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
	0018173	A. BUILDING: _____ B. WING _____	03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AEGIS ADULT FAMILY HOME	3408 SOUTH 1ST STREET MILWAUKEE, WI 53207

(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 03/26/2026, with information gathered through 03/30/2026, Surveyor conducted a licensure survey at Aegis Adult Family Home. 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 02/17/2021 to provide services to up to 3 residents in the client groups of irreversible dementia/Alzheimer's, developmentally disabled, and advanced age, physically disabled, traumatic brain injury and/or emotionally disturbed/mental illness. On 03/26/2026 at 9:40 AM, Surveyor arrived at the facility. Surveyor rang the doorbell and knocked on the door of the home; there was no answer at the door.	M 204		

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

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M 204	Continued From page 1 On 03/26/2026, at approximately 9:50 AM, Surveyor phoned Licensee A and left a message stating, Surveyor was at the facility located at 3408 South 1st Street to conduct a licensure survey. Surveyor asked Licensee A to return the call as soon as possible. No call was received. On 03/26/2026 at 11:51 AM, Surveyor sent an email to Licensee A stating, "I've been trying to get in touch with you regarding Aegis AFH at 3408 S 1st street in Milwaukee. Would you please give me a call at [Surveyor's number]?" No call was received. On 03/30/2026 at approximately 3:45 PM, Surveyor made a second attempt to visit the facility. Surveyor rang the doorbell and knocked on the door of the home; there was no answer at the door. Surveyor observed an overflowing mailbox and a realtor combo lockbox hanging from the front doorknob. 0n 03/30/2026 at 4:15 PM Surveyor reviewed the facility file and determined the facility license was renewed on 02/18/2025 and would expire on 02/28/2027.	M 204		