STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017661	A. BUILDING: _____ B. WING _____	R 02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE ASSISTED LIVING LLC	3640 N 15TH ST MILWAUKEE, WI 53206

(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 02/11/2026, Surveyor attempted to complete a verification visit at Hope Assisted Living. As a result, 2 deficiencies were identified. One deficiency was a repeat from Statement of Deficiency Q0JF11, dated 11-04-2025.	{M 000}		
M 122	88.03(4)(b) RENEWAL REQUIREMENTS To renew a license, the licensee shall submit to the licensing agency not less than 30 days prior to the date of expiration of the current license, a completed application form, a new program statement if there have been any program changes, the licensure fee required under s. 50.033(2), Stats., and any required fee for a criminal records check. If the license is not renewed, the licensing agency shall give the licensee written notice before expiration of the license. The notice shall clearly and concisely state the reasons for not renewing the license and shall inform the licensee of the opportunity for a hearing under sub. (7). This Rule is not met as evidenced by: Based on record review, the licensee did not ensure the biennial report and license fee were submitted to the Department within 30 days prior to the license expiration date. Findings include: On 09/25/2025, the Department sent a notice to Licensee A informing them the license for Hope	M 122		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017661	A. BUILDING: _____ B. WING _____	R 02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE ASSISTED LIVING LLC	3640 N 15TH ST MILWAUKEE, WI 53206

(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 122	Continued From page 1	M 122		

Assisted Living, would expire on 11/30/2025. The notice indicated the biennial report and license fee were due to the Department by 10/31/2025.

On 10/15/2025, USPS returned the notice to the Department marked as return to sender, not deliverable as addressed, unable to forward.

On 10/22/2025, the Department sent a second notice to Licensee A at the facility address informing them the license for Hope Assisted Living, would expire on 11/30/2025. The notice indicated the biennial report and license fee were due to the Department by 10/31/2025.

On 10/22/2025, the Department sent a third notice to Licensee A by email, indicating the mailing address was incorrect and requested a new mailing address. No response was received from Licensee A.

On 10/22/2025, the Department received confirmation of delivery.

On 11/07/2025, the Department sent a fourth notice to Licensee A by email, indicating the biennial report and license fee were past due. The notice indicated if the biennial report and license fee were not received by 12/30/2025, the Division of Quality Assurance will proceed with enforcement action, which may include license revocation.

On 11/07/2025, the Department received confirmation of delivery.

On 11/07/2025, the Department sent a fifth notice to Licensee A by certified letter to the facility address, indicating the biennial report and license fee were past due. The notice indicated if the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017661	A. BUILDING: _____ B. WING _____	R 02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE ASSISTED LIVING LLC	3640 N 15TH ST MILWAUKEE, WI 53206

(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 122	Continued From page 2 biennial report and license fee were not received by 1, the Division of Quality Assurance will proceed with enforcement action, which may include license revocation. On 12/03/2025, United States Postal Service (USPS) returned the notice to the Department marked return to sender, temporarily away, unable to forward. On 02/11/2026, at 9:15 AM, Surveyor called Licensee A and left a voicemail and requested a call back. As of 02/17/2026, at 11:36 AM, Surveyor received no response to voicemail left for Licensee A. On 02/17/2026, Surveyor reviewed Department records and found no evidence a biennial report and license fees were received from the provider. On 02/17/2026, Surveyor reviewed the Wisconsin Department of Financial Institutions (WDFI) website to review the corporate records of the license. According to the WDFI, Hope Assisted Living LLC was delinquent on 01/01/2026. The license expired on 11/30/2025.	M 122		
{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.	{M 204}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017661	A. BUILDING: _____ B. WING _____	R 02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE ASSISTED LIVING LLC	3640 N 15TH ST MILWAUKEE, WI 53206

(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 3 This Rule is not met as evidenced by: Based on observation and interview, 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 Q0JF11, dated 11/04/2025. Findings include: On 02/11/2026, at 9:00 AM, Surveyor attempted to conduct a verification visit at the facility. Surveyor rang the doorbell and then knocked at the door. Surveyor did not observe any lights on within the home or cars in the driveway. At 9:13 AM, Surveyor called Licensee A's phone number. Surveyor left a voicemail for Licensee A to call Surveyor back. At 02/11/2026, at approximately 1:30 PM, Surveyor attempted again to conduct a verification visit at the facility. Surveyor rang the doorbell and then knocked at the door. Surveyor did not observe any lights on within the home or cars in the driveway. As of 02/17/2026, at 12:35 PM, Surveyor did not receive a response from Licensee A.	{M 204}		