

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017372	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/11/2025
NAME OF PROVIDER OR SUPPLIER BRIGHTSTAR SENIOR LIVING OF WAUNAKEE		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 QUINN DR 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 07/11/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Brightstar Senior Living of Waunakee, a community-based residential facility (CBRF) located in Waunakee, WI. As a result of the survey, 0 deficiencies were identified. The previous deficiency from Statement of Deficiency (SOD) PI0514, dated 01/07/2025, was corrected. Under statutory provisions of Wis. Stat. Chapter 50, a \$200 revisit fee is being assessed. Census: 18	{N 000}		

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

TITLE

(X6) DATE