STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015331	A. BUILDING: _____ B. WING _____	09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
URBAN LIVING II	1919 N 19TH STREET MILWAUKEE, WI 53205

(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 08/29/2025 and again on 09/03/2025, Surveyor attempted to conducted a standard survey at Urban Living II. One deficiency was identified. Census: 03	M 000		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure they complied with the department's request for information about the operation of the adult family home. Findings include: The home was licensed as an adult family home on 06/25/2015, to serve up to 4 residents within the client groups: physically disabled, developmentally disabled, irreversible dementia/Alzheimer's, advanced aged, and/or emotionally disturbed/mental illness. On 08/29/2025 at approximately 10:30 AM, Surveyor attempted to conduct a licensing visit at the facility. Surveyor knocked repeatedly on both the front and back entrances and received no answer.	M 204		

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
	0015331	A. BUILDING: _____ B. WING _____	09/03/2025

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M 204	Continued From page 1 On 08/29/2025 at 10:42 AM, Surveyor attempted to call the listed facility phone number and did not receive an answer. There was no availability to leave a message because the voice mailbox was full. At 10:45 AM, Surveyor phoned Licensee A and did not receive an answer. Surveyor left a message stating they were on site at the facility and needed access to conduct a standard survey. Surveyor asked licensee to please call back but received no response. At 10:56 AM, Surveyor place a call to a sister community; owned by Licensee A, but received no answer. There was no availability to leave a message because the voice mailbox was full. Surveyor did not receive a return call from either Licensee A or Administrator B. On 09/02/2024, Surveyor again called the sister community Urban Living 1 care staff answered and gave Surveyor a contact number for Administrator A. At 4:18 PM, Surveyor called Administrator A's number and left a message requesting a return call. At 4:45 PM, Administrator A called Surveyor and confirmed they had 3 residents living at the facility. Administrator A stated they had all been out to doctors' appointments on Friday 08/29/2025. Surveyor relayed the need to conduct an unscheduled survey at Urban Living II. Surveyor explained they would wait for Administrator B to return to the facility if they were away from the home but stressed, Administrator A would need to answer their phone when	M 204		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015331	A. BUILDING: _____ B. WING _____	09/03/2025

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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
M 204	Continued From page 2 Surveyor called. On 09/03/2025, at approximately 11:15 AM, Surveyor made a second attempt to conduct a licensing visit at the facility. Surveyor knocked on the front door and did not receive a response. Surveyor phoned the house number and left a message for a return call. At 11:25 AM Surveyor phoned Licensee A and left a message explaining Surveyor was at the facility to conduct a licensing survey and asked Licensee A to return Surveyor's call. At 11:28 AM Surveyor phoned Administrator B and left a message explaining Surveyor was at Urban Living II waiting to conduct a licensing survey and needed a call back with estimated time of arrival. Surveyor waited at the facility for 45 minutes but did not receive a return call from Administrator B or Licensee A. As of 09/04/2025 at 9:16 AM Surveyor has not received a return call from Administrator B or Licensee A.	M 204		