

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019533	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/23/2024
NAME OF PROVIDER OR SUPPLIER SUNRISE MEADOWS SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 N CALHOUN RD BROOKFIELD, WI 53005		
(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 05/23/2024, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit of statement of deficiency (SOD) YXPQ11 at Sunrise Meadows Senior Living located at 2800 North Calhoun Road in Brookfield, WI. No citations of noncompliance were issued. The citations issued with SOD YXPQ11 were substantially corrected. Census: 36 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