

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017088	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/25/2026
NAME OF PROVIDER OR SUPPLIER DIMENSIONS LIVING PEWAUKEE WEST		STREET ADDRESS, CITY, STATE, ZIP CODE N26W26511 COLLEGE AVE PEWAUKEE, WI 53072		
(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 03/25/2026, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit of statement of deficiency (SOD) YD0G11 and a complaint investigation at Dimensions Living Pewaukee West located at N26W26511 College Aveune in Pewaukee, WI. No citations of noncompliance were issued. The complaint was unsubstantiated. Census: 12 Under statutory provisions of Wis. Stat. Ch. 50, a \$200.00 revisit fee is being assessed.	{N 000}		

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

TITLE

(X6) DATE