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
	00191361	A. BUILDING: _____ B. WING _____	R 06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF MT HOREB	327 N 8TH ST MOUNT HOREB, WI 53572

(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 From 06/02/2026 to 06/04/2026, Surveyor conducted a verification visit at BeeHive Homes of Mt Horeb, a CBRF in Mt Horeb. As a result of this survey, 0 violations of Chapter DHS 83 were issued. Three (3) deficiencies from previous statement of deficiency (SOD) # NCTO11, dated 02/23/2026 were substantially corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 16	{N 000}		

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