

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/02/2025
NAME OF PROVIDER OR SUPPLIER WOLVERTON GLEN ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 50 WOLVERTON AVENUE RIPON, WI 54971		
(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 06/02/2025, Surveyor conducted 2 complaint investigations at Wolverton Glen Assisted Living, a CBRF located in Ripon, WI. As a result of the survey, 0 violations of Chapter DHS 83 were issued. Both complaints were unsubstantiated. Census: 19	N 000		

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

TITLE

(X6) DATE