

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019532	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/19/2025
NAME OF PROVIDER OR SUPPLIER SUNSET WOODS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 S MOORLAND RD NEW BERLIN, WI 53151		
(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 02/19/2025, Surveyor conducted a verification visit at Sunset Woods Senior Living, a CBRF located in New Berlin, WI. As a result of the survey, 0 violations of Chapter DHS 83 were issued. All deficiencies from previous Statement of Deficiency (SOD) QW7F11 dated 08/21/2024 and SOD YJVJ11 dated 07/12/2024 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 35	{N 000}		

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

TITLE

(X6) DATE