

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0010669	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/10/2023
NAME OF PROVIDER OR SUPPLIER PRAIRIE RIDGE ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 819 WILCOX STREET WAUPUN, WI 53963		
(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 07/10/2023, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit of statement of deficiency (SOD) ACO411 at Prairie Ridge Assisted Living [RCAC] located at 819 Wilcox Street in Waupun, WI. No citations of noncompliance were issued. Census: 23 Under statutory provisions of Wis. Stat. Ch. 50, a \$200.00 revisit fee is being assessed.	{U 000}		

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

TITLE

(X6) DATE