STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013469	A. BUILDING: _____ B. WING _____	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE AT DEER CREEK	3585 S 147TH ST NEW BERLIN, WI 53151

(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 01/21/2026, Surveyor conducted a standard survey at Heritage At Deer Creek. One deficiency was identified. Census: 32	U 000		
U 226	89.29(2)(b) 3. ADMISSION & RETENTION OF TENANTS (2) RETENTION. (b) A residential care apartment complex may retain a tenant who becomes incompetent or incapable of recognizing danger, summoning assistance, expressing need or making care decisions, provided that the facility ensures all of the following: 3. That both the service agreement and risk agreement are signed by the guardian and by the health care agent or the agent with power of attorney, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the service agreement was signed by the health care power of attorneys for 2 of 2 tenants reviewed. Tenant 1's and Tenant's 2 service agreements were not signed by their Power of Attorney for Health Care (POA-HC) agents following activation of their POA-HC documents. Findings include: On 01/21/2026, Surveyor reviewed Tenant 1's	U 226		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013469	A. BUILDING: _____ B. WING _____	01/21/2026

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U 226	Continued From page 1 and Tenant 2's records. Example 1- Tenant 1 Tenant 1 was admitted 10/05/2021. His/her record contained 1 service agreement, titled "RCAC Residency and Service Agreement" signed by Tenant 1 on 09/22/2021. The record contained a POA-HC Statement of Incapacity, signed by 2 physicians (1 signature dated 06/10/2025 and the 2nd signature dated 06/11/2025). Example 2- Tenant 2 Tenant 2 was admitted 08/14/2025. His/her record contained 1 service agreement, titled "RCAC Residency and Service Agreement" signed by Tenant 2 on 08/13/2025. The record contained a POA-HC Activation Form signed by a certified physician assistant on 01/15/2026 and an MD on 01/16/2026. On 01/21/2026 at 1:54 PM, Surveyor interviewed Executive Director A and Regional Director B. Executive Director A stated s/he was not aware the POA-HC agent was required to sign the service agreement after POA-HC activation, especially for Tenant 1 because there were no changes to his/her agreement. Executive Director A state since no one had questioned previously questioned them about the requirement, they were not aware of it. On 01/21/2026 at 2:49 PM, Surveyor discussed concern of service agreement with Executive Director A, Regional Director B, Regional Nurse C, and Director of Nursing D. Executive Director A stated since Surveyor's interview (on 01/21/2026 at 1:54 PM), s/he spoke with both Tenant 1's and Tenant 2's POA-HC agents who stated they	U 226		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013469	A. BUILDING: _____ B. WING _____	01/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE AT DEER CREEK	**3585 S 147TH ST NEW BERLIN, WI 53151**

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U 226	Continued From page 2 would sign the service agreements on 01/22/2026.	U 226		