

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0019858</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>04/22/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LAKEHOUSE MANITOWOC</b> |                                                                                                                                                                                                                                                              |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>950 S RAPIDS ROAD</b><br><b>MANITOWOC, WI 54220</b>                          |                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                 | ID<br>PREFIX<br>TAG                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                                    |
| U 000                                                          | <p><b>INITIAL COMMENTS</b></p> <p>On 04/22/2026, Surveyor conducted a complaint investigation at Lakehouse Manitowoc.</p> <p>One (1) of 1 complaint was unsubstantiated. No deficiencies were issued as a result of the investigation.</p> <p>Census: 58</p> | U 000                                                                       |                                                                                                                          |                          |                                                                    |

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

TITLE

(X6) DATE