

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020858	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/29/2025
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NAME OF PROVIDER OR SUPPLIER DRUMLIN RESERVE MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 111 E REYNOLDS ST COTTAGE GROVE, WI 53527
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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 10/29/2025, the bureau of assisted living southern regional office conducted a complaint investigation at Drumlin Reserve a CBRF located in Madison, WI.</p> <p>As a result of this survey, 0 violations of DHS Chapter 83 were issued.</p> <p>Complaint was substantiated.</p> <p>Census: 26</p>	N 000		

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

TITLE

(X6) DATE