

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012891	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 05/19/2026
NAME OF PROVIDER OR SUPPLIER HERITAGE MONONA CBRF		STREET ADDRESS, CITY, STATE, ZIP CODE 111 OWEN RD MONONA, WI 53716		
(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 On 05/19/2026, the bureau of assisted living southern regional office conducted 2 verification visits at Heritage Monona a CBRF located in Monona, WI. As a result of this survey, 0 violations of DHS Chapter 83 were issued. Two of 2 violations from previous statement of deficiency (SOD) 1ESI11 dated 01/06/2026 were corrected. One of 1 violation from previous SOD DTUS11 was corrected. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 20	{N 000}		

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

TITLE

(X6) DATE