STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018660	A. BUILDING: _____ B. WING _____	R-C 12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE TERRACE	5883 WEST RIVERSIDE DRIVE GREENDALE, WI 53129

(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 12/09/2025, Surveyor conducted a complaint investigation, verification visit and standard survey at Riverside Terrace. One complaint was unsubstantiated. One deficiency was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure water fixtures used by residents did not exceed 115 degrees (°) Fahrenheit (F). The water temperature reached 136° F in the bathroom. Findings include: The facility is licensed to care for residents with diagnoses including developmentally disabled, physically disabled, advanced aged, mental illness/emotionally disturbed, and irreversible	N 617		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE TERRACE	**5883 WEST RIVERSIDE DRIVE GREENDALE, WI 53129**

(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 617	Continued From page 1 dementia/Alzheimer's. On 12/09/2025 at 9:30 AM, Surveyor toured the facility. Surveyor measured the water temperature in the common bathroom. Water temperature measured at 136° F. On 12/09/2025 at 11:00 AM, Surveyor interviewed Manager A. Manager A was not aware of the high water temperature and stated they would be lowered as soon as possible. Manager A stated a new water heater had been installed that month and likely was the cause of the high temperature reading.	N 617		