

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017256	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/18/2023
NAME OF PROVIDER OR SUPPLIER CARATON COMMONS GREEN BAY 2		STREET ADDRESS, CITY, STATE, ZIP CODE 655 WOODSIDE RD GREEN BAY, WI 54311		
(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 07/10/2023 with additional information gathered through 07/18/2023, Surveyor conducted a standard survey and verification visit for Statement of Deficiency (SOD) TR3Y11 and B4X111 at Caraton Commons Green Bay 2. All previous deficiencies were corrected, no new deficiencies were identified. Under statutory provisions of WI Stat. Ch. 50 a \$200 revisit fee is being assessed. Census: 13	{N 000}		

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

TITLE

(X6) DATE