

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019367	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 12/05/2024
NAME OF PROVIDER OR SUPPLIER SAGE MEADOWS OF MIDDLETON - 5330		STREET ADDRESS, CITY, STATE, ZIP CODE 5330 CENTURY AVE MIDDLETON, WI 53562		
(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 12/05/2024, Surveyors conducted a complaint investigation and a verification visit at Sage Meadows of Middleton, a CBRF located in Middleton, WI. As a result of the survey, 0 violations of Chapter DHS 83 were issued. The complaint was unsubstantiated. One violation from previous Statement of Deficiency DMOH11 dated 08/29/2024 was corrected. Under statutory provisions of Wis. Stat. Ch. 50, a \$200.00 revisit fee is being assessed.	{N 000}		

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

TITLE

(X6) DATE