

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017051	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER MILESTONE SENIOR LIVING MARKET ST		STREET ADDRESS, CITY, STATE, ZIP CODE 1870 MARKET ST CROSS PLAINS, WI 53528		
(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
U 000	INITIAL COMMENTS On 06/26/2023, with information gathered through 07/20/2023, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey and 2 complaint investigations at Milestone Senior Living Market St (RCAC) located at 1870 Market Street in Cross Plains, WI. No citations of noncompliance were issued. Two complaints were unsubstantiated. Census: 10	U 000		

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

TITLE

(X6) DATE