STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016161	A. BUILDING: _____ B. WING _____	R 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANGLADE HOUSE LLC	9616 W LANGLADE ST MILWAUKEE, WI 53225

(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 03/18/2026, Surveyor conducted a verification visit at Langlade House. As a result, 1 deficiency was corrected, and 1 deficiency was recited. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 0	{M 000}		
{M 206}	88.03(8)(b) AGENCY MAY VISIT HOME A licensing agency and service coordinator may, without notice, visit a home at any time to evaluate the status of resident health, safety or welfare or to determine if the home continues to comply with this chapter. The licensee shall permit the licensing agency and service coordinator to enter the home. This Rule is not met as evidenced by: Based on record review, observation and interview, the provider did not permit the licensing agency to enter the home to conduct a licensing survey. The home was not being utilized as an adult family home. This is a repeat deficiency. See Statement of Deficiency (SOD) JREE11, dated 08/31/2022. Findings include: The adult family home (AFH) was issued a regular license on 08/18/2016 to serve up to 4 ambulatory residents within the client groups: advanced aged, developmentally disabled,	{M 206}		

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
	0016161	A. BUILDING: _____ B. WING _____	R 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANGLADE HOUSE LLC	9616 W LANGLADE ST MILWAUKEE, WI 53225

(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 206}	Continued From page 1 physically disabled, emotionally disturbed/ mentally ill, traumatic brain injury, terminally ill and irreversible dementia/Alzheimer's. On 03/17/2026, Surveyor reviewed the Department's files and identified the following: On 02/20/2023, the Department issued SOD JREE11 which included the following Special Orders from the Notice and Order Letter: " ...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)(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 shall contact Southeastern Regional Director, Mary Beth Hoffmann, at 414-227-4565, to provide the following information: - 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)(b); - Telephone number where licensee may be reached in a timely manner; - Names, addresses, and phone numbers for each resident's care manager and legal representative (if any); OR	{M 206}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016161	A. BUILDING: _____ B. WING _____	R 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANGLADE HOUSE LLC	9616 W LANGLADE ST MILWAUKEE, WI 53225

(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 206}	Continued From page 2 - Notification of the intent to close and arrangements to return the AFH license to the Southeastern Regional Office at 819 N. 6th St., Room 609B, Milwaukee, WI 53203-1606 ...." On 02/21/2023, at 9:06 AM, an email was sent to the Department from Licensee A which indicated, " ...1. The licensing survey can be conducted in accordance with DHS 88.03(8)(b). However, since no residents live at the location, no staff is present at the location at this time. 2. Licensee can be reached at any time at [phone number] 3. No residents live at this location, at this time. 4. The location was temporary [sic] closed due to staffing crisis. The intent is to re-open withing the next 2-3 month ..." On 03/18/2026 at 12:00 PM, Surveyor arrived at the facility. Surveyor observed 2 vehicles in the driveway covered in snow. The public sidewalk, driveway, and ramp were not shoveled, with approximately 8 inches of snow on the ramp. Surveyor rang the front doorbell. Surveyor observed a dog barking in the front window. The dog barked at Surveyor and when the dog appeared to look back into the house through the curtains, s/he wagged her/his tail. No one answered the door. On 03/18/2026 at 12:04 PM, Surveyor interviewed Licensee A by phone. Licensee A reported the home was being rented out. Licensee A reported s/he was unable to allow Surveyor into the home due to the tenant being unwilling to allow visitors. Licensee A reported s/he did not want to surrender her/his license. On 03/18/2026, at 1:36 PM, Surveyor interviewed	{M 206}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016161	A. BUILDING: _____ B. WING _____	R 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANGLADE HOUSE LLC	**9616 W LANGLADE ST MILWAUKEE, WI 53225**

(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 206}	Continued From page 3 Licensee A by phone. Licensee A confirmed s/he did not want to surrender her/his license. Licensee A reported the tenant was moving out soon and s/he would begin accepting residents. Licensee A confirmed the home had not been used as an AFH for years and her/his plan was to get the home ready for residents once the house was vacant. Licensee A acknowledged s/he would be cited for not allowing a licensing visit.	{M 206}		