

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0009432	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/24/2023
NAME OF PROVIDER OR SUPPLIER TELLURIAN TRANSITIONAL HOUSING		STREET ADDRESS, CITY, STATE, ZIP CODE 300 FEMRITE DR MADISON, WI 53716		
(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 08/24/2023, The Bureau of Assisted Living, Southern Regional Office conducted an Enforcement Verification Visit at Tellurian Transitional Housing, a CBRF located in Madison, WI. As a result of this survey, 0 violations of Chapter DHS 83 were issued. 4 violations from previous statement of deficiency (SOD) # SMS611 dated 01/24/2023 were corrected. Under statutory provisions of Wis. Stat. Ch50, \$200 revisit fee is being assessed. Census: 16	{N 000}		

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

TITLE

(X6) DATE