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
	0019156	A. BUILDING: _____ B. WING _____	R-C 10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIANNES ELDER HOUSE INC	**6229 RENEE COURT MC FARLAND, WI 53558**

(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 10/16/2025, the bureau of assisted living southern regional office conducted a verification visit at MariAnnes Elder House Inc a CBRF located in McFarland, WI. As a result of this survey, 0 violations of DHS Chapter 83 were issued. Three of 3 violations from previous statement of deficiency YQD611 dated 06/26/2025 were substantially corrected. Under statutory provisions of Wis. Stat. Ch50, $200 revisit fee is being assessed. Census: 10	{N 000}		

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