

Tony Evers  
Governor



Kirsten L. Johnson  
Secretary

**State of Wisconsin  
Department of Health Services**

**DIVISION OF QUALITY ASSURANCE**

BUREAU OF ASSISTED LIVING  
SOUTHEASTERN REGIONAL OFFICE  
819 N 6TH ST ROOM 609B  
MILWAUKEE WI 53203-1606

Telephone: 414-227-2005  
Fax: 414-227-3903  
TTY: 711 or 800-947-3529

July 27, 2026

**ELECTRONIC MAIL**  
SOD#F8TK11

**NOTICE and ORDER**  
**NOTICE OF VIOLATION**  
**ORDER TO COMPLY WITH REQUIREMENTS**  
**ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS**  
**NOTICE OF SPECIAL ORDERS**

Oluwayemisi Lawal Agboola  
5353 N. 60<sup>th</sup> St.  
Milwaukee, WI 53218

C/O Licensee: Oasis Home Care LLC

**Re:** Oasis Home Care LLC (0020351)  
5353 N. 60<sup>th</sup> St.  
Milwaukee, WI 53218

Dear Oluwayemisi Lawal Agboola:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Oasis Home Care LLC, located at 5353 N. 60<sup>th</sup> St., Milwaukee, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat § 50.033(2), and Wis. Admin. Code § DHS 88.

**NOTICE OF VIOLATION**

On July 17, 2026, a licensure survey was concluded for Oasis Home Care LLC by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, or both, which set forth requirements for the administration and operation of an adult family home (AFH). The Department is issuing Statement of Deficiency (SOD) #F8TK11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #F8TK11 is enclosed.

### **ORDER TO COMPLY WITH REQUIREMENTS**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request.

The Department may, without notice, conduct an inspection to verify the licensee's corrective action at any time after the date of compliance. Pursuant to Wis. Stat. § 50.033(3), the department may impose a \$200 inspection fee for an on-site inspection to review compliance of violations resulting in enforcement action.

### **ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS**

Based on the results of the Department's investigation and pursuant to authority provided in Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Oasis Home Care LLC NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until the violation in Statement of Deficiency F8TK11 are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

### **SPECIAL ORDERS**

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Oasis Home Care LLC**:

1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., **EFFECTIVE IMMEDIATELY**, the licensee shall comply with requirements specified by Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b). That is, the licensee shall permit the licensing agency and service coordinator, at any time and without notice, to visit a home and to evaluate the status of resident health, safety, or welfare or to determine if the home continues to comply with requirements for licensure.

The licensee shall ensure all resident records will be maintained in a secure location within the home in a manner that prevents unauthorized access, in accordance with Wis. Admin. Code § DHS 88.09(1)(a). Service provider and licensee records will be available in the home, in accordance with Wis. Admin. Code § DHS 88.09(2)(c).

WITHIN TWO (2) business days of receipt of this notice, the licensee will contact Southeastern Regional Director, MaryBeth Hoffman, at [MaryBeth.Hoffman@dhs.wisconsin.gov](mailto:MaryBeth.Hoffman@dhs.wisconsin.gov) to provide the following information:

- Telephone number where licensee may be reached in a timely manner; and
- Measures the licensee will take to ensure the licensing agency representative may, without notice, conduct a licensing survey in accordance with Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b), and respond timely to requests for information; OR notification of the intent to close and make arrangements to return the AFH license to the Southeastern Regional Office at 819 N. 6th Street, Milwaukee, WI 53203-1606.

\* \* \*

If you have questions about this letter, please contact MaryBeth Hoffman Assisted Living Regional Director, at (414)227-2005.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge", with a long horizontal line extending from the end of the signature.

Kenneth Brotheridge, Assisted Living Director  
Bureau of Assisted Living  
Division of Quality Assurance

Enclosure  
KB/jw

cc: Ombudsman, Milwaukee County  
Aging/Disability Resource Center, Milwaukee County  
Milwaukee County Human Services  
Waiver Agencies  
Division of Medicaid Services  
Disability Rights Wisconsin  
Department of Corrections