STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018760	A. BUILDING: _____ B. WING _____	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - STRATFORD I	213721 LEGION ST STRATFORD, WI 54484

(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 07/23/2025, Surveyor conducted a desk review survey for VitaCare Living - Stratford I. One deficiency was identified.	N 000		
N 141	83.09 Biennial report and fees. Biennial report and fees. Every 24 months, on a date determined by the department, the licensee shall submit a biennial report on the form provided by department, and shall submit payment of the license continuation fees. This Rule is not met as evidenced by: Based on record review, the licensee did not submit a biennial repor and payment of the license continuation fees.The licensee was operating with an expired license. Findings include: The provider was licensed for up to 15 residents in the client groups of: terminally ill, advanced age, physically disabled, and irreversible dementia/Alzheimer's disease. On 07/23/2025, Surveyor reviewed the Department's electronic file for VitaCare Living - Stratford I. The provider's license expired approximately 5 months ago, on 02/28/2025. On 12/27/2024, the Department emailed the provider a "LICENSE CONTINUATION" letter. The letter read, in part: "According to our records, your license is scheduled for review by the license continuation date listed below. Please review the enclosed Community Based	N 141		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018760	A. BUILDING: _____ B. WING _____	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - STRATFORD I	213721 LEGION ST STRATFORD, WI 54484

(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 141	Continued From page 1 Residential Facility Biennial Report. Changes to the CBRF Biennial Report and license fee must be submitted at https://health.wisconsin.gov/apis/secure/ALL1.html no later than the payment due date listed below. Failure to submit your biennial report and licensing fee in a timely manner will result in revocation of your license." The letter indicated the license continuation date was: 02/28/2025, and the payment due date was: 01/29/2025. On 02/01/2025, the Department emailed the provider a "PAST DUE BIENNIAL REPORT AND/OR FEE PAYMENT" letter. This letter read, in part: "A review of your license must be completed every two years or when a probationary period expires. By email dated 12/25/2024, you were notified that your license continuation fee and biennial report were due by 01/29/2025. To date we have not received your license continuation fee payment and/or biennial report ... If the biennial report, license continuation fee, and late fees are not received by 02/28/2025, the Division of Quality Assurance will proceed with license revocation pursuant to Wisconsin Stats. § 50.03(4)(c)1." On 07/07/2025, the Department emailed the provider, which read, in part: "Vitacare Living - Stratford I [0018760] License expired on 02/28/2025. You are signed up for e-renewal but now that the license has expired you must renew your license via the paper renewal process." On 07/09/2025, Licensee A confirmed with a read receipt email that s/he read the email sent on 07/09/2025. As of 07/23/2025, the Department has not received the provider's biennial report or license	N 141		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018760	A. BUILDING: _____ B. WING _____	07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - STRATFORD I	213721 LEGION ST STRATFORD, WI 54484

(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 141	Continued From page 2 continuation fees. The provider is operating with an expired license.	N 141		