

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0021216	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/26/2026
NAME OF PROVIDER OR SUPPLIER SILVERSTONE MEMORY CARE AT PACKARD		STREET ADDRESS, CITY, STATE, ZIP CODE 5665 WEST PACKARD AVENUE GRAND CHUTE, WI 54913		
(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 08/24/2026 with information gathered through 08/26/2026, Surveyor conducted two complaint investigations at Silverstone Memory Care at Packard, a Community-Based Residential Facility (CBRF) in Grand Chute, WI. No deficiencies identified. Two of two complaints unsubstantiated. Census: 39	N 000		

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

TITLE

(X6) DATE