

Wisconsin Department of Health Services

|                                                                        |                                                                                                                                                                 |                                                                             |                                                                                                                          |                          |                                                                    |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0016837</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>07/23/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PRESTIGIOUS ACADEMY INC III</b> |                                                                                                                                                                 |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>8879 N 70TH STREET<br/>MILWAUKEE, WI 53224</b>                               |                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                    | ID<br>PREFIX<br>TAG                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                    |
| {M 000}                                                                | INITIAL COMMENTS<br><br>On 07/23/2024, Surveyor conducted a verification visit via desk review at Prestigious Academy INC III. No deficiencies were identified. | {M 000}                                                                     |                                                                                                                          |                          |                                                                    |

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

TITLE

(X6) DATE