

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011776	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/19/2026
NAME OF PROVIDER OR SUPPLIER KINDREDHEARTS OF COTTAGE GROVE		STREET ADDRESS, CITY, STATE, ZIP CODE 505 W LAWN DRIVE COTTAGE GROVE, WI 53527		
(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 From 03/18/2026 to 03/19/2026, Surveyor conducted a complaint investigation at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove. The complaint was substantiated based on a previous investigation. See Statement of Deficiency (SOD) IXKP11, dated 02/09/2026. Census: 4	N 000		

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

TITLE

(X6) DATE