

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/20/2026
NAME OF PROVIDER OR SUPPLIER VALLIXX LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 8208 WEST SHERIDAN AVENUE 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 04/20/2026, Surveyor attempted to complete a standard survey at Vallixx LLC. As a result, 1 deficiency was identified.	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 comply with all department and licensing agency requests for information about residents, services or operation of the home. Findings include: On 04/15/2026, at 10:10 AM, Surveyor attempted to conduct a standard survey at the facility. Surveyor rang the doorbell and then knocked at the door. Surveyor observed all of window blinds drawn. Surveyor observed a grey car parked behind the home. At 10:16 AM, Surveyor called Licensee A's phone number. Surveyor left a voicemail for Licensee A to call Surveyor back as soon as possible. At 10:20 AM, Surveyor emailed Licensee A requesting a call back as soon as the email was received. At 10:20 AM, Surveyor received a delivery receipt the email had been received by	M 204		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/20/2026
NAME OF PROVIDER OR SUPPLIER VALLIXX LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 8208 WEST SHERIDAN AVENUE 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 204	Continued From page 1 Licensee A's email. Surveyor left the home at 11:00 AM. On 04/16/2026, at 1:15 PM, Surveyor attempted a second visit to conduct a standard survey. Surveyor rang the doorbell and then knocked at the door. Surveyor observed all of window blinds drawn. Surveyor observed a grey car parked behind the home. At 1:16 PM, Surveyor called Licensee A's phone number and left a voicemail for Licensee A to call Surveyor back immediately. At 1:18 PM, Surveyor emailed Licensee A requesting a call back as soon as the email was received. At 1:19 PM, Surveyor received delivery confirmation. As of 04/20/2026, at 8:00 AM, Surveyor did not receive a response from Licensee A.	M 204		