

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018781	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 11/08/2023
NAME OF PROVIDER OR SUPPLIER HARBOR AT RENAISSANCE (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 602 N SEGOE ROAD MADISON, WI 53705		
(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 11/08/2023, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit at The Harbor at Renaissance, a CBRF located in Madison, WI. As a result of the survey, 0 violations of Chapter DHS 83 were issued. Three violations from previous SOD# 4JR311 dated 04/20/2023 were corrected. Under statutory provisions of Wis. Stat. Chapter 50, a \$200 revisit fee is being assessed.	{N 000}		

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

TITLE

(X6) DATE