

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012240	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 06/20/2024
NAME OF PROVIDER OR SUPPLIER ASTER ASSISTED LIVING OF MARSHFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 305 SOUTH CHESTNUT AVE MARSHFIELD, WI 54449		
(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 06/17/2024, Surveyor conducted 2 complaint investigations and a verification visit at Aster Assisted Living of Marshfield, an RCAC located in Marshfield, WI. As a result of the investigation, 0 violations of Chapter DHS 89 were issued. Both complaints were unsubstantiated. Seven violations from previous SOD N3L512 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed.	U 000		

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

TITLE

(X6) DATE