

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017305	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2026
NAME OF PROVIDER OR SUPPLIER HAVE A HEART ADULT FAMILY HOME LLC 2		STREET ADDRESS, CITY, STATE, ZIP CODE 1502 S 79TH ST MILWAUKEE, WI 53214		
(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 06/22/2026, Surveyor attempted to complete a standard survey at Have a Heart Adult Family Home. 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 all department and licensing agency requests for information about residents, services, or operation of the home. Findings include: On 06/16/2026, at 12:55 PM, Surveyor attempted to conduct a standard survey at the facility. Surveyor observed the main door to be closed, and the blinds drawn. The mailbox appeared full of mail. There were 3 children sized bikes on the front porch. Surveyor knocked at the door and rang the doorbell. No one answered the door. At 1:18 PM, Surveyor emailed Licensee A requesting a call back as soon as the email was received. Surveyor received an email back which indicated the email was undeliverable due to "The email account does not exist." At 1:18 PM, Surveyor called Licensee A phone	M 204		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 204	Continued From page 1 number. The message indicated the call could not be completed. On 06/18/2026, at 9:50 AM, Surveyor attempted to conduct a verification visit at the facility. The main door was closed, and all the blinds were drawn. There were 3 child sized bikes on the front porch. Surveyor knocked at the door and rang the doorbell. No one answered the door. At 9:53 AM, Surveyor called Licensee A phone number. The message indicated the call could not be completed. As of 06/22/2026, at 9:00 AM, Surveyor did not receive a response from Licensee A. Record Review On 06/16/2026, at 3:30 PM, Surveyor reviewed the following online document: - A case summary in the "Estate of [Licensee A]". The case indicated date of death was 05/22/2025. (Source: Wisconsin Circuit Court Access, https://wcca.wicourts.gov/caseDetail.html?caseNo=2025PR001431&countyNo=40&index=0 (retrieval date 06/16/2026).) Surveyor reviewed the facility file with the Department. On 08/04/2025, the Department sent Licensee A a letter which indicated a past due biennial report and license fee payment was due on 08/01/2025. The license expired on 08/30/2025.	M 204		