STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019023	A. BUILDING: _____ B. WING _____	R 09/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYVIEW ASSISTED LIVING CENTER	S77W18690 JANESVILLE RD MUSKEGO, WI 53150

(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
N 000	Initial Comments On 09/20/2023, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Bayview Assisted Living Center, a community-based residential facility (CBRF), located in Muskego, WI. As a result of the survey, 0 deficiencies were identified. All 4 deficiencies from previous Statement of Deficiency (SOD) CS3G11 were corrected. The facility currently has a probationary license until 10/12/2023 and should be issued a regular license upon renewal. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 11	N 000		

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