STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020474	A. BUILDING: _____ B. WING _____	R-C 03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAVA CARE OF HARTLAND	**300 NORTH SHORE DRIVE CHENEQUA, WI 53029**

(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
{U 000}	INITIAL COMMENTS On 03/17/2026, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit of statement of deficiency (SOD) 8BRN11 and a complaint investigation at Adava Care of Hartland located at 300 North Shore Drive in Hartland, WI. No citations of noncompliance were issued. The complaint was unsubstantiated. Census: 15 Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed.	{U 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE