Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017565	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYAN COMMUNITY INC	**913 S WEST AVE APPLETON, WI 54915**

(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 04/30/2025, Surveyor arrived at Ryan Community Inc. in Appleton in an attempt to conduct a verification visit for Statement f Deficiency #ZTFS12 and a standard survey. Upon arrival, the facility was vacant. The licensee informed Surveyor the facility closed on 03/29/2025 as they ended their contract with Wisconsin Department of Corrections for a Residential Services Program. All residents received a 30-day notice of the closure on 02/27/2025. No notification was sent to the department until today 04/30/2025, after surveyor asked. During this onsite visit, the facility surrendered their CBRF license to the Surveyor and indicated they have no plans to re-open as a CBRF. The plan is to turn the building into a shelter that is privately funded. Census: 0	N 000		

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