

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 05/27/2025
NAME OF PROVIDER OR SUPPLIER DIMENSIONS LIVING BEAVER DAM		STREET ADDRESS, CITY, STATE, ZIP CODE 626 MONROE ST BEAVER DAM, WI 53916		
(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 05/27/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit for Statement of Deficiency (SOD) V0S816, dated 10/16/2024, at Dimensions Living Beaver Dam, a community based residential facility (CBRF) located in Beaver Dam, WI. As a result of the survey, 0 deficiencies were identified. The previous deficiency from SOD V0S816 was corrected. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. Census: 20	{N 000}		

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

TITLE

(X6) DATE