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
	0018963	A. BUILDING: _____ B. WING _____	R-C 05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGE AT MADISON (THE)	**2879 FISH HATCHERY ROAD FITCHBURG, WI 53713**

(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 05/12/2026, Surveyor conducted a complaint investigation and verification visit at The Ridge at Madison, an RCAC located in Fitchburg, WI. As a result of the survey, 0 violations of Chapter DHS 89 were issued. The complaint was unsubstantiated. Five violations from previous Statement of Deficiency (SOD) 6IE011 dated 01/13/2026 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.	{U 000}		

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