

ATTESTATION OF CORRECTION

By inserting the name of the facility in the space below and returning this form to the Bureau of Assisted Living Regional Office, the sender attests that all deficiencies have been or will be corrected **within 45 days of receipt of this notice.**

Name – Provider / Supplier	
Emerald Ridge Of Neenah	
Street Address / City / Zip Code	
130 Byrd Ave, Neenah WI 54956	
License / Certification No. (X1):	0018450
Survey Date (X3):	05/01/2024
Survey Event ID No.:	VODN11
ATTESTATION On behalf of the facility listed below, the facility attests that all deficiencies have been or will be corrected within 45 days of receipt of this notice.	

Name of Facility: Emergald Ridge of Neenah Plan of Correction: 89.23(4) (c) Services: All employee background checks have been reviewed. Any dispositions noted includes a judgement of conviction in their employee record. A background check policy has been created and implemented. 89.28(6) Risk Agreements The risk agreement form as been reviewed and updated. All residents have been reviewed and now include a risk agreement based on their assessment/care plan needs. 89.34 (16) Tenant Rights: Medications A medication cart audit has been completed to assure no medications are in the cart without a physician order. A monthly medication cart audit form has been created and implemented.	All Deficiencies Completed as of 08/09/2024
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