

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER NANAS BLESSINGS AFH LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3908 N 82ND ST MILWAUKEE, WI 53222		
(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
M 000	INITIAL COMMENTS On 02/27/2026, Surveyor conducted a desk review for Nanas Blessings AFH LLC. One deficiency was identified.	M 000		
M 122	88.03(4)(b) RENEWAL REQUIREMENTS To renew a license, the licensee shall submit to the licensing agency not less than 30 days prior to the date of expiration of the current license, a completed application form, a new program statement if there have been any program changes, the licensure fee required under s. 50.033(2), Stats., and any required fee for a criminal records check. If the license is not renewed, the licensing agency shall give the licensee written notice before expiration of the license. The notice shall clearly and concisely state the reasons for not renewing the license and shall inform the licensee of the opportunity for a hearing under sub. (7). This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the biennial report and license fee were submitted to the department, within 30 days prior to the license expiration date. Findings include: On 08/25/2025, the department sent a notice to Licensee A informing them the license for Nanas Blessings AFH LLC, would expire on 10/31/2025.	M 122		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER NANAS BLESSINGS AFH LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3908 N 82ND ST MILWAUKEE, WI 53222		
(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
M 122	Continued From page 1 The notice indicated the biennial report and license fee were due to the department by 10/01/2025. On 08/25/2025, the department received confirmation of delivery for the above notice. On 10/06/2025, the department sent a second notice to Licensee A by email, indicating the biennial report and license fee were past due. The notice indicated if the biennial report and license fee were not received by 11/30/2025, the Division of Quality Assurance would proceed with enforcement action, which may include license revocation. On 10/06/2025, the department received confirmation of delivery. On 10/06/2025, the department sent a third notice to Licensee A by certified mail, indicating the biennial report and license fee were past due. The notice indicated if the biennial report and license fee were not received by 11/30/2025, the Division of Quality Assurance would proceed with enforcement action, which may include license revocation. On 10/29/2025 the United States Postal Service (USPS) returned the letter to sender and notified the department not deliverable as addressed, unable to forward. On 12/01/2025 at 2:10 p.m., a department representative spoke to Licensee A and inquired about the status of biennial report and licensing fee. Licensee A stated s/he had a new mailing and email address, and the documents were not received.	M 122		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019775	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/27/2026
NAME OF PROVIDER OR SUPPLIER NANAS BLESSINGS AFH LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3908 N 82ND ST MILWAUKEE, WI 53222		
(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
M 122	Continued From page 2 On 12/01/2025, the department sent a fourth notice to Licensee A by email, indicating the biennial report and license fee were past due. The notice indicated if the biennial report and license fee were not received by 11/30/2025, the Division of Quality Assurance would proceed with enforcement action, which may include license revocation. On 02/27/2026, Surveyor reviewed department records and found no evidence that a biennial report and license fees were received from the provider. On 02/27/2026, at 8:15 a.m., Surveyor placed telephone call to Licensee A's phone number on file to inquire about the status of the biennial report and fee. The phone rang once and answered, "Cannot accept calls at this time," and then disconnected. On 02/27/2026 at 8:16 a.m., Surveyor reviewed the Wisconsin Department of Financial Institutions (WDFI) website to review the corporate records of the license. According to the WDFI, Nana's Blessings AFH LLC was delinquent as of 04/01/2025. The license expired on 10/31/2025.	M 122		