

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0019883</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/10/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WELCOMING WILLOWS ADULT DAYCARE INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 W MAIN ST LITTLE CHUTE, WI 54140</b>
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(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
E 000	<p><b>INITIAL COMMENTS</b></p> <p>An announced onsite intial survey of Welcoming Willows, an Adult Day Care Center in Little Chute, Wisconsin, was conducted on 10/10/2023. Welcoming Willows was found to be in compliance with the Wisconsin Administrative Code 105.14.</p> <p>There were no deficiencies identified.</p>	E 000		

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