

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 10/02/2025
NAME OF PROVIDER OR SUPPLIER DIMENSIONS LIVING PEWAUKEE EAST		STREET ADDRESS, CITY, STATE, ZIP CODE W232N3471 HUNTERS RIDGE RD PEWAUKEE, WI 53072		
(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 10/01/2025 with information gathered through 10/02/2025, Surveyors conducted 2 verification visits and 2 complaint investigations at Dimensions Living Pewaukee East, a CBRF in Pewaukee, WI. Zero deficiencies of Chapter DHS 83 were identified. Seven of 7 violations from statement of deficiency (SOD) 4NVT14, dated 05/28/2025, were substantially corrected. Three of 3 violations from SOD 68S311, dated 03/06/2025, were substantially corrected. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Both complaints were unsubstantiated. Census: 13	{N 000}		

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

TITLE

(X6) DATE