STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013364	A. BUILDING: _____ B. WING _____	C 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE APPLETON	**301 E FLORIDA ST APPLETON, WI 54911**

(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 06/30/2026, Surveyor conducted an abbreviated survey and one (1) complaint investigation at Renaissance Appleton. Additional information was gathered through 07/01/2026. As a result of the survey the complaint was unsubstantiated. There was one (1) deficiency identified during the abbreviated survey. Census: 66	U 000		
U 254	89.34(3) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (3) SELF-DIRECTION. To make reasonable decisions relating to activities, daily routines, use of personal space, how to spend one's time and other aspects of life in the residential care apartment complex. This Rule is not met as evidenced by: Based on observation and interview, the licensee did not ensure tenants were able to make reasonable decisions related to activities, daily routines, use of personal space, how to spend one's time and other aspects of life in the residential care apartment complex. Findings Include:	U 254		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013364	A. BUILDING: _____ B. WING _____	C 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE APPLETON	**301 E FLORIDA ST APPLETON, WI 54911**

(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 254	Continued From page 1 On 06/30/2026 at 9:30 AM, Surveyor conducted an onsite visit at Renaissance Appleton. Surveyor observed signs on exit doors stating to "Push and hold for 15 seconds," for the door to release and open. On 06/30/2026 at 10:00 AM, Surveyor toured the facility with Regional Director of Operations (RDO) A. RDO A acknowledged exit doors were equipped with a delayed egress system. RDO A stated the front door and the patio door were turned off during the daytime hours, but are on at nighttime for added tenant safety. RDO A acknowledged the doors have delayed egress to alert staff if the door is opened when staff are not present. Surveyor attempted to open an exit door by pressing on it; an alarm sounded and a caregiver immediately came to the door to see who activated the door. On 06/30/2026 at 12:00 PM, Surveyor exited to the patio and observed a locked metal gate. Surveyor was unable to open the gate to exit the patio and was unable to get to a safe distance away from the facility in case of an emergency. On 06/30/2026 at 12:10 PM, Surveyor interviewed tenants in the dining room during lunch. Tenant 1 stated s/he has a pet and was given the door code so s/he can go in/out with his/her pet. Tenant 2 stated s/he likes to be outside and goes in the gated patio, but was not given the door code so is unable to utilize any of the other exit doors to be outside. Tenant 3 stated s/he was not provided with the door code, so s/he only uses the front door when s/he goes out. Tenant 4 stated s/he has a friend that visits and brings a heavy machine. Tenant 4's friend has a hard time finding parking and must walk a	U 254		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013364	A. BUILDING: _____ B. WING _____	C 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE APPLETON	**301 E FLORIDA ST APPLETON, WI 54911**

(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 254	Continued From page 2	U 254		

long distance around the building to the front door to enter the building. Tenant 4 acknowledged there is a door right by his/her apartment and it would be easier if s/he could open the door to let his/her friend in/out, but doesn't because it will set off the alarm and make staff respond. Tenant 4 stated s/he was never offered a code.

On 06/30/2026 at 12:30 PM, Surveyor interviewed Tenant 5. Tenant 5 acknowledged s/he likes to go outside, but mostly uses the patio. Tenant 5 stated s/he only uses the patio or front door if s/he goes outside because the other doors are alarmed. Tenant 5 stated s/he did not have a code to bypass the alarm and felt s/he was not allowed to use any of the other exits.

On 06/30/2026 at 12:40 PM, Surveyor interviewed Tenant 6. Tenant 6 was sitting in the hallway by a window. Tenant 6 stated s/he likes to be outside and goes on the patio frequently. Tenant 6 stated there is a door to go outside close to his/her room, but s/he did not have a code to open that door. Tenant 6 stated s/he likes watching the construction occur outside and wishes s/he was able to go out the door by his/her apartment, but they are not allowed to.

On 06/30/2026 at 12:50 PM, Surveyor interviewed Tenant 7. Tenant 7 stated s/he did not have access to the exit door by his/her apartment. Tenant 7 stated it would be nice to be able to let his/her family out when they leave later at night so they don't have to walk all the way to the facility entrance and then all the way around the building to their car.

On 06/30/2026 at 1:30 PM, Surveyor interviewed RN B. RN B confirmed the patio gate is locked to ensure tenant safety. RN B acknowledged the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013364	A. BUILDING: _____ B. WING _____	C 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE APPLETON	**301 E FLORIDA ST APPLETON, WI 54911**

(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 254	Continued From page 3 delayed egress is to monitor who is coming in and out of the building. On 06/30/2026 at 1:35 PM, Surveyor interviewed RDO A. RDO A stated there were 4 tenants who they had concerns with wandering/eloping. RDO A confirmed there were currently 66 tenants living in the building. On 07/01/2026 at 12:04 PM, Surveyor interviewed RDO A. RDO A confirmed the exit doors were equipped with delayed egress and the patio gate was locked as a means to ensure tenant safety. Surveyor shared tenants have rights to make reasonable decisions related to activities, daily routines, use of personal space, how to spend one's time and other aspects of life in the residential care apartment complex. RDO A stated as the provider, they have a responsibility to ensure all tenants are safe.	U 254		