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
	110366	A. BUILDING: _____ B. WING _____	R-C 11/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TELLURIAN CRAWFORD HOUSE	4326 CRAWFORD DR MADISON, WI 53711

(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 11/07/2023. the Bureau of Assisted Living, Southern Regional Office conducted a verification visit at Tellurian Crawford House, a CBRF located in Madison, WI. As a result of the survey, 0 violations of Chapter DHS 83 were issued. Three violations from previous SOD# ZW8313 dated 07/26/2022 were corrected. Under statutory provisions of Wis. Ch. 50, a $200 revisit fee is being assessed	{N 000}		

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