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 _____	R 05/22/2026

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 05/22/2026, Surveyor completed a verification visit at Winning Ways INC. As a result, two deficiencies were identified. One of the 2 deficiencies was a repeat violation (see SOD FU2J11, dated 03/24/2026).	{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 the department's request for information about residents, service or operation of the home. This is a repeat deficiency. See Statement of Deficiency FU2J11, dated 03/24/2026. Findings include: On 05/20/2026 at approximately 8:08 AM, Surveyor attempted to complete a verification visit at Winning Ways INC. Surveyor rang the doorbell and knocked on the door, twice. There was no answer at the door. On 05/20/2026 at 8:12 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	{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
	0016223	A. BUILDING: _____ B. WING _____	R 05/22/2026

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 204}	Continued From page 1 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 05/21/2026 at 6:47 AM, Surveyor emailed Licensee A at 1 of 1 email address provided to the department. On 05/20/2026 at approximately 6:30 AM, Surveyor reviewed the department's provider e-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 05/20/2026 at approximately 1:24 PM, Surveyor attempted a second onsite. Surveyor rang the doorbell and knocked on the door. There was no answer at the door. On 05/20/2026 at 1:28 PM, 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 05/22/2026 at 6:30 AM, Surveyor has not received a return phone call and/or email from Licensee A.	{M 204}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the	M 216		

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 _____	R 05/22/2026

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 216	Continued From page 2	M 216		

provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations. The provider did not follow Special Orders which resulted from previous Statement of Deficiency (SOD) FU2J11, dated 03/24/2026.

Findings include:

On 03/31/2026, SOD FU2J11 and a Special Orders Letter were issued to Licensee A via e-mail with the following:

" ...Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Winning Ways INC.:

1. Pursuant to Wis. Admin. Code §§DHS 88.03(6)g)2.b. and 2.e., EFFECTIVE IMMEDIATELY, the licensee shall comply with requirements specified by Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b). That is, 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, [Regional Director B], at DHSDQABALSERO@dhs.wisconsin.gov to provide the following information:

-Telephone number where licensee may be reached in a timely manner; and

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 _____	R 05/22/2026

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 216	Continued From page 3	M 216		

-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 license to the Southeastern Regional Office at 819 N. 6th Street, Room 609B, Milwaukee, WI 53203-1606 ..."

On 05/20/2026, Surveyor reviewed department records and found no evidence that Licensee A submitted a telephone number where Licensee A may be reached in a timely manner.

On 05/20/2026 at approximately 8:08 AM and 1:24 PM, Surveyor attempted to complete an onsite verification visit at Winning Ways INC. There was no answer at the door on both attempts.

On 05/20/2026, Surveyor attempted to contact Licensee A at 2 of 2 phone numbers provided to the department. One phone number was no longer in service. Surveyor left two voicemails at the second phone number, which did not have an identifying voicemail, requesting Licensee A return Surveyor's call as soon as possible. As of 05/22/2026 at 6:30 AM, Surveyor has not received a return phone call from Licensee A.

On 05/21/2026 at approximately 6:47 AM, Surveyor emailed Licensee A. Surveyor received an email delivery confirmation on 05/21/2026 at 6:47 AM. As of 05/22/2026 at 6:30 AM, Surveyor has not received a response from Licensee A. License A did not ensure measures were in place to allow the Department, without notice to conduct a licensing survey in accordance with

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 _____	R 05/22/2026

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 216	Continued From page 4 Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b), or responded timely to this Surveyor's attempt to make direct contact with Licensee A. As a result of this survey, 2 deficiencies were identified. One of the 2 deficiencies was a repeat deficiency. 204 - 88.03(8)(a) Monitoring of Home - This is a repeat deficiency. See SOD FU2J11, dated 03/24/2026. 216 - 88.04(2)(a) Responsibilities Lastly, as of 05/22/2026, the department did not receive notification of intent to close.	M 216		