

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019886	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/06/2024
NAME OF PROVIDER OR SUPPLIER SERENITY VILLA ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 1707 AMERICAN EAGLE DR SLINGER, WI 53086		
(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 On 08/06/2024, Surveyors conducted a standard survey and one (1) complaint investigation at Serenity Villa Assisted Living (#19886). As A result of the survey, no deficiencies were identified and 1 complaint was unsubstantiated. Census: 24	N 000			

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

TITLE

(X6) DATE