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 10/26/2023

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 From 09/26/2023 to 10/27/2023, Surveyor conducted a complaint investigation and verification visit at Lake Country Landing, a RCAC in Summit. One deficiency was identified. Statement of Deficiency (SOD) 5WJ113, dated 06/14/2023, was corrected. The complaint was substantiated based on SOD 5WJ113. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 27	{U 000}		
U 171	89.26(4) ANNUAL REVIEW A tenant's capabilities, needs and preferences identified in the comprehensive assessment shall be reviewed at least annually to determine whether there have been changes that would nescessitate a change in the service or risk agreement. The review may be initiated by the facility, the county department designated under sub. (3)(c)2., or at the request of or on the behalf of the tenant. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 comprehensive assessments reviewed were reviewed at least annually. Tenant 7's assessment was not updated annually and did not identify his/her inability to administer medications.	U 171		

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 171	Continued From page 1 Findings include: On 09/27/2023 at approximately 12:00 p.m., Surveyor reviewed Tenant 7's record. Tenant 7 was admitted to the provider's complex on 09/01/2022 with diagnosis of dementia. Records indicated the complex's staff administered Tenant 7's medications. Tenant 7's record included a comprehensive assessment, dated 08/02/2022, that stated s/he self-administered medications. Surveyor interviewed Nurse I and asked if Tenant 7 had an updated comprehensive assessment. Nurse I stated s/he was new to his/her role and had reviewed all assessments within the past few weeks. Surveyor shared observation that the comprehensive assessment did not indicate it had been reviewed in the past year and documented that Tenant 7 was able to administer his/her own medications. Nurse I reviewed the assessment and confirmed Tenant 7 was no longer able to self-administer medications and stated s/he would update the assessment.	U 171		