

Wisconsin Department of Health Services

|                                                        |                                                                                                                                                                                                                                   |                                                                             |                                                                                                                          |  |                                                                    |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION    |                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0019972</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____                                                    |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>12/13/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>VALLEY VIEW</b> |                                                                                                                                                                                                                                   |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>246 GREEN VALLEY PLACE</b><br><b>WEST BEND, WI 53095</b>                     |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                      | ID<br>PREFIX<br>TAG                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                           |
| M 000                                                  | <b>INITIAL COMMENTS</b><br><br>On 12/13/2024, Surveyor conducted one (1)<br>complaint investigation at Valley View. As a result<br>of the survey 1 complaint was unsubstantiated,<br>no deficiencies identified.<br><br>Census: 4 | M 000                                                                       |                                                                                                                          |  |                                                                    |

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

TITLE

(X6) DATE