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
	0017058	A. BUILDING: _____ B. WING _____	R-C 11/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILESTONE SENIOR LIVING MARKET ST CBRF	1870 MARKET ST CROSS PLAINS, WI 53528

(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 11/15/2024, the bureau of assisted living conducted a complaint investigation and verification visit at Milestone Senior Living Market St a CBRF located in Cross Plains, WI. As a result of this survey, 0 violations of DHS Chapter 83 were issued. Seven of 7 violations from previous statement of deficiency (SOD) I52G12 was substantially corrected. Complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 14	{N 000}		

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