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
	0012634	A. BUILDING: _____ B. WING _____	R-C 07/16/2026

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 07/15/2026, with information collection through 07/16/2026. Surveyor completed a complaint investigation, and a verification visit at Eagles Landing. As a result, 3 of the previous 3 deficiencies were corrected. One new deficiency was identified. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 5	{M 000}		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident admitted to the facility was screened for communicable disease, including tuberculosis (TB), within 90 days prior to placement or within 7 days after admission for 1 of 1 resident (Resident 6). Resident 6's file did not contain evidence of a	M 380		

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

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M 380	Continued From page 1 completed communicable disease screening or TB test. Findings include: On 07/15/20026, at 10:15 AM, Surveyor reviewed Resident 6's file. Resident 6 was admitted on 04/01/2026 with diagnoses including depression, alcohol abuse, essential hypertension, lumbar radiculopathy, and chronic pain disorder. Surveyor did not locate evidence of a completed screening for communicable disease, including TB, within 90 days prior to placement or within 7 days after admission in Resident 6's record. On 07/15/2026, at 10:30 AM, Surveyor interviewed Administrator I. Administrator I reported s/he believed s/he had the TB and communicable disease documentation. Administrator I reported s/he would contact Resident 6's physician to obtain the documentation. Administrator I reported s/he would email the documentation to the Surveyor within 24 hours. On 07/16/2026, at 11:40 AM, Surveyor sent an email to Administrator I and inquired on the TB and communicable disease documentation for Resident 6. Administrator I indicated s/he was waiting to receive the fax from Resident 6's physician. On 07/22/2026, at 6:31 AM, Surveyor sent a follow up email to Administrator I. Surveyor requested the TB and communicable disease documentation for Resident 6. As of 07/23/2026, at 9:30 AM, Surveyor did not receive a response from Administrator I.	M 380		