Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019253	A. BUILDING: _____ B. WING _____	12/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARETTA SENIOR LIVING HOLMEN CBRF	**2120 STAPHORST LANE HOLMEN, WI 54636**

(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 12/15/2023, Surveyor conducted a standard licensure survey at Caletta Senior Living Holmen CBRF. The facility is currently operating under a probationary license. No deficiencies were identified. Upon the expiration of the probationary license the facility will be issued a regular license to provide care for up to 26 residents within the client groups of advanced aged, physically disabled and irreversible dementia/Alzheimer's. Census: 12	N 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE