

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018351	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/18/2023
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NAME OF PROVIDER OR SUPPLIER COUNTRY SIDE MANOR WEST	STREET ADDRESS, CITY, STATE, ZIP CODE 4228 KADLEC DRIVE SHEBOYGAN, WI 53083
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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
N 000	<p>Initial Comments</p> <p>On 12/18/2023, the Bureau of Assisted Living, Southern Regional Office conducted 2 complaint investigations at Country Side Manor West, a CBRF located in Sheboygan, WI.</p> <p>As a result of the investigations, 0 violations of Chapter DHS 83 were issued.</p> <p>Both complaints were unsubstantiated.</p>	N 000		

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

TITLE

(X6) DATE