

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0018078</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>09/02/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HIL COOPERS RUN</b> |                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2460 FORESTVILLE DRIVE<br/>GREEN BAY, WI 54304</b> |                                                                                                                          |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                       | ID<br>PREFIX<br>TAG                                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| {M 000}                                                    | <p><b>INITIAL COMMENTS</b></p> <p>On 09/01/2026, Surveyor conducted a verification visit and a standard survey at HIL Coopers Run. Additional information was gathered through 09/02/2026. No deficient practices were identified.</p> <p>Under statutory provisions, a \$200 revisit fee is being assessed for the follow-up licensing visit.</p> <p>Census:4</p> | {M 000}                                                                                        |                                                                                                                          |                                                                |

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

TITLE

(X6) DATE