

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>310717</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/18/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LONDON LODGE II</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>W9097 LONDON RD<br/>CAMBRIDGE, WI 53523</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG                                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| N 000                                                      | Initial Comments<br><br>On 02/17/2026, with information gathered through 02/18/2026, Surveyor conducted an abbreviated licensure survey at London Lodge II. Two deficiencies were identified.<br><br>Census: 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N 000                                                                                   |                                                                                                                          |                                                        |
| N 490                                                      | 83.44(2)(b) Toilet and bathing area.<br><br>All toilet and bathing areas, facilities and fixtures shall be clean and in good working order.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure resident bathroom fixtures appeared clean in 2 of 2 bathrooms.<br><br>Findings include:<br><br>On 02/17/2026, at approximately 2:50 PM, Surveyor and Caregiver C conducted a tour of the facility and observed the following:<br>The bathroom countertops displayed stains around the double sink basins which had the appearance of circular items had been placed and/or a product had been spilled which created stains. When first observing the countertops, they had the appearance that toothpaste and soap spilling had occurred across the countertops.<br><br>On 02/17/2026, at approximately 3:00 PM, Surveyor interviewed Caregiver B and Caregiver C and discussed his/her observations. Caregiver B messaged Licensee A during the survey process. | N 490                                                                                   |                                                                                                                          |                                                        |

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LONDON LODGE II</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>W9097 LONDON RD<br/>CAMBRIDGE, WI 53523</b> |                                                                                                                          |                                                        |
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| N 640                                                      | Continued From page 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N 640                                                                                   |                                                                                                                          |                                                        |
| N 640                                                      | <p>83.59(2)(b) Solid core wood doors or equivalent</p> <p>A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview, the provider did not ensure the door leading to the laundry room was self-closing, which was located on the same floor as resident bedrooms.</p> <p>Findings include:</p> <p>On 02/17/2026, at approximately 3:15 PM, Surveyor toured the facility. Surveyor observed that the door leading to the laundry room was ajar. Surveyor opened the door and observed the washing machine, dryer, furnace, and toxic chemicals. Surveyor tested the door to determine if it was self-closing which it was not.</p> <p>On 02/17/2026, at approximately 4:15 PM, Surveyor interviewed Caregiver B and discussed the concern. Caregiver B stated s/he understood and locked the laundry room door. Caregiver B messaged Licensee A to inform him/her of the concern.</p> | N 640                                                                                   |                                                                                                                          |                                                        |