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
	0012129	A. BUILDING: _____ B. WING _____	C 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE CREST NORTH MEMORY CARE	351 MASON ST ONALASKA, WI 54650

(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 03/17/2026, Surveyor completed a complaint investigation and abbreviated licensure survey at Eagle Crest North Memory Care. Data collected through 03/18/2026. The complaint was unsubstantiated. One deficiency was identified. Census: 18	N 000		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that other evacuation drills were conducted at least semi-annually for 2024 and 2025. Findings include: On 03/17/2026 at approximately 1 PM, Surveyor requested evacuation drills for 2024 and 2025. Interim Administrator (IA) A provided Surveyor with the facility's state binder. The state binder did not contain evidence of evacuation drills for 2024 or 2025. Program Manager (PM) B stated s/he remembered Administrator C completing them but did not know where s/he kept the forms. On 03/18/2026 at approximately 11:45 AM, Surveyor interviewed IA A, Human Resources (HR) D, and Registered Nurse (RN) E. RN E stated they were unable to find documentation for	N 526		

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
	0012129	A. BUILDING: _____ B. WING _____	C 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE CREST NORTH MEMORY CARE	**351 MASON ST ONALASKA, WI 54650**

(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 526	Continued From page 1 the other evacuation drills for the last 2 years. RN E stated they found notes from a monthly staff meeting discussing a severe weather drill in 2025 and reviewing a bomb threat in 2024. However, s/he stated there was no documentation that these drills were performed semi-annually in 2024 and 2025. At appoximatley 2:20 PM, RN E sent Surveyor an e-mail with an attached Monthly Management Report dated 05/17/2025 through 06/13/2025 that read, "...conducted an evacuation drill, on 5/26/25!"	N 526		