

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/12/2026
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NAME OF PROVIDER OR SUPPLIER SCHMITT WOODLAND HILLS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 W SEMINARY ST RICHLAND CENTER, WI 53581
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(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 05/12/2026, the bureau of assisted living southern regional office conducted an abbreviated survey at Schmitt Woodland Hills a CBRF located in Richland Center, WI. As a result of this survey, 0 violations of DHS Chapter 83 were identified. Census: 21	N 000		

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

TITLE

(X6) DATE