

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0018828</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C 08/15/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>RENAISSANCE SENIOR LIVING OF HILLDALE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>602 N SEGOE RD MADISON, WI 53705</b>		
(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	INITIAL COMMENTS  On 08/15/2024, Surveyor conducted a complaint investigation at Renaissance Senior Living of Hilldale, a RCAC in Madison.  No deficiencies were identified.  The complaint was unsubstantiated.  Census: 39	U 000		

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

TITLE

(X6) DATE