STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016374	A. BUILDING: _____ B. WING _____	R-C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE SHORE CEDAR LODGE	12440 WARPATH LN MINOCQUA, WI 54548

(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
{U 000}	INITIAL COMMENTS On 07/31/2024, Surveyor conducted a verification visit and complaint investigation (x2) at Lake Shore Cedar Lodge. Data collection continued through 08/01/2024. The deficiencies identified in statement of deficiency (SOD) JFKQ11 were corrected. The complaints (x2) were unsubstantiated. No deficiencies were identified. Under statutory provisions of Wis. Stat. ch. 50. a $200 revisit fee is being assessed. Census: 18	{U 000}		

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