

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/08/2025
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NAME OF PROVIDER OR SUPPLIER HERITAGE 6 LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7901 W NATIONAL WEST ALLIS, WI 53214
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(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	<p>INITIAL COMMENTS</p> <p>On 04/08/2025, Surveyor conducted a standard survey and complaint investigation at Heritage 6 LLC, a Residential Care Apartment Complex (RCAC) in West Allis, WI.</p> <p>No deficiencies identified.</p> <p>Complaint unsubstantiated.</p> <p>Census: 21</p>	U 000		

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

TITLE

(X6) DATE