STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010357	A. BUILDING: _____ B. WING _____	C 04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGESTONE COURT INC	1025 S SECOND ST DELAVAN, WI 53115

(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
U 000	INITIAL COMMENTS From 04/13/2026 to 04/16/2026, Surveyor conducted a complaint investigation at Ridgestone Court, an RCAC in Delavan. One deficiency was identified. The complaint was unsubstantiated. Census: 21	U 000		
U 210	89.28(5) RISK AGREEMENT SIGNED AND DATED. The risk agreement shall be signed and dated by both an authorized representative of the residential care apartment complex and by the tenant or the tenant's guardian and agents designated under an activated power of attorney for health care under ch. 155, Stats., and durable power of attorney under s.243.10, Stats., if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update Tenant 1's risk agreement when their service needs or condition changed in a way that affected risk. Findings include: On 04/01/2026, the department received a complaint alleging a tenant did not receive prompt medical care. On 04/13/2026 at approximately 3:00 p.m., Surveyor reviewed tenant records. Tenant 1:	U 210		

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

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U 210	Continued From page 1 Tenant 1 was admitted to the provider on 12/30/2025 with a diagnosis including end stage renal kidney disease. Tenant 1's comprehensive assessment, dated 04/13/2026, documented Tenant 1's independence with dialysis and Tenant 1's scheduled dialysis days of Tuesday, Thursday and Saturday. The plan indicated that Tenant 1 needed assistance with getting up and ready for transport. Tenant 1's progress notes indicated the following: -02/11/2026 9:45 p.m., "[Tenant 1] was sent to the ER (emergency room) via ambulance. [S/he] is being transferred to [hospital] for treatment and observation of fistula..." -02/24/2026 6:45 a.m., "[Tenant 1] did not go to dialysis today, stated [s/he] wasn't feeling well." -03/05/2026 4:45 a.m., "[Tenant 1] refused to go to dialysis this morning due to not feeling well..." -03/09/2026 7:30 p.m., "[Tenant 1] stated that something is wrong with [his/her] phone, so [s/he] has no alarm. Would you please go into [Tenant 1's] bedroom and shake [him/her] to wake [him/her] up. [S/he] stated that [s/he] cannot miss another dialysis appointment." On 04/13/2026 at approximately 3:00 p.m., Surveyor interviewed Resident Service Manager B. Resident Service Manager B stated that Tenant 1 was [his/her] own person and took care of the dialysis appointments. Resident Service Manager B stated that Tenant 1 did cancel appointments in early February 2026 and ended up in the hospital. Surveyor reviewed Tenant 1's risk agreement. The risk agreement did not address Tenant 1's diagnoses of end stage renal kidney disease and	U 210		

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U 210	Continued From page 2 Tenant 1 managing his/her own dialysis care. On 04/13/2026 at approximately 4 :00 p.m., Surveyor discussed concern with Director A and Resident Service Manager B that Tenant 1's risk agreement did not address his/her specific risk. Director A stated that s/he thought that the end stage renal kidney disease was in risk agreement. After reviewing the risk agreement with Surveyor, Director A acknowledged Surveyor's concern and stated that the kidney disease and dialysis care should be in the risk agreement. Director A stated that the risk agreement would be updated as soon as possible.	U 210		