

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018808	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 04/09/2024
NAME OF PROVIDER OR SUPPLIER ARBORETUM (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE W 180 N7890 TOWN HALL RD MENOMONEE FALLS, WI 53051		
(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 04/09/2024, Surveyor conducted a verification visit and complaint investigation at The Arboretum. No deficiencies were identified; three previous deficiencies were substantially corrected from statement of deficiency (SOD) GUIE11, dated 09/15/2023. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a \$200.00 revisit fee is being assessed. Census: 42	{N 000}			

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

TITLE

(X6) DATE