STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016878	A. BUILDING: _____ B. WING _____	R-C 01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE COUNTRY LANDING	2255 N STONEHEDGE TRL SUMMIT, WI 53066

(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 01/07/2026, Surveyor conducted a complaint investigation and verification visit at Lake Country Landing, a RCAC in Summit. One deficiency was identified. One of 1 deficiency was a repeat violation. See Statements of Deficiency (SOD) 5WJ111, dated 06/02/2022, SOD 5WJ112, dated 11/28/2022, SOD 5WJ113, dated 06/14/2023, SOD 5WJ115, dated 03/12/2024, SOD 0Y6211, dated 03/06/2025, and SOD 0Y6212, dated 08/27/2025. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 31	{U 000}		
{U 118}	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management.	{U 118}		

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

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{U 118}	Continued From page 1	{U 118}		

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure 2 of 2 Tenants (Tenant 4 and Tenant 5) reviewed were provided with nursing services, including medication administration and management.

Tenant 4 did not receive his/her docusate, gabapentin, and melatonin as prescribed.

Tenant 5 did not receive his/her empagliflozin and fiber laxative as prescribed.

This deficiency is being cited for the 7th time. See Statement of Deficiency (SOD) 5WJ111, dated 06/02/2022, SOD 5WJ112, dated 11/28/2022, SOD 5WJ113, dated 06/14/2023, SOD 5WJ115, dated 03/12/2024, SOD 0Y6211, dated 03/06/2025, and SOD 0Y6212, dated 08/27/2025.

Findings include:

On 01/07/2026, Surveyor reviewed tenant records and identified the following:

Example 1: Tenant 4

Tenant 4 was admitted to the facility on 12/08/2023 with diagnoses including coronary heart disease, type 2 diabetes, and morbid obesity. Tenant 4 was their own legal decision maker. Tenant 4's care plan dated 11/29/2024 indicated staff will administer his/her medications.

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{U 118}	Continued From page 2	{U 118}		

Tenant 4's physician orders included:
"-Docusate Sodium 100 mg with instructions to give 1 capsule by mouth at bedtime for constipation, with a start date of 04/22/2024.
-Gabapentin 300 mg with instructions to give 1 capsule by mouth at bedtime for pain, with a start date of 07/16/2025.
-Melatonin 3 mg with instructions to give 2 tablets by mouth one time a day for sleep aid, with a start date of 04/10/2025."

Tenant 4's Medication Administration Record (MAR) from 12/01/2025 to 01/06/2026 documented:
- Docusate Sodium, staff charted code 9 (Other/See Nurse Notes) on the following dates: 12/09/2025 to 12/23/2025 (15 days), 12/25/2025, 12/26/2025, 12/27/2025, 12/29/2025, 12/30/2025, and 01/01/2026 to 01/06/2026 (6 days).

- Gabapentin, staff charted code 9 (Other/See Nurse Notes) on the following dates: 12/13/2025, 12/14/2025, 12/15/2025, 12/16/2025, 12/18/2025, 12/20/2025, 12/21/2025, and 12/22/2025.

-Melatonin, staff charted code 9 (Other/See Nurse Notes) on the following dates: 01/02/2026, 01/03/2026, 01/04/2026, and 01/05/2026.

Tenant 4's progress notes from 12/01/2025 to 01/06/2026 documented:
-Docusate: 12/9, 12/10, 12/11, 12/12, 12/15, 12/16, 12/17, 12/18, 12/19, 12/20, 12/25, 12/26, 12/27, 12/29, 12/30, 01/02, 01/03, 01/04, 01/05 : na, 12/13: waiting on pharmacy, 12/23, 01/04: none available.

