

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019471	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/12/2025
NAME OF PROVIDER OR SUPPLIER COURTYARD AT FITCHBURG - MEMORY CARE (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 5683 WILSHIRE DRIVE FITCHBURG, WI 53711		
(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 08/12/2025, Surveyors conducted 3 complaint investigations at Courtyard at Fitchburg - Memory Care (The). No deficiencies were identified. One (1) complaint was substantiated; 2 were unsubstantiated. The complaint was substantiated with statement of deficiency (SOD) 5LT211, dated 05/07/2025. Census: 22	N 000			

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

TITLE

(X6) DATE