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 23, 2026

**ELECTRONIC MAIL**
SOD #REXC11

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**NOTICE OF LICENSE REVOCATION**

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

**NOTICE OF RIGHT TO APPEAL**

Maxine Cook
1500 S 79th St
West Allis, WI 53214

C/O Licensee: Have A Heart Adult Family Home LLC

**Re:** Have A Heart Adult Family Home LLC 2, 0017305
1502 S 79th St
West Allis, WI 53214

Dear Maxine Cook:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Have A Heart Adult Family Home LLC 2, located at 1502 S 79th St West Allis, 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 June 22, 2026, an attempted standard survey was concluded for Have A Heart Adult Family Home LLC 2 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) #REXC11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #REXC11 is enclosed.

## NOTICE OF LICENSE REVOCATION

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(d), **EFFECTIVE UPON RECEIPT OF THIS NOTICE,** the Department of Health Services hereby **REVOKES THE LICENSE** of **Have A Heart Adult Family Home LLC 2.**

This action is being taken under the following provisions:

> Wis. Stat.§ 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(d), whereby the adult family home has intentionally and substantially violated a requirement of Wis. Admin. Code ch. DHS 88 or has failed to meet the minimum requirements for licensure.

Within 3 days of receipt of this notice, return the AFH license for Have A Heart Adult Family Home LLC 2, located at 1502 S 79th Street, West Allis to the Southeastern Regional Office at 819 North 6th St., Room 609B Milwaukee, WI 53203-1606

## 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 Have A Heart Adult Family Home LLC 2 **NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in SOD # REXC11 are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

## NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(7), you may request a hearing of the Department's action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

AFH APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

**YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.**

* * *

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

Sincerely,

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

Enclosure
KB/ram

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