

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019733	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/22/2024
NAME OF PROVIDER OR SUPPLIER NCHC ADULT CRISIS STABILIZATION FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 LAKE VIEW DR WAUSAU, WI 54403		
(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 07/22/2024, Surveyor conducted a standard licensure survey/probationary license at NCHC Adult Crisis Stabilization Facility. No deficiencies were identified. The facility will be granted a regular Community Based Residential Facility (CBRF) license for class ANA (non-ambulatory) residents. Census: 7	N 000		

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

TITLE

(X6) DATE