

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/29/2023
NAME OF PROVIDER OR SUPPLIER MOUNDVIEW ADULT FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 SAM AND DAN LANE PLATTEVILLE, WI 53818		
(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
M 000	INITIAL COMMENTS On 12/29/2023, The Bureau of Assisted Living, Southern Regional Office conducted a standard survey at Moundview Adult Family Home, an AFH in Platteville, WI. As a result of this survey, 0 violations of Chapter DHS 88 were issued. Census: 3	M 000		

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

TITLE

(X6) DATE