

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018384	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/01/2024
NAME OF PROVIDER OR SUPPLIER MOUNDVIEW ADULT FAMILY HOME UPPER		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 08/01/2024, the bureau of assisted living southern regional office conducted 2 complaint investigations at Moundview Adult Family Home Upper an AFH in Platteville, WI. As a result of this survey, 0 violations of DHS Chapter 88 were issued. 2 complaints were unsubstantiated. Census: 4	M 000		

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

TITLE

(X6) DATE