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
	0016902	A. BUILDING: _____ B. WING _____	R-C 07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBANY OAKS ASSISTED LIVING	750 CAROLAN DR ALBANY, WI 53502

(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 07/03/2024, The bureau of assisted living southern regional office conducted 2 enforcement verification visits and complaint investigation at Albany Oaks Assisted Living located in Albany, WI. As a result of this survey, 0 deficiencies of DHS Chapter 83 were issued. Complaint was unsubstantiated. 1 violation from previous statement of deficiency (SOD) #UZYU12 dated 01/05/2023 was corrected. 3 violations from previous SOD #N1X511 dated 10/25/2023 were 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