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
	0020351	A. BUILDING: _____ B. WING _____	C 07/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OASIS HOME CARE LLC	**5353 N 60TH ST MILWAUKEE, WI 53218**

(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 07/16/2026, with information gathered through 07/17/2026, Surveyor attempted to conduct a licensure survey at Oasis Home Care LLC. One deficiency was identified. Census: Unknown	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 record review, the provider did not comply with Department requests for information about residents, services or operation of the home. Findings include: The facility was licensed on 11/26/2024 to provide services to up to 4 residents in the client groups of irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, traumatic brain injury and/or emotionally disturbed/mental illness, correctional clients, terminally ill, alcohol/drug dependent, and public funding. On 07/16/2026 at 9:30 AM, Surveyor arrived at the facility. Surveyor rang the doorbell at the front	M 204		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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M 204	Continued From page 1 door and knocked on the door of the home; there was no answer at the door. Surveyor then went to the side door of the home and knocked on the side door; there was no answer at the door. Surveyor observed an overflowing mailbox. On 07/16/2026, at approximately 9:40 AM, Surveyor phoned Licensee A and was unable to leave a message. The voicemail indicated calls were not being accepted. Surveyor was at the facility located at 5353 N. 60th Street, Milwaukee, WI 53218 to conduct a licensure survey and complaint survey. On 07/17/2026 at approximately 2:00 PM, Surveyor made a second attempt to visit the facility. Surveyor rang the doorbell at the front door and knocked on the door of the home; there was no answer at the door. Surveyor then rang the doorbell at the side door; there was no answer at the door. Surveyor observed an overflowing mailbox. On 07/17/2026 at 3:19 PM, Surveyor sent an email to Licensee A stating, "I'm reaching out to see when someone will be at your facility. Please provide a good contact phone number for you." As of Wednesday July 22, 2026, at 4:30 PM, a response was not received from Licensee A. On 07/23/2026, Surveyor reviewed the Wisconsin Department of Financial Institutions (WDFI) website to review the corporate records of the Oasis Home Care LLC. According to the WDFI, Oasis Home Care LLC was delinquent as of 01/01/2026.	M 204		