on the MAR identified x 3 and x 4 as "missed' Tizandine tab 2 mg-take 1 table by mouth three times daily for cerebral palsey-spasticity January 2026: 01/22: x 136, 01/23: x 143, 01/24: x 138, x 144, 01/25: x 131, 01/26: x 140, 01/27: x 141, 01/28: x 142 *The key on the MAR identified x 136, x 143, x 138, x 144, x 131, x 140, x 141, x 142 as "missed' February 2026: 02/05: x 45, 02/19: x 39, 02/21: x 40, x 44, 02/22: x 41 *The key on the MAR identified x 45, x 39, x 40, x 44, x 41 as "missed' On 07/15/2026 at approximately 12:57 PM, Surveyor interviewed Area Manager A. Area Manager A did not have an explanation for why the medications were missed and stated Surveyor will have to accept the MAR as documented and that the medications were missed.	M 582		