

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110455	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/25/2026
NAME OF PROVIDER OR SUPPLIER HARVEST GUEST HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 875 WEST SIDE DR 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
{N 000}	Initial Comments On 03/25/2026, the bureau of assisted living southern regional office conducted a verification visit and complaint investigation a Harvest Guest Home a CBRF located in Richland Center, WI. As a result of this survey, 0 violations of DHS Chapter 83 were issued. One violation from previous statement of deficiency (SOD) KGI713 dated 03/25/2026. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 14	{N 000}		

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

TITLE

(X6) DATE