

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019425	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/26/2025
NAME OF PROVIDER OR SUPPLIER BEAVER DAM AL OPERATIONS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 129 EVERGREEN CIR BEAVER DAM, WI 53916		
(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 From 02/24/2025 to 02/26/2025, Surveyor conducted a standard survey and complaint investigation at Beaver Dam AL Operations LLC, a CBRF in Beaver Dam. No deficiencies were identified. The complaint was unsubstantiated. Census: 34	N 000		

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

TITLE

(X6) DATE