STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019678	A. BUILDING: _____ B. WING _____	R-C 09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENRIDGE MUKWONAGO	841 E VETERANS WAY MUKWONAGO, WI 53149

(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
{U 000}	INITIAL COMMENTS On 09/22/2025, Surveyor conducted 1 verification visit and a standard survey at LindenRidge Mukwonago. One deficiency was identified. The 1 deficiency from Statement Of Deficiency CSDD12, dated 04/23/2025 was substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 52	{U 000}		
U 226	89.29(2)(b) 3. ADMISSION & RETENTION OF TENANTS (2) RETENTION. (b) A residential care apartment complex may retain a tenant who becomes incompetent or incapable of recognizing danger, summoning assistance, expressing need or making care decisions, provided that the facility ensures all of the following: 3. That both the service agreement and risk agreement are signed by the guardian and by the health care agent or the agent with power of attorney, if any. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure when a tenant was deemed incapacitated and his/her Power of Attorney for Health Care (POA-HC) document was activated, that the Power of Attorney for	U 226		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 226	Continued From page 1	U 226		

Health Care POA-HC) agent signed both the service agreement and risk agreement for 2 of 2 tenants reviewed.

Tenant 2's POA-HC agent had not signed either the service agreement or risk agreement.

Tenant 3's POA-HC agent had not signed the service agreement.

Findings include:

The facility was licensed 12/01/2023 following a change of ownership.

On 09/22/2025, Surveyor reviewed Tenant 2's and Tenant 3's records.

Example 1- Tenant 2

Tenant 2 was admitted 04/27/2022. Tenant 2 signed and dated his/her risk agreement on 11/15/2023 and service agreement on 11/25/2023. His/her POA-HC document was activated 04/18/2025. Tenant 2's POA-HC agent had not signed a risk agreement or service agreement for Tenant 2.

Example 2- Tenant 3
Tenant 3 was admitted 12/28/2022. His/her POA-HC document was activated 01/23/2023. Tenant 3 signed and dated his/her service agreement on 11/16/2023. Tenant 3's POA-HC agent had not signed the service agreement.

On 09/22/2025 at 2:20 PM, Surveyor discussed concern of service agreements and risk agreement not signed and dated by POA-HC agents with Nurse Consultant B, Administrator C and Assistant Director of Nursing D. Administrator

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 226	Continued From page 2 C stated they would have the documents signed by the agents.	U 226		