Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110435	A. BUILDING: _____ B. WING _____	R-C 11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HOUSE	404 PINE ST MINERAL POINT, WI 53565

(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 11/29/2023, The Bureau of Assisted Living, Southern Regional Office conducted an Enforcement Verification Visit at Spring House, an AFH located in Mineral Point, WI. As a result of this survey, 0 violations of Chapter DHS 83 were issued. 1 violation from previous statement of deficiency (SOD) # WKNR13 dated 06/26/2023 was corrected. 4 violations from previous statement of deficiency (SOD) # GS4V11 dated 08/02/2023 were corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 0	{N 000}		

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