

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014814	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/17/2026
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NAME OF PROVIDER OR SUPPLIER WATERFORD AT FITCHBURG (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 5440 CADDIS BEND FITCHBURG, WI 53711
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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
U 000	<p>INITIAL COMMENTS</p> <p>On 02/17/2026, Surveyor conducted a complaint investigation at The Waterford at Fitchburg, an RCAC located in Fitchburg, WI.</p> <p>As a result of the investigation, 0 violations of Chapter DHS 89 were issued.</p> <p>The complaint was unsubstantiated.</p>	U 000		

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

TITLE

(X6) DATE