

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2025
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE SUN PRAIRIE		STREET ADDRESS, CITY, STATE, ZIP CODE LIGHTHOUSE OF SUN PRAIRIE SUN PRAIRIE, WI 53590		
(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 08/05/2025, the bureau of assisted living southern regional office conducted 2 verification visits at New Perspective a CBRF located in Sun Prairie, WI. As a result of this survey, 0 violations of DHS Chapter 83 were issued. Two violations from previous statement of deficiency (SOD) DS4J12 dated 04/30/2025 were corrected. Two violations from previous SOD ZZ1814 dated 01/29/2025 were corrected. Census: 32 Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed.	{N 000}		

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

TITLE

(X6) DATE