STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012634	A. BUILDING: _____ B. WING _____	R-C 05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLES LANDING	26516 NORDIC RIDGE DR WIND LAKE, WI 53185

(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 05/27/2025, Surveyor completed a standard survey, 1 complaint investigation, and a verification visit at Eagles Landing Adult Family Home. As a result, 4 of the previous 6 deficiencies were corrected. Two of the previous deficiencies were re-cited with 1 new deficiency; therefore, 3 total deficiencies identified. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free from hazards and kept uncluttered. The basement of the home contained an accumulation of clutter within 1 feet of the furnace. Findings include: Eagles Landing is a 4-bed adult family home and serves advanced aged, emotionally	M 278		

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
	0012634	A. BUILDING: _____ B. WING _____	R-C 05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLES LANDING	26516 NORDIC RIDGE DR WIND LAKE, WI 53185

(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 278	Continued From page 1 disturbed/mental illness, developmentally disabled and traumatic brain injury. On 05/27/2025 at approximately 12:00 PM, while touring facility with Licensee I, Surveyor observed the following items haphazardly lying next to the furnace: 1 roll of insulation, 1 piece of rigid venting, 1 box with a Christmas tree inside the box, 1 plastic bag with plastic hangers inside the bag. The bag was placed on top of the Christmas tree. On 05/27/20225 at approximately 1:00 PM., Surveyor interviewed Licensee I reported, s/he was aware of the free of hazards code. Licensee I reported s/he was not aware of the items being near the furnace and s/he would have maintenance move the items.	M 278		
{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 3 of 3 residents were evaluated annually for evacuation time, using the Department's form (Resident 2, Resident 4, and Resident 5). This is a repeat deficiency. See Statement of	{M 346}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012634	A. BUILDING: _____ B. WING _____	R-C 05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLES LANDING	26516 NORDIC RIDGE DR WIND LAKE, WI 53185

(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 346}	Continued From page 2 Deficiency (SOD) EB9C11, dated 09/15/2023. Findings include: On 05/27/2025 at approximately 9:30 AM., Surveyor reviewed residents' complete records. The following was identified: -Resident 2 was admitted to the home on 08/11/2021. Surveyor observed resident evacuation assessment form dated 08/13/2021. On the last page of Resident 2's assessment evacuation form there was a handwritten note reading, "no issues." Resident 2's record did not contain a completed evacuation assessment form for 2023 and 2024. -Resident 4 was admitted to the facility on 01/23/2018. Surveyor observed resident evacuation assessment form dated 01/19/2018. On the last page of Resident 4's evacuation assessment form there were handwritten notes dated 08/24/2019, 08/25/2020 and 08/23/2021 reading, "no changes." Resident 4's record did not contain an evacuation assessment form for 2023 and 2024. Resident 5 was admitted to the facility on 09/30/2020. Resident 5's record did not contain a completed evacuation assessment form in his/her record. On 05/27/2025 at 1:00 PM., Surveyor interviewed Manager B and Licensee I. Licensee I, reported the house managers were responsible for completing the annual resident evacuation assessment. Manager B reported s/he was not aware of the annual resident evacuation assessment code requirement. Manager B reported s/he would complete the annual resident	{M 346}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012634	A. BUILDING: _____ B. WING _____	R-C 05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLES LANDING	26516 NORDIC RIDGE DR WIND LAKE, WI 53185

(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 346}	Continued From page 3 evacuation.	{M 346}		
{M 406}	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure 2 of 2 residents' individual service plans (ISPs) were developed, signed, and dated by all persons involved in developing the plan. Resident 4's and Resident 25s ISPs were not signed by each resident's guardian or the placing agencies. Findings include: On 05/27/2025 at approximately 9:30 AM., Surveyor reviewed resident records. The following was identified: -Resident 4 was admitted on 01/23/2018. Resident 4 had a guardian (Guardian J) and was enrolled in a managed care organization. Resident 4's ISP, dated 01/22/2025, was not signed by Resident 4's guardian or placing	{M 406}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012634	A. BUILDING: _____ B. WING _____	R-C 05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLES LANDING	26516 NORDIC RIDGE DR WIND LAKE, WI 53185

(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 406}	Continued From page 4 agency. -Resident 5 was admitted on 09/30/2020. Resident 5 had a guardian (Guardian K). Resident 5's ISP, dated 11/01/2024, was not signed by Resident 5's guardian or placing agency. On 05/27/2025 at approximately 1:00 PM., Surveyor interviewed Licensee I. Licensee I reported s/he was aware of guardian signature requirements for service plans. Licensee I reported the house managers are responsible for obtaining the guardian signatures. Licensee I reported s/he was not aware of the code requirement which required the placing agencies to be involved in the ISP process. Manager B reported s/he was not working in the facility at the time of the previous survey. Manager B reported s/he would obtain the proper signatures for the service plans.	{M 406}		