

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 410472	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/12/2024
NAME OF PROVIDER OR SUPPLIER PINE HAVEN CHRISTIAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 531 GIDDINGS AVE SHEBOYGAN FALLS, WI 53085		
(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 02/06/2024 with additional information gathered through 02/12/2024, Surveyor conducted a complaint investigation and an abbreviated survey at Pine Haven Christian Home. As a result, 2 of 2 complaints were unsubstantiated and no deficiencies were identified.</p> <p>Census: 85</p>	N 000			

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

TITLE

(X6) DATE