Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410094	A. BUILDING: _____ B. WING _____	R-C 08/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TARFA TERRACE	**54 W ARNDT ST FOND DU LAC, WI 54935**

(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 07/31/2023 Surveyor conducted an unannounced visit to Tarfa Terrace to investigate 3 complaints and verify correction of 14 previously identified deficiencies. Additional information was received through 08/01/2023. Three of 3 complaints were unsubstantiated, all pervious deficiencies were corrected and no new deficiencies were identified. Census: 30 Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed	{N 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE