

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0010284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/22/2026
NAME OF PROVIDER OR SUPPLIER SCHMITT WOODLAND HILLS APARTMENT COMPLEX		STREET ADDRESS, CITY, STATE, ZIP CODE 1400 WEST SEMINARY STREET RICHLAND CENTER, WI 53581		
(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 On 06/22/2026, Surveyor conducted a complaint investigation at Schmitt Woodland Hills Apartment Complex, an RCAC located in Richland Center, WI. As a result of the investigation, 0 violations of Chapter DHS 89 were issued. The complaint was unsubstantiated.	U 000		

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

TITLE

(X6) DATE