

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                     |                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0018875</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    | (X3) DATE SURVEY<br>COMPLETED<br><br><b>12/15/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PINNACLE ASSISTED LIVING SERVICES KETTLE VIE</b> |                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>N8603 DUFFIN RD<br/>WHITEWATER, WI 53190</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                        | ID<br>PREFIX<br>TAG                                                                      | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| N 000                                                                                   | <p>Initial Comments</p> <p>From 12/11/2025 to 12/15/2025, Surveyor conducted a standard survey at Pinnacle Assisted Living Services Kettle View.</p> <p>There were no deficiencies identified.</p> <p>Census: 7</p> | N 000                                                                                    |                                                                                                                          |                                                        |

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

TITLE

(X6) DATE