STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310455	A. BUILDING: _____ B. WING _____	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONDON LODGE I	W 9095 LONDON RD CAMBRIDGE, WI 53523

(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 02/04/2026, Surveyor conducted an abbreviated licensure survey at London Lodge I. Two deficiencies were identified. Census: 5	N 000		
N 502	83.46(1)(a) Comfortable and safe temperatures A CBRF shall maintain comfortable and safe temperatures. The CBRF shall provide tempered air at all times to eliminate cold air drafts. The heating system shall be capable of maintaining temperatures of 74º F. in areas occupied by residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure areas occupied by residents were at 74° Fahrenheit (F). The hallways leading to the resident bedrooms ranged in temperature from 61° F to 66° F. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 8 residents in the following client groups: physically disabled, advanced aged, and irreversible dementia/Alzheimer's. On 02/04/2026, at approximately 10:00AM, Surveyor toured the facility and noted the hallways leading the resident bedrooms were cool. Surveyor measured the temperature with	N 502		

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

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N 502	Continued From page 1 his/her thermometer, and the temperature read 61.9 ° F down the hallway to the left and 66.2 ° F down the hallway to the right. On 02/04/2026, at approximately 10:15 AM, Surveyor commented to Caregiver B that the hallways were cool. Caregiver B stated that the temperature was lowered in the hallway to the left due to one of the resident rooms not being utilized. On 02/04/2026, at approximately 12:00 PM, Surveyor interviewed Licensee A. Surveyor reviewed his/her pictures of the room temperatures. Licensee A stated that residents did have temperature control in their room but the hallways leading to their rooms should have maintained a temperature of 74 ° F. Licensee A stated s/he would address the concern immediately.	N 502		
N 531	83.47(4)(a) Fire extinguishers: type and inspection. At least one portable dry chemical fire extinguisher with a minimum 2A, 10-B-C rating shall be provided on each floor of the CBRF. All fire extinguishers shall be maintained in readily usable condition. Inspections of the fire extinguisher shall be done by a qualified professional one year after initial purchase and annually thereafter. Each fire extinguisher shall be provided with a tag documenting the date of inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure fire extinguisher inspections were done by a qualified professional one year after	N 531		

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N 531	Continued From page 2 initial purchase and annually thereafter. Two fire extinguishers observed were not annually inspected in 2025. Findings include: On 02/04/2026, at approximately 10:00 AM, Surveyor toured the facility. Surveyor observed 2 ABC type fire extinguishers located throughout the facility. The service date on the fire extinguishers was 11/2024. On 02/04/2026, at approximately 12:00 PM, Surveyor interviewed Licensee A. Surveyor and Licensee A observed the fire extinguishers and determined that they had not been serviced in 2025. Licensee A stated s/he would contact the vendor who is responsible for these inspections.	N 531		