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
	0016223	A. BUILDING: _____ B. WING _____	03/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINNING WAYS INC	**6931 N 100TH ST MILWAUKEE, WI 53224**

(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 03/20/2026, Surveyor attempted to complete a standard survey at Winning Ways INC. 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 record review, the provider did not comply with the department's request for information about residents, service or operation of the home. Findings include: On 03/20/2026 at approximately 8:23 AM, Surveyor attempted to complete a standard survey at Winning Ways INC. Surveyor rang the doorbell and knocked on the door. There was no answer at the door. On 03/26/2026 at 8:28 AM, Surveyor called the facility phone number. Phone number was "disconnected or no longer in service." Surveyor contacted Licensee A. There was no answer. Surveyor left a voicemail inquiring about the status of the adult family home and asked Licensee A to return this Surveyor's phone call as soon as possible. On 03/20/2026 at 8:34 AM, Surveyor emailed Licensee A at 1 of 1 email address provided to	M 204		

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

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M 204	Continued From page 1 the department. On 03/20/2026 at approximately 10:00 AM, Surveyor reviewed the department's provider electronic file to identify additional phone numbers and/or email addresses for Licensee A. No additional phone number and/or email address was provided to the department. On 03/20/2026 at approximately 12:05 PM, Surveyor attempted a second onsite. Surveyor observed a black Mercedes vehicle in the driveway, which was not present during Surveyor's first attempt to complete an onsite at 8:23 AM. Surveyor rang the doorbell and knocked on the door. There was no answer at the door. Surveyor contacted Licensee A and left a second voicemail inquiring about the status of the adult family home. Surveyor asked Licensee A to return this Surveyor's voicemail as soon as possible. As of 03/24/2026 at 12:00 PM, Surveyor has not received a return phone call and/or email from Licensee A.	M 204		