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
	0017067	A. BUILDING: _____ B. WING _____	R 06/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVE A HEART ADULT FAMILY HOME LLC	**1500 S 79TH ST WEST ALLIS, WI 53214**

(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 06/22/2026, Surveyor attempted to complete a verification visit at Have a Heart Adult Family Home. As a result, 1 deficiency was recited.	{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 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) XHRJ12, dated 09/19/2025. Findings include: On 06/16/2026, at 12:55 PM, Surveyor attempted to conduct a verification visit at the facility. Surveyor observed the main door to be open. There were 3 children sized bikes on the front porch. Surveyor knocked at the door and rang the doorbell. No one answered the door. At 1:18 PM, Surveyor emailed Licensee A requesting a call back as soon as the email was received. Surveyor received an email back which indicated the email was undeliverable due to "The email account does not exist."	{M 204}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017067	A. BUILDING: _____ B. WING _____	R 06/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVE A HEART ADULT FAMILY HOME LLC	**1500 S 79TH ST WEST ALLIS, WI 53214**

(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 At 1:18 PM, Surveyor called Licensee A phone number. The message indicated the call could not be completed. At 1:19 PM, Surveyor called the facility number. The message indicated the number had been disconnected or no longer in use. On 06/18/2026, at 9:50 AM, Surveyor attempted to conduct a verification visit at the facility. The main door was closed, and all the blinds were drawn. There were 3 child sized bikes on the front porch. Surveyor knocked at the door and rang the doorbell. No one answered the door. At 9:53 AM, Surveyor called Licensee A phone number. The message indicated the call could not be completed. At 9:53 AM, Surveyor called the facility number. The message indicated the number had been disconnected or no longer in use. As of 06/22/2026, at 9:00 AM, Surveyor did not receive a response from Licensee A. Record Review On 06/16/2026, at 3:30 PM, Surveyor reviewed the following online document: - A case summary in the "Estate of [Licensee A]". The case indicated date of death was 05/22/2025. (Source: Wisconsin Circuit Court Access, https://wcca.wicourts.gov/caseDetail.html?caseNo=2025PR001431&countyNo=40&index=0 (retrieval date 06/16/2026).)	{M 204}		