STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017830	A. BUILDING: _____ B. WING _____	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS LLC	2914 N 46TH ST MILWAUKEE, WI 53210

(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 08/06/2025, with information gathered through 08/07/2025, Surveyor attempted to conduct a standard licensure survey at Helping Hands LLC. One deficiency was identified. Census: 0	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 all department and licensing agency requests for information about residents, services or operation of the home. The home was not being utilized as an adult family home. Findings include: On 08/06/2025, at approximately 10:40 AM, Surveyor attempted to conduct a standard survey at the facility. Surveyor rang the doorbell, and a voice came over the electronic camera doorbell system asking Surveyor why s/he was there. Surveyor introduced him/herself and explained why s/he was at the home. Surveyor was told, "Just a minute." Nobody came to the door. Surveyor rang the doorbell again at approximately 10:44 AM. Nobody answered the electronic doorbell system or came to the door. At 10:51	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
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M 204	Continued From page 1 AM, Surveyor contacted Licensee A via telephone. The call went straight to voicemail. Surveyor left a voicemail stating that s/he was at the home and s/he needed to know if the home was being utilized as an adult family home or if the licensee was refusing a monitoring visit. Surveyor left the home at approximately 11:00 AM. On 08/06/2025 at 11:18 AM and on 08/07/2025 at 6:56 AM, Surveyor emailed Licensee A asking for clarification if the home was being utilized as an adult family home or if the licensee was refusing a monitoring visit. On 08/07/2025 at 7:01 AM, Licensee A called Surveyor and stated that s/he was now just receiving Surveyors emails and phone messages. Licensee A stated the home had never been utilized as an adult family home, but s/he did not want to give up his/her license. Surveyor explained that s/he would be cited for not allowing a monitoring visit. Licensee A stated s/he understood.	M 204		