

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019251	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/12/2023
NAME OF PROVIDER OR SUPPLIER CARETTA SENIOR LIVING BELLUVUE CBRF		STREET ADDRESS, CITY, STATE, ZIP CODE 1780 SERVANT WAY BELLEVUE, WI 54311		
(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 12/11/2023, with information gathered through 12/12/2023, Surveyor conducted a standard survey and 1 complaint investigation at Caretta Senior Living Bellevue CBRF. One (1) of 1 complaint was unsubstantiated. As a result of the survey, no deficiencies were issued. The facility will be issued a standard license. Census: 14	N 000		

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

TITLE

(X6) DATE