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
	0016374	A. BUILDING: _____ B. WING _____	04/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE SHORE CEDAR LODGE	12440 WARPATH LN MINOCQUA, WI 54548

(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 04/20/2026, Surveyor conducted a desk review for Lake Shore Cedar Lodge. One deficiency was identifieed.	U 000		
U 301	89.53(4)(b) Certification Renewal Certification shall be renewed if the owner or operator continues to comply with the provisions of this chapter, submits an application for renewal at least 30 days before the certification expires and pays the required certification fee. If an application for renewal is denied, the owner or operator shall be given written notice of the denial which shall include the reasons for denial and notice of opportunity to appeal the decision under s. DHS 89.59. This Rule is not met as evidenced by: Based on record review, the licensee or operator did not ensure the biennial or annual report and license or certification fee were submitted to the department within 30 days prior to the license or certification expiration date. Findings include: On 01/13/2026, the department sent a notice (with a copy of a Certification Continuation letter, mailed 10/27/2025) to Person identified in APIS mail recipient informing them the license or certification for Lake Shore Cedar Lodge, had expired (was due by 12/01/2025).	U 301		

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

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U 301	Continued From page 1 On 01/13/2026, the department received a confirmation of delivery for the above notice. On 03/13/2026 at approximately 9:57 AM, the department sent a second notice to Person identified in APIS as mail recipient via e-mail, indicating the biennial or annual report and license or certification fee were not received. On 03/17/2026 at 7:29 AM, the provider responded via e-mail, "Thank you, I have passed this to accounting to get it paid asap." On 04/20/2026 and 04/27/2026, Surveyor reviewed Department records and found no evidence a biennial or annual report and license or certification fees were received from the provider.	U 301		