

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2024
NAME OF PROVIDER OR SUPPLIER MEADOWMERE OAK CREEK			STREET ADDRESS, CITY, STATE, ZIP CODE 701 E PUETZ ROAD OAK CREEK, WI 53154		
(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 09/26/2024 with information gathered through 09/27/2024, Surveyors conducted a complaint investigation and abbreviated survey at Meadowmere Oak Creek, a Residential Care Apartment Complex (RCAC) in Oak Creek, WI. No deficiencies identified. Complaint unsubstantiated. Census: 58	U 000			

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

TITLE

(X6) DATE