

Wisconsin Department of Health Services

|                                                                                  |                                                                                                                                                                                                                                                                        |                                                                                               |                                                                                                                          |                                                        |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                              |                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0017828</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>03/10/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RENAISSANCE MEMORY CARE OF NEW BERLIN</b> |                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>21903 W NATIONAL AVE<br/>NEW BERLIN, WI 53146</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 03/10/2025, Surveyor conducted an abbreviated licensing survey at Renaissance Memory Care of New Berlin, a CBRF in New Berlin, WI.</p> <p>As a result of the survey, no deficiencies of Chapter DHS 83 were issued.</p> <p>Census: 8</p> | N 000                                                                                         |                                                                                                                          |                                                        |

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

TITLE

(X6) DATE