STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012701	A. BUILDING: _____ B. WING _____	R-C 09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HUMMINGBIRD ADULT HOME LLC	**5355 CLASSIC LANE PLATTEVILLE, WI 53818**

(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
{M 000}	INITIAL COMMENTS On 09/10/2024, the bureau of assisted living southern regional office completed a verification visit at Hummingbird Adult Home LLC located in Platteville, WI. As a result of this survey, 0 violations of DHS Chapter 88 were issued. Three of 3 violations from previous statement of deficiency (SOD) F57011 dated 06/26/2024 were corrected. Under statutory provisions of Wis. State. Ch 50, a $200 revisit fee is being assessed. Census: 0	{M 000}		

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