

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2025
NAME OF PROVIDER OR SUPPLIER NEW PERSPECTIVE SUN PRAIRIE		STREET ADDRESS, CITY, STATE, ZIP CODE 222 S BRISTOL STREET SUN PRAIRIE, WI 53590		
(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
{U 000}	INITIAL COMMENTS On 08/05/2025, the bureau of assisted living southern regional office conducted 2 verification visits at New Perspective a CBRF located in Sun Prairie, WI. As a result of this survey, 0 violations of DHS Chapter 89 were issued. One violation from previous statement of deficiency (SOD) ZNG611 dated 01/29/2025 were corrected. Two violations from previous SOD Z91811 dated 12/10/2024 were corrected. Census: 53 Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed.	{U 000}		

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

TITLE

(X6) DATE