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
	110522	A. BUILDING: _____ B. WING _____	R 08/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN ADULT RESIDENTIAL SERVICES	**300 FEMRITE DR MONONA, WI 53716**

(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 08/24/2023, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit at Tellurian Adult Residential Services, a CBRF located in Monona, WI. As a result of the survey, 0 violations of Chapter DHS 83 were issued. One violation from previous SOD# IPJ111 dated 01/25/2023 was corrected. Under statutory provisions of Wis. Ch. 50, a $200 revisit fee is being assessed	{N 000}		

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