

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013386	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/17/2024
NAME OF PROVIDER OR SUPPLIER OUR HOUSE RICHLAND CENTER RCAC		STREET ADDRESS, CITY, STATE, ZIP CODE 250 N ORANGE STREET RICHLAND CENTER, WI 53581		
(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 09/17/2024, the bureau of assisted living southern regional office conducted a complaint investigation at Our House Richland Center and RCAC in Richland Center, WI. As a result of this survey, 0 violations of DHS Chapter 89 were issued. Complaint was unsubstantiated. Census: 19	U 000		

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

TITLE

(X6) DATE