Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017067	A. BUILDING: _____ B. WING _____	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAVE A HEART ADULT FAMILY HOME LLC	1500 S 79TH ST WEST ALLIS, 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 09/19/2025, Surveyor completed a monitoring visit survey, at Have A Heart Adult Family Home 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 interview, the licensee did not comply with all department and licensing agency requests for information about residents, services or operation of the home. Requests for documentation needed to conduct a monitoring survey, were not responded to by licensee. Findings include: On 09/15/2025, Surveyor reviewed the departments file for Have A Heart Adult Family Home LLC. The following was observed: -On 03/14/2024, Licensee A returned his/her Adult Family Home Biennial Report to the department. The document read, "List the days and hours when residents are not in the facility." Surveyor observed a '0' with a line though it.	M 204		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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M 204	Continued From page 1 On 07/16/2025 at 8:30 a.m., Surveyor reviewed providers face sheet from departments file. On 07/16/2025 from 12:00 p.m. to 12:30 p.m. Surveyor knocked on providers front door multiple times with no answer. Surveyor did not observe any activity in or around the facility. On 07/16/2025 at 12:22 p.m., Surveyor called the facility phone number, listed on the providers facesheet. Surveyor left voicemail and requested Licensee A call back. On 07/16/2025 at 12:29 p.m., Surveyor called Licensee A's phone number, listed on the providers facesheet. Surveyor was unable to leave a voicemail. The recorded message stated, "Mailbox is full and cannot accept new messages." On 07/16/2025 at 12:35 p.m., Surveyor interviewed Neighbor B, who stated Licensee A died on May 22, 2025. The family chose not to put an obituary in the paper, however, Neighbor B showed Surveyor a copy Licensee A's funeral brochure. Neighbor B stated s/he was unsure who owned the home now that Licensee A is passed away. On 09/09/2025 4:38 p.m., Surveyor emailed Licensee A's email on record with the department, and requested the resident roster for Have a Heart Adult Family Home LLC, including the full names of all the residents who live at the facility, when they moved in and who their payer source is (Self, Family Care, etc.). Surveyor requested to hear back from Licensee A before, or no later than 09/15/2025.	M 204		

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M 204	Continued From page 2 As of 09/19/2025 at 4:15 p.m., Surveyor has had no response.	M 204		