STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016488	A. BUILDING: _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA HAVEN AFH	502 W ADAMS ST COLBY, WI 54421

(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 01/28/2026, Surveyor conducted a desk review survey for Ohana Haven AFH. One deficiency was identified. Census: 4	M 000		
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, Licensee A did not ensure the adult family home complied with all laws governing the home and its operation. The limited liability corporation (LLC), Thorp Street AFH LLC, which held the license for the adult family home was dissolved. This has the potential to effect 4 of the 4 residents that reside at the home. Findings include: The provider was licensed on 01/25/2017 as an adult family home serving up to 4 adults in the client groups of traumatic brain injury, irreversible dementia/Alzheimer's disease, emotionally disturbed/mental illness, and developmentally disabled. The licensee was Thorp Street AFH LLC. The Wisconsin Department of Financial Institutions (DFI) website, dfi.wi.gov, indicated Thorp Street AFH LLC was administratively dissolved as of 09/10/2018. Administrative	M 216		

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
	0016488	A. BUILDING: _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA HAVEN AFH	502 W ADAMS ST COLBY, WI 54421

(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 1	M 216		

dissolution occurs when "entities that fail to file an annual report after several years are subject to being administratively dissolved by DFI. Attempts are made to contact these entities by US Mail. If the mail cannot be delivered, the entity name is published in a Notice of Administrative Dissolution. If DFI does not receive an annual report within a given time period, the entity will be dissolved and it will appear on the Certificate of Administrative Dissolution list." (Retrieved from https://dfi.wi.gov/Pages/BusinessServices/BusinessEntities/AdministrativeDissolutions.aspx on 02/26/2026).

The DFI website indicated on 07/01/2017, Thorp Street LLC was "Delinquent.". On 07/11/2018, Thorp Street LLC was given "Notice of Administrative Dissolution." On 09/10/2018, Thorp Street LLC status was considered "Administrative Dissolution."

On 01/07/2026, the Department emailed Licensee A. The email read, in part: "It has come to our attention that THORP STREET AFH LLC was dissolved in 2018. This LLC is listed as the licensee on your Ohana Haven AFH license. We notified you of this issue via phone conversation in September 2025. As of today, THORP STREET AFH LLC remains dissolved ... You are currently operating without a valid licensee. Please submit evidence that you have resolved this issue to our regional office or to my email by Friday 1/23/26. Continued inaction will result in regulatory deficiencies ..."

As of 01/28/2026, Licensee A did not contact the Department in reply to the email.

On 01/28/2026 at 9:40 a.m., Surveyor called Licensee A. There was no answer and no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016488	A. BUILDING: _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA HAVEN AFH	502 W ADAMS ST COLBY, WI 54421

(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		

voicemail box to leave a message. At 9:41 a.m., Surveyor called the phone number for the facility. House Manager (HM) B answered the phone. HM B explained to Surveyor that s/he was operating the AFH and had a notarized contract with Licensee A to purchase and operate the AFH. Surveyor explained concerns the AFH was operating without a valid license as the licensee, Thorp Street AFH LLC, was dissolved. HM B told Surveyor Licensee A has not been involved in running the AFH for approximately 1 year. HM B said there were 4 residents residing at the home. S/he said all 4 residents' guardians and case managers have received a copy of the contract between HM B and Licensee A. HM B said s/he retained a lawyer as Licensee A was in breach of their contract. HM B explained s/he has not received the funds to operate the AFH, per contract, since the beginning of December 2025. HM B said s/he was using personal savings to continue to operate the AFH.

On 01/28/2026, HM B emailed Surveyor a copy of the notarized contract between HM B and Licensee A. HM B also emailed Surveyor a copy of a letter from his/her Lawyer to Licensee A.

The contract, dated 08/12/2024, read in part: "Effective August 16, 2024, [HM B] will take over the Adult Family Home known as Ohana Haven AFH located at 502 W Adams Street Colby Wisconsin 54421. [S/he] will have all decision making ability and responsibility regarding the AFH. The license will stay in [Licensee A's] name until [HM B] gets the home licensed in [his/her] name. Billing will be done by [Licensee A] and paid into [Licensee A's] account until the license is changed. [Licensee A] will complete billing on the 1st and 16th of each month. When payment comes in, [Licensee A] will then transfer the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016488	A. BUILDING: _____ B. WING _____	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OHANA HAVEN AFH	502 W ADAMS ST COLBY, WI 54421

(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 payment into [HM B's] [bank name] account. [HM B] will direct the monthly house payment per the land contract to [Licensee A] each month. [HM B] will maintain the AFH per state guidelines ..." This contact was signed by Licensee A, HM B, and a notary public. The letter, dated 01/09/2026, from Lawyer C to Licensee A read, in part: "Please be advised that I have been retained to represent [HM B] regarding the contract between yourself and [HM B] over the purchase of Ohana Haven AFH. You signed a contract and have failed to follow the contract ... Specifically, [HM B] is asking you to comply with the contract and bring the same current as follows: 1. The LLC named Thorp Street AFH, LLC is currently Administratively Dissolved. This LLC was the licensed entity for Ohana Haven AFH. This must be corrected, resolved and reinstated immediately ..." Licensee A operated the adult family home, Ohana Haven AFH, without a valid license since 09/10/2018, when Thorp Street AFH LLC was dissolved.	M 216		