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{U 118}	Continued From page 3 - Gabapentin: 12/13: waiting on pharmacy, 12/15, 12/16, 12/18, 12/20: na. -Melatonin: 01/02, 01/03, 01/05: na, 01/04: none available -12/23/2025: placed call to Pharmerica requesting refills on Melatonin, Gabapentin and DSS. Stated all medications needed a new refill request. Writer placed call to [physician] requesting the refills. -01/07/2026 (day of survey): Writer placed call to [physician's] team requesting refill on DSS and Melatonin. Notified resident is completely out of medications. Writer spoke with Pharmerica who stated the refills for DSS and Melatonin came through and will send out on first delivery. On 01/07/2026 at 12:30 PM, Surveyor interviewed Tenant 4. Tenant 4 reported s/he received assistance with his/her medications and showering from the provider. Tenant 4 reported the facility often has trouble with the pharmacy filling his/her medications. Tenant 4 stated s/he had not taken his/her docusate for many weeks. Example 2: Tenant 5 Tenant 5 was admitted to the facility on 03/28/2024 with a diagnosis of congestive heart failure. Tenant 5 was their own legal decision maker. Tenant 5's care plan dated 11/29/2024 indicated staff will administer his/her medications. Tenant 5's physician orders included: "-Fiber Laxative 625 mg with instructions to give 2 tablets by mouth one time a day for constipation, with a start date of 03/12/2024.	{U 118}		

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{U 118}	Continued From page 4 -Empagliflozin 10 mg with instructions to give 1 capsule by mouth one time a day for DM, with a start date of 03/23/2023." Tenant 5's Medication Administration Record (MAR) from 12/01/2025 to 01/07/2026 documented: - Empagliflozin, staff charted code 9 (Other/See Nurse Notes) on the following dates: 12/17/2025, 12/19/2025, 12/20/2025, 12/21/2025, 12/22/2025, 12/23/2025, 12/24/2025, 12/26/2025, 12/27/2025, 12/28/2025, 12/29/2025, 12/30/2025, 12/31/2025, 01/01/2026, 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026, 01/07/2026. -Fiber Laxative, staff charted code 9 (Other/See Nurse Notes) on the following dates: 12/26/2025, 12/27/2025, 12/28/2025, 12/29/2025, 12/30/2025, 12/31/2025, 01/01/2026, 01/02/2026, 01/03/2026, 01/04/2026, 01/05/2026, 01/06/2026, 01/07/2026. Tenant 5's progress notes from 12/01/2025 to 01/07/2026 documented: - Empagliflozin: 12/19, 12/20, 12/21, 12/22, 12/26, 12/29: needing refill on medication. 01/02: n/a. 01/05: R/f on medication. -Fiber Laxative: 12/26, 12/29, 01/02: needing refill on medication. 01/01, 01/03, 01/04: n/a. 01/05: R/f on medication. -12/23/2025: Writer reached out to Pharmerica requesting refill on Empagliflozin 10 mg. Stated medication was out of refills. Writer reached out to [physician] requesting refill and to notify resident has missed doses 12/17-12/23. No adverse reaction observed.	{U 118}		

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{U 118}	Continued From page 5 -01/06/2026: Writer placed call to [physician] requesting refills on Fiber Laxative and Empagliflozin. Writer notified resident is completely out of medication. On 01/07/2026 at 1:50 PM, Surveyor interviewed Executive Director G regarding the above concerns. Executive Director G acknowledged Tenant 4 and Tenant 5 went without medications for an extended time. Surveyor asked about follow up with their physician/pharmacy 2 weeks apart when both tenants continued to go without medications. Executive Director G reported s/he worked from home and was off during Christmas break and staff did not notify him/her that Tenant 4 and Tenant 5 continued to go without medications after I (Executive Director G) followed up on 12/23. Executive Director G reported ongoing concerns with tenants running out of medication refills and then getting the physician to refill in a timely manner. Executive Director G stated s/he would be reeducate staff. Executive Director G reported s/he had an upcoming meeting with his/her supervisor and the pharmacy to generate ideas on their ongoing concerns with medication refills.	{U 118}		