

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012604	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/31/2025
NAME OF PROVIDER OR SUPPLIER PRAIRIE RIDGE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 819 WILCOX ST WAUPUN, WI 53963		
(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 01/24/2025, the bureau of assisted living Southern regional office conducted a desk review - verification visit for Prairie Ridge Assisted Living a CBRF located in Waupun, WI. As a result of this survey, 0 violations of DHS Chapter 83 were issued. 1 violation from previous statement of deficiency RQU211 dated 12/11/2024 was substantially corrected.	{N 000}			

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

TITLE

(X6) DATE