

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 01/02/2025
NAME OF PROVIDER OR SUPPLIER HERITAGE ASSISTED LIVING MIDDLETON			STREET ADDRESS, CITY, STATE, ZIP CODE 6234 MAYWOOD AVE MIDDLETON, WI 53562		
(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 01/02/2024, Surveyor conducted a verification visit at Heritage Assisted Living Middleton, a RCAC in Middleton. No deficiencies were identified. Statement of Deficiency (SOD) 0V3J11, dated 08/06/2024, was corrected. Census: 15	{U 000}			

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

TITLE

(X6) DATE