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 _____	09/17/2024

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 An abbreviated survey was conducted on 09/17/2024 at Vista Care Falls Road. As a result of this survey 2 deficiencies were identified. Census: 4	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and staff interviews the provider did not ensure the facility was clean and well-maintained having the potential to affect all 4 residents. One of 2 resident bathrooms was noted to have multiple scuff marks on the inside and outside of the bathroom door. The floor surrounding the shower area was gray and in need of deep cleaning. 1 of 4 chairs at the dining table was noted to have multiple stains and dirt and grime on the seat. Findings include: On 09/17/2024, during tour by Surveyor with RSS (Residential Shift Supervisor) - A at approximately 12:30 pm, the back bathroom by the staff office was noted to have multiple scuff marks on the inside and outside of the bathroom door. The floor around the shower area was noted to be grayish and in need of cleaning. One of the 4 dining rooms chairs was noted to have stains and	M 276		

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

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M 276	Continued From page 1 dirt and grime on the seat cushion and was in need of cleaning. During an exit conference at approximately 2:00 pm, RVP (Regional Vice President) - B, RSS - A, and RM (Resident Manager) - C confirmed they were aware of the dirty chair seat and that the back bathroom was in need of cleaning.	M 276		
M 604	88.10(5)(c)4 Information About Advocacy Organization To have available in the home the name, address and phone number of organizations providing advocacy assistance for the type of individual served by the adult family home, and the name, address and phone number of the licensing agency. This Rule is not met as evidenced by: Based on observation and staff interviews the provider did not post a grievance procedure or information about the Ombudsman in a prominent public place available to residents, employees, and guests. Findings include: On 09/17/2024, Surveyor conducted a tour with RSS (Residential Shift Supervisor) - A and RM (Resident Manager) - C at approximately 12:30 pm. There was no evidence of providing advocacy assistance by posting an Ombudsman poster in the facility and no evidence of a Grievance Procedure posted including the name and number of the State Licensing Agency. RSS - A and RM - C were unable to locate a posting of either of these documents.	M 604		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 604	Continued From page 2 In an exit conference with Surveyor on 09/17/2024 at approximately 2:00 pm, RSS - A verified Residents 1 and 2 were elderly and these residents could benefit from knowledge of the Ombudsman Program. RVP (Regional Vice President) - B verified the Ombudsman poster and grievance procedure were not posted.	M 604		