Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014587	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA CARE EAST CEDAR AVENUE	705 E CEDAR AVE MANITOWOC, WI 54220

(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 On 09/11/2025, with information gathered through 09/16/2025, Surveyor conducted a standard survey and self report review at Vista Care East Cedar Avenue in Manitowoc. As a result of the survey, 2 deficiencies were issued. Census: 7	N 000		
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 the individual service plan (ISP) was reviewed and/or revised annually and include the resident's signature for 1 of 2 (Resident 1) residents reviewed. Resident 1 was admitted to the facility on 09/15/2021. Resident 1's most recent signed ISP was dated 01/27/2023.	N 389		

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

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N 389	Continued From page 1 Findings Include: On 09/11/2025, Surveyor conducted an onsite visit to the facility. A sample of residents was selected including the resident record of Resident 1. On 09/11/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 09/15/2021. Resident 1's most recent ISP was signed by Resident 1 and dated 01/27/2023. Resident 1's record did not contain another signed ISP for 2025. On 09/11/2025 at approximately 12:15 PM, Surveyor interviewed Regional VP (Vice President) A. Regional VP A indicated s/he would need to contact Residential Manager B to see if Resident 1 had a more recent signed ISP. On 09/11/2025 at approximately 3:15 PM, Surveyor received an email from Residential Manager B indicating s/he was going to update Resident 1's ISP right now schedule an appointment with Resident 1's case managers right away.	N 389		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the	N 530		

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N 530	Continued From page 2 provider did not ensure the facility received an annual fire inspection by the local fire authority or certified fire inspector. The last documented fire inspection was completed on 11/13/2023. Findings include: On 09/11/2025 Surveyor conducted an onsite visit. As part of the safety code review, Surveyor requested the facility's annual fire inspections for 2023 and 2024. Regional VP (Vice President) A provided Surveyor with a fire inspection completed by the local fire department on 11/13/2023. Surveyor noted there was no documented fire inspection completed for 2024. Regional VP A indicated s/he would review files to see if s/he could locate the 2024 inspection. On 09/11/2025 at 3:19 PM, Surveyor received an email from Regional VP A indicating they did not have the 2024 fire inspection and they had reached out to the city and the city did not have record of an inspection conducted in 2024. On 09/12/2025 at 7:43 AM, Surveyor emailed Regional VP A asking if the facility had a fire inspection in 2025. On 09/16/2025 at 8:54 AM, Surveyor received an email from Regional VP A indicating they did not have a fire inspection in 2025 yet, but were working with the city to get that scheduled.	N 530		