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
	0018247	A. BUILDING: _____ B. WING _____	R-C 06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEROVA SENIOR LIVING OF MEQUON	**10995 N MARKET STREET MEQUON, WI 53092**

(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 06/04/2025, with additional information gathered through 06/05/2025, Surveyors conducted a standard survey, 2 complaint investigations and 2 verification visits for Statement of Deficiency (SOD) N5LX11 and SOD 7UI011 at Terova Senior Living of Mequon. As a result of the standard survey, no new deficiencies were identified. Two of 2 complaints were unsubstantiated. All previous deficiencies in SOD N5LX11 were corrected. All previous deficiencies in SOD 7UI011 were corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 24	{N 000}		

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