STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009792	A. BUILDING: _____ B. WING _____	04/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL LINDEN CORNER	325 W BLACKHAWK DR FORT ATKINSON, WI 53538

(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 04/15/2026 with information gathered through 04/20/2026, Surveyor conducted an abbreviated licensing survey at HIL Linden Corner, a CBRF in Fort Atkinson, WI. One deficiency of Chapter DHS 83 was identified. Census: 7	N 000		
N 351	83.32(3)(g) Rights of Residents: Physical restraints In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Freedom from physical restraints. Be free from physical restraints except upon prior review and approval by the department upon written authorization from the resident ' s primary physician or advanced practice nurse prescriber as defined in s. N 8.02(2). The department may place conditions on the use of a restraint to protect the health, safety, welfare and rights of the resident. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 3 of 5 residents reviewed were free of physical restraints. Residents 1, 3, and 4 utilized seatbelts in their wheelchairs but were unable to remove them independently. Findings include:	N 351		

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

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N 351	Continued From page 1 On 04/16/2026 at approximately 7:30 AM, Surveyor observed Caregiver C assisting Resident 3. Surveyor noted Resident 3 was utilizing a seat belt in his/her wheelchair. On 04/16/2026 at approximately 8:15 AM, Surveyor interviewed House Manager B who stated Resident 2, Resident 3, and Resident 4 all utilized seat belts in their wheelchairs. S/he also stated Resident 4 used an abdominal/chest strap/belt. On 04/16/2026 at approximately 9:00 AM, Surveyor interviewed Client Services Manager (CSM) A and House Manager B. They reviewed the resident roster with Surveyor and stated Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5 all utilized seat belts in their wheelchairs. House Manager B stated these were in place to assist in fall prevention and for trunk support and positioning. House Manager B stated Resident 2 was likely the only resident who could easily and intentionally unbuckle their seatbelt. On 04/16/2026 at approximately 9:15 AM, Surveyor reviewed the facility's E-File within the Department's records. There was a waiver on file for Resident 5's seatbelt. Surveyor asked CSM A if they had record of submitting any other waiver requests. Surveyor also requested the provider's assessments for utilizing these devices. CSM A stated s/he thought the managed care organization's care team had a responsibility in submitting the waiver requests and stated s/he would reach out to them to see what they had for records as. On 04/20/2026 Surveyor reviewed records submitted by CSM A, via email. Those records	N 351		

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N 351	Continued From page 2 did not include any waivers or variances.	N 351		