STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012819	A. BUILDING: _____ B. WING _____	08/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINTERGREEN	**1312 WISCONSIN ST HUDSON, WI 54016**

(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 08/18/2026, Surveyor began an abbreviated licensure survey at Wintergreen. Data was collected through 08/19/2026. One violation was identified. Census: 10	U 000		
U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not sure all facility staff had completed required training. One of 3 employees sampled did not have training in first aid. Findings include: On 08/18/2026, Surveyor reviewed records for Service Provider (SP) A, who was hired on 01/26/2026. SP A's training record did not include documentation of training in first aid. SP A's record did not include any certifications that indicated prior experience or certification in first aid.	U 134		

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
	0012819	A. BUILDING: _____ B. WING _____	08/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINTERGREEN	**1312 WISCONSIN ST HUDSON, WI 54016**

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U 134	Continued From page 1 At approximately 3:30 PM, Surveyor interviewed Licensee B. Licensee B searched SP A's training record and stated s/he could not find anything that covered first aid. Surveyor requested that any proof of SP A's first aid training be provided by 12:00 PM on 08/19/2026. On 08/19/2026, at approximately 10:55 AM, Licensee B sent an email to Surveyor. The email read, in part, "I have checked with our team, and we do not have training for [SP A]..." The provider did not ensure that all staff had received training in first aid.	U 134		