Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019805	A. BUILDING: _____ B. WING _____	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAHLET HOME CARE LLC	1016 NEW HAVEN CIR 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
M 000	INITIAL COMMENTS On 08/15/2024, Surveyor conducted an initial licensure survey at Mahlet Home Care LLC. As of 08/15/2024, Mahlet Home Care LLC will be known to the Department as license # 0019805, a 4-bed adult family home able to serve ambulatory/non-ambulatory residents. The facility can accept clients in the following client groups: Traumatic brain injury, correctional clients, irreversible dementia/Alzheimer's, physically disabled, terminally ill, advanced aged, alcohol/drug dependent, and can accept public funding. The facility is HCBS compliant.	M 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE