

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017058	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/17/2025
NAME OF PROVIDER OR SUPPLIER MILESTONE SENIOR LIVING MARKET ST CBRF		STREET ADDRESS, CITY, STATE, ZIP CODE 1870 MARKET ST CROSS PLAINS, WI 53528		
(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 04/17/2025, Surveyor conducted a standard licensing survey and complaint investigation at Milestone Senior Living Market Street CBRF, a CBRF located in Cross Plains, WI. As a result of the survey, 0 violations of Chapter DHS 83 were issued. The complaint was unsubstantiated. Census: 11	N 000		

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

TITLE

(X6) DATE