

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017383	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 10/23/2023
NAME OF PROVIDER OR SUPPLIER LEGACY AT NOEL MANOR (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 435 PRAIRIE OAKS BLVD VERONA, WI 53593		
(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 10/23/2023, Surveyor conducted a verification visit at Legacy at Noel Manor, a CBRF located in Verona. No deficiencies were identified. Statement of Deficiency (SOD) 1IUL12, dated 06/01/2023, and SOD TN3N11, dated 06/28/2023, were corrected. Under statutory provisions of Wis. Stat. Ch50, \$200 revisit fee is being assessed. Census: 29	{N 000}			

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

TITLE

(X6) DATE