

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0010729	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 05/21/2025
NAME OF PROVIDER OR SUPPLIER SYLVAN CROSSINGS IN WESTSHIRE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 5475 WESTSHIRE CIRCLE WAUNAKEE, WI 53597		
(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 05/21/2025, the bureau of assisted living conducted a verification visit at Sylvan Crossings In Westshire Village a CBRF located in Waunakee, WI. As a result of this survey, 0 violations of DHS Chapter 83 were issued. Census: 26 Under statutory provisions of Wis.Stat. ch. 50 a \$200 revisit fee is being assessed.	{N 000}			

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

TITLE

(X6) DATE