

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019678	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/07/2024
NAME OF PROVIDER OR SUPPLIER LINDENRIDGE MUKWONAGO		STREET ADDRESS, CITY, STATE, ZIP CODE 841 E VETERANS WAY MUKWONAGO, WI 53149		
(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 05/07/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a complaint investigation at LindenRidge Mukwonago, a certified residential care apartment complex (RCAC) located in Mukwonago, WI. As a result of the survey, 0 deficiencies were identified. The complaint was unsubstantiated. Census: 56	U 000		

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

TITLE

(X6) DATE