

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/18/2023
NAME OF PROVIDER OR SUPPLIER EAGLE COURT MEMORY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 975 EAST JOHN STREET APPLETON, WI 54911		
(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 07/17/2023 with additional information gathered through 7/18/2023, Surveyors conducted a standard survey, two complaints and three facility self-report investigations at Eagle Court Memory Care. As a result no deficiencies were identified. Two of 2 complaints were unsubstantiated. Census: 26	N 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE