

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 310549	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/20/2024
NAME OF PROVIDER OR SUPPLIER ST COLETTA OF WI ST JOHN THE BAPTIST			STREET ADDRESS, CITY, STATE, ZIP CODE W5078 HWY 18 JEFFERSON, WI 53549		
(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 02/19/2024, Surveyor conducted a verification visit at St Coletta of WI St John The Baptist. No deficiencies were identified; the previous deficiency was substantially corrected. Under statutory provisions of Wis. Stat. Ch50, \$200 revisit fee is being assessed. Census: 7	{N 000}			

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

TITLE

(X6) DATE