

Wisconsin Department of Health Services

|                                                            |                                                                                                                                                                                                                        |                                                                             |                                                                                                                          |                          |                                                                    |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION        |                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0019651</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>08/15/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DEEPENING ROOTS</b> |                                                                                                                                                                                                                        |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>411 W PROSPECT ST</b><br><b>THORP, WI 54771</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                                                      | <p>INITIAL COMMENTS</p> <p>On 8/15/2024, the department conducted a compliant investigation at Deepening Roots.</p> <p>The complaint was unsubstantiated.</p> <p>No deficiencies were identified.</p> <p>Census: 4</p> | M 000                                                                       |                                                                                                                          |                          |                                                                    |

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

TITLE

(X6) DATE