Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015708	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 HEAVENLY DIVINE ADULT FAMILY HOMES LI	4637 N 24TH PL MILWAUKEE, WI 53209

(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 07/08/2026, Surveyor completed a verification visit and complaint investigation at 1 Heavenly Adult Family Home LLC. One of 1 complaint was unsubstantiated. Two deficiencies were identified. One of the 2 deficiencies was a repeat violation (see SOD 40O011, dated 05/14/2025). One of the 2 deficiencies is being cited for a third time (see SOD 6DDE11, dated 01/11/2022 and SOD 6DDE12, dated 08/04/2023). Census: 3	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 1 (Resident 3) of 3 residents. This requirement is being cited for a third time. See Statements of Deficiency (SOD) 6DDE11, dated 01/11/2022, and SOD 6DDE12, dated 08/04/2023. Findings include: On 06/26/2026, Surveyor reviewed the	M 216		

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
	0015708	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 HEAVENLY DIVINE ADULT FAMILY HOMES LI	4637 N 24TH PL MILWAUKEE, WI 53209

(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 216	Continued From page 1 Department's facility file and identified the following: On 07/11/2025, the Department issued SOD 40O011 and Notice and Order Letter notifying the provider of the results of the standard survey and complaint investigation 1 Heavenly Divine Adult Family Home. As a result of the survey, the provider was issued 2 deficiencies. One of the 2 deficiencies was a repeat deficiency. The following deficiencies were identified: M0262 88.05(2)(a) - Difficulty Walking - This is a repeat cite M0276 88.05(3)(a) - Homelike Environment The Special Orders from the Notice and Order Letter included the following: ... WITHIN 7 DAYS of receipt of this notice, the licensee shall provide Resident 3's legal representative and case manager (if any) with a copy of Statement of Deficiency 40O011 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request...." "WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall ensure: ...All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at	M 216		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015708	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 HEAVENLY DIVINE ADULT FAMILY HOMES LI	4637 N 24TH PL MILWAUKEE, WI 53209

(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 216	Continued From page 2 least 32 inches ..." On 07/08/2026, Surveyor completed a verification visit and complaint investigation at 1 Heavenly Adult Family Home LLC. As a result of the survey, the provider was issued 2 deficiencies. One of the 2 deficiencies are being cited a third time. One deficiency is a repeat deficiency. The following deficiencies were identified: M0216 88.04(2)(a) - Responsibilities - This is being cited for the third time. M0262 88.05(2)(a) - Difficulty Walking - This is a repeat cite. On 07/08/2026 at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A denied sending Resident 3's case manager a copy of SOD 40O011, dated 05/14/2025. Licensee A stated he/she was not aware the SOD was supposed to be sent to Resident 3's case manager. Licensee A denied reading the enforcement letter as he/she denied receiving the enforcement letter.	M 216		
{M 262}	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and	{M 262}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015708	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 HEAVENLY DIVINE ADULT FAMILY HOMES LI	4637 N 24TH PL MILWAUKEE, WI 53209

(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 262}	Continued From page 3 bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observations and interviews, the provider did not ensure the facility was physically accessible to all residents of the home. One interior door did not have a clear opening of at least 32 inches. This is a repeat deficiency. See Statement of Deficiency 40O011, dated 05/14/2025. Findings include: The facility was licensed 07/01/2015 as an ambulatory only 4 bed AFH with client groups: developmentally disabled, physically disabled, irreversible dementia / Alzheimer's, emotionally disturbed / mental illness, and advanced age. On 06/26/2026, Surveyor reviewed the department's facility file and identified the following: The Division of Quality Assurance received a written request for a license amendment to transition from an ambulatory license to a non-ambulatory license on 08/03/2020. On 08/20/2020, the provider submitted an	{M 262}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015708	A. BUILDING: _____ B. WING _____	R-C 07/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1 HEAVENLY DIVINE ADULT FAMILY HOMES LI	4637 N 24TH PL MILWAUKEE, WI 53209

(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 262}	Continued From page 4 amended program statement which identified the facility as wheelchair accessible and included a letter of attestation that all DHS 88 regulations had been met to serve non-ambulatory residents. On 08/21/2020, 1 Heavenly Divine Adult Family Home was issued an amended license for non-ambulatory residents. On 07/08/2026, at approximately 10:47 AM, Surveyor toured the facility with Licensee A. As Surveyor toured the home with Licensee A, Surveyor interviewed Licensee A. Licensee A confirmed Resident 3 still resided within the adult family home. Licensee A confirmed Resident 3 uses a manual wheelchair for ambulation. Surveyor observed Resident 3's bedroom located at the end of the corridor that led to the residents' bedrooms. Per Licensee A, Resident 3 and Resident 4 shared a bedroom. Their bedroom had a private bathroom. Surveyor measured Resident 3's and Resident 4's bedroom door and found that it had a clear opening of 29 3/8 inches and not the required minimum of at least 32 inches. On 07/08/2026 at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A reported having a conversation with his/her contractor about the door needing to have a clear opening of 32 inches. Surveyor inquired if Licensee A knew how to measure for clear opening, and Licensee A denied. Surveyor showed Licensee A how to measure for clear opening. Licensee A stated he/she would have a conversation with his/her contractor about the bedroom door needing to have a clear opening of at least 32 inches.	{M 262}		