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 |
|---|---|---|---|
| | 0009361 | A. BUILDING: _____ B. WING _____ | R-C 11/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| KIRKLAND CROSSINGS | 700 QUINLAN DR PEWAUKEE, WI 53072 |

| (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 |
|---|---|---|---|---|
| {N 000} | Initial Comments<br><br>On 11/25/2025, the Bureau of Assisted Living, Southern Regional Office conducted an verification visit of statement of deficiency (SOD) 1G5911 and a complaint investigation of Kirkland Crossings, located at 700 Quinlan Drive in Pewaukee, WI.<br><br>No citations of noncompliance were issued. The complaint was unsubstantiated.<br><br>Census: 20<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed. | {N 000} | | |

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