

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/19/2024
NAME OF PROVIDER OR SUPPLIER MILESTONE SENIOR LIVING HILLSBORO			STREET ADDRESS, CITY, STATE, ZIP CODE 504 SALSBERY CIRCLE HILLSBORO, WI 54634		
(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	
Y3000	INITIAL COMMENTS On 01/19/2024, Surveyor conducted a complaint investigation at Milestone Senior Living Hillsboro. The complaint was not substantiated. No deficiencies identified. Census: 22	Y3000			

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

TITLE

(X6) DATE