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 _____	R 06/25/2026

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 06/25/2026, Surveyor attempted to conduct a verification visit at Aegis Adult Family Home. As a result, 1 deficiency was identified. Cenus: 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, interview, and record review, the provider did not comply with all Department and licensing agency requests for information about residents, services, or operation of the home. This is a repeat deficiency. See Statement of Deficiency (SOD) V7NZ11, dated 03/30/2026. Findings include: On 3/26/2026 and 3/30/2026, Surveyor went to the home to conduct a survey. The surveyor was not able to enter the home or establish contact with the licensee. The provider was issued SOD V7NZ11. On 06/24/2026, Surveyor reviewed department records and identified the provider was issued SOD V7NZ11 on 04/23/2026. The Notice and	{M 204}		

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

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{M 204}	Continued From page 1 Order Letter for the SOD identified special orders which stated, "SPECIAL ORDERS...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...WITHIN TWO (2) business days of receipt of this notice, the licensee will contact Southeastern Regional Director...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 (adult family home) license to the Southeastern Regional Office..." There was no evidence the provider contacted the regional office to provide current contact information or their intent to close the AFH. On 06/24/2026, at approximately 11:00 AM, Surveyor attempted to conduct a verification visit at the facility. Surveyor observed the front door to be closed, and the blinds drawn. Surveyor knocked at the door and rang the doorbell. No one answered the door. On 06/24/2026, at approximately 11:10 AM, Surveyor spoke to Property Owner B via Ring doorbell camera. Property Owner B reported Licensee A did not currently reside at the address. On 06/24/2026, at approximately 11:15 AM, Surveyor called Licensee A. The voicemail mailbox was full. Surveyor was unable to leave a	{M 204}		

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{M 204}	Continued From page 2 voicemail. Surveyor received a call back and was informed the number did not belong to Licensee A. On 06/25/2026, at approximately 10:00 AM, Surveyor emailed Licensee A regarding her/his adult family home located at 3408 S 1st Street. No call or email was received. Record Review On 06/24/2026, at 3:30 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}		