

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/15/2024
NAME OF PROVIDER OR SUPPLIER PRIMROSE OF PLEASANT PRAIRIE			STREET ADDRESS, CITY, STATE, ZIP CODE 9651 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158		
(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 07/15/2024 Surveyors completed a complaint investigation at Primrose Of Pleasant Prairie. As a result, no deficiencies were identified. The complaint was unsubstantiated.</p> <p>Census: 67</p>	N 000			

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

TITLE

(X6) DATE