

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/12/2024
NAME OF PROVIDER OR SUPPLIER HEARTWOOD HOMES SENIOR LIVING INC III		STREET ADDRESS, CITY, STATE, ZIP CODE 1407 N MASON STREET APPLETON, WI 54914		
(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 02/12/2024, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation at Heartwood Homes Senior Living Inc III, a CBRF located in Appleton, WI. As a result of the investigation, 0 violations of Chapter DHS 83 were issued. The complaint was unsubstantiated.	N 000		

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

TITLE

(X6) DATE