STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011322	A. BUILDING: _____ B. WING _____	C 05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONG LAKE HOUSE	**8208 RACINE AVE WIND LAKE, WI 53185**

(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 05/18/2026, Surveyor conducted a complaint investigation at Long Lake House. As a result, 3 deficiencies were identified, and one complaint was substantiated. Census: 5	N 000		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h)	N 310		

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

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N 310	Continued From page 1 Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident, or their responsible party, signed an admission agreement prior to or at the time of admission for 1 of 2 residents. Resident 1's guardian did not sign an admission agreement. Findings include: On 05/18/2026, at approximately 10:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/3/2021. Resident 1's file indicated s/he had a guardian. Resident 1's admission agreement was dated but not signed by her/his guardian or the facility. On 05/18/2026, at approximately 4:00 PM, Surveyor interviewed House Manager A. House Manager A reported it was her/his responsibility of ensuring admission agreements were signed. House Manager A did not offer an explanation regarding the unsigned admission agreement. House Manager A reported s/he would contact Resident 1's guardian to sign the admission agreement.	N 310		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope.	N 386		

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N 386	Continued From page 2 Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the individualized service plan (ISP) for 1 of 2 (Resident 1) residents reviewed, identified the residents' needs, desired outcomes, measurable goals, methods for delivering care, and who was responsible for implementing the plan. Resident 1's ISP did identify her/his internet and electronic device restrictions. Findings include: On 04/30/2026, the Department received a complaint alleging a resident was using an electronic device s/he was not allowed to use to access the internet. Record Review On 05/18/2026, at approximately 10:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/3/2021. Resident 1's ISP,	N 386		

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N 386	Continued From page 3 dated 05/06/2026, included a note which stated "...April 2026 incident with electronics watching inappropriate things..." Resident 1's ISP did not address her/his electronic device and internet restrictions, who was to implement the restrictions, and how the restrictions were monitored. Interview On 05/18/2026, at approximately 9:20 AM, Surveyor interviewed Caregiver B. Caregiver B reported Resident 1 only had a cellphone that did not have access to the internet. Caregiver B confirmed Resident 1 acquired a tablet from Resident 2 without staff knowledge. Caregiver B reported Resident 1 used the tablet to access the internet and view explicit images. Caregiver B confirmed Resident 1's internet access was restricted since s/he was admitted to the facility. Surveyor inquired how staff know Resident 1's access to the internet should be restricted if it was not listed in her/his ISP. Caregiver B reported all staff know because they were told by the house manager. Caregiver B reported Caregiver C took the tablet from Resident 1 and gave it to House Manager A when it was discovered in her/his possession. On 05/18/2026, at approximately 9:45 AM, Surveyor interviewed House Manager A. House Manager A reported Resident 1 "had issues with looking at images" prior to moving into the facility. House Manager A reported Resident 1 underwent counseling related to a court order when s/he arrived at the facility and had no prior issues until the tablet incident occurred in April of 2026. House Manager A reported residents are told no sharing or loaning of electronic devices were	N 386		

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N 386	Continued From page 4	N 386		

allowed in the facility. House Manager A reported Resident 1 obtained the tablet from Resident 2 without staff knowledge. House Manger A reported Resident 1 is to have no internet connection based on his family/guardian, case manager, and social worker recommendations as a result of her/his prior history. House Manager A reported staff discovered the tablet because Resident 2 complained to Caregiver C s/he had not been paid by Resident 1 for the tablet s/he gave to her/him. House Manger A reported Caregiver C confiscated the tablet from Resident 1 and found explicit images which were viewed via internet use. House Manager A reported s/he notified Resident 1's case manager, social worker, and guardian the day the incident occurred. House Manager A reported Resident 1 then requested mental health assistance with her/his recent thoughts and decisions. House Manager A reported a consultation was placed for Resident 1 for mental health services. House Manager A reported Resident 1's ISP was updated on 5/6/2026 after a meeting was held with her/his case manager, social worker, and guardian.

On 05/18/2026, at approximately 11:15 AM, Surveyor interviewed Caregiver C. Caregiver C confirmed s/he confiscated the tablet from Resident 1 after s/he discovered it in her/his possession. Caregiver C confirmed s/he gave the tablet to House Manager A after s/he took it from Resident 1 for using the internet with the device.

On 05/18/2026, at approximately 11:25 AM, Surveyor interviewed Guardian D. Guardian D confirmed Resident 1's internet access has been restricted since 2021. Guardian D reported s/he monitors Resident 1's cell phone and it does not have access to the internet. Guardian D reported

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N 386	Continued From page 5 Resident 1 should only have her/his cellphone, television, and DVDs. Guardian D reported Resident 1 should not have had an internet capable tablet or device. On 05/18/2026, at approximately 4:00 PM, Surveyor interviewed House Manager A. House Manager A reported it was her/his responsibility to complete and updated resident ISPs. Surveyor inquired why Resident 1's admission assessment and ISP did not address her/his history regarding internet access and electronic devices. House Manager A reported staff were aware of the restriction but was not aware it was required in the ISP. House Manager A reported s/he would work with members involved in the ISP and update it to reflect her/his restrictions.	N 386		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.	N 387		

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N 387	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the provider did not have the resident or resident's legal representative sign the Individual Service Plan (ISP) acknowledging their involvement in, understanding of, and agreement with the plan for 1 of 2 residents (Resident 1) records reviewed. Residents 1's ISP did not have all required signatures. This is a repeat deficiency. See Statement of Deficiency (SOD) HGN913. Findings include: On 05/18/2026, at approximately 10:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/3/2021. Resident 1's file indicated s/he had a guardian. Resident 1's ISPs, dated 05/06/2026 and 11/12/2025, were not signed by Resident 1's guardian. On 05/18/2026, at approximately 4:00 PM, Surveyor interviewed House Manager A. House Manager A reported s/he was responsible for completing resident ISPs. House Manager A confirmed the code requirement. House Manager A reported he wrote "on the phone" on the ISP signature page to indicate Resident 1's guardian was on the phone during the ISP update. Surveyor inquired if House Manager A sent the ISP's to Resident 1's guardian for a signature. House Manager A reported s/he did not send it to the guardian for signature. House Manager A reported s/he would email Resident 1's guardian for the required signature on the ISP.	N 387		