

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>0016883</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>06/19/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>APPLEGATE REFLECTIONS</b> |                                                                                                                                                                                                                                                             |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3001 WESTHILL DR</b><br><b>WAUSAU, WI 54401</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                                                            | <p>Initial Comments</p> <p>On 06/19/2025, Surveyor conducted a standard licensure survey and complaint investigation at Applegate Reflections.</p> <p>The complaint was unsubstantiated.</p> <p>There were no deficiencies identified.</p> <p>Census: 5</p> | N 000                                                                       |                                                                                                                          |                          |                                                                    |

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

TITLE

(X6) DATE