

ATTESTATION OF CORRECTION

By inserting the name of the facility in the space below and returning this form to the Bureau of Assisted Living Regional Office, the sender attests that all deficiencies have been or will be corrected **within 45 days of receipt of this notice.**

Name – Provider / Supplier	
Silver Lake Manor	
Street Address / City / Zip Code	
N2641 17th Lane, Wautoma WI 54982	
License / Certification No. (X1):	0018785
Survey Date (X3):	11/05/2025
Survey Event ID No.:	9Q2111
ATTESTATION	
On behalf of the facility listed below, the facility attests that all deficiencies have been or will be corrected within 45 days of receipt of this notice.	

Name of Facility:	<i>Silver Lake Manor</i>	<i>12/18/25</i>
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