

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0010630	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/18/2025
NAME OF PROVIDER OR SUPPLIER HERITAGE COURT		STREET ADDRESS, CITY, STATE, ZIP CODE N48 W14250 HAMPTON AVE MENOMONEE FALLS, WI 53051		
(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 03/05/2025, with information gathered through 03/18/2025 , the Bureau of Assisted Living, Southern Regional Office conducted a licensing survey and 2 complaint investigations at Heritage Court, located at N 48 W14250 Hampton Avenue in Menomonee Falls, WI. No citations of noncompliance were issued. Both complaints were unsubstantiated. Census: 20	N 000		

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

TITLE

(X6) DATE