STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015637	A. BUILDING: _____ B. WING _____	R 02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOMINION HOME	**4303 WEST VILLARD AVENUE MILWAUKEE, WI 53218**

(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 02/25/2026, Surveyor completed a verification visit at Dominion Home. As a result, two deficiencies were identified. One of the 2 deficiencies was a repeat violation (see SOD ZWP511, dated 08/01/2025). Under statutory provisions of Wis. Stat. C. 50, a $200 revisit fee is being assessed. 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 the department's request for information about residents, service or operation of the home. This is a repeat deficiency. See Statement of Deficiency ZWP511, dated 08/01/2025. Findings include: On 02/17/2026 at approximately 8:30 AM., Surveyor arrived at the provider's home to conduct a verification visit. Surveyor introduced themselves to Individual C. Individual C denied the home was being used as an adult family	{M 204}		

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

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{M 204}	Continued From page 1 home. Individual C disclosed the home was being used as a rooming house. Six individuals were said to reside in the home. Individual C stated Licensee B was the landlord. On 02/17/2026, Surveyor attempted to reach Licensee B at 2 of 2 phone numbers provided to the department. One phone number was no longer in service. Surveyor left a voicemail at the second phone number, which did not have an identifying voicemail, requesting Licensee B immediately return Surveyor's call. On 02/17/2026 at approximately 8:46 AM, Surveyor sent an email to Licensee B at 1 of 1 email addresses provided to the department, requesting Licensee B contact this Surveyor as soon as possible. On 02/19/2026, Surveyor located a 3rd phone number for Licensee B. Surveyor left a voicemail, which did not have an identifying voicemail, requesting Licensee B immediately return Surveyor's phone call. On 02/24/2026 at approximately 3:33 PM, Surveyor made a second attempt to conduct a verification visit. Surveyor introduced themselves to Individual A. Individual A confirmed the home was a rooming house and not being used as an adult family home. Individual A denied Licensee B assisted with any personal cares or management of medical care. Individual A confirmed Licensee B was the landlord of the rooming house. As of 02/25/2026 at 11:00 AM, neither Surveyor's voicemail, nor Surveyor's email had been responded to by Licensee B.	{M 204}		

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M 216	Continued From page 2	M 216		
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, the provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations. The provider did not follow Special Orders which resulted from previous Statement of Deficiency (SOD) ZWP511, dated 08/01/2025. Findings include: On 08/21/2025, SOD ZWP511 and a Special Orders Letter were issued to Licensee B via e-mail with the following: Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Dominion Home: 1. Pursuant to Wis. Admin. Code §§DHS 88.03(6)g)2.b. and 2.e., EFFECTIVE IMMEDIATELY, the licensee shall comply with requirements specified by Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b). That is, the licensee shall permit the licensing agency and service coordinator, at any time and without notice, to visit a home and to evaluate the status of resident health, safety, or welfare or to determine if the	M 216		

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M 216	Continued From page 3 home continues to comply with requirements for licensure ... WITHIN TWO (2) business days of receipt of this notice, the licensee will contact Southeastern Regional Director, [Regional Director D], at 414-227-4565 to provide the following information: -Telephone number where licensee may be reached in a timely manner; and -Measures the licensee will take to ensure the licensing agency representative may, without notice, conduct a licensing survey in accordance with Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b), and respond timely to requests for information; OR notification of the intent to close and make arrangements to return the AFH license to the Southeastern Regional Office at 819 N. 6th Street, Room 609B, Milwaukee, WI 53203-1606 ..." On 02/17/2026 and 02/24/206, Surveyor attempted to conduct a verification visit at Dominion Home. As a result of the survey, 2 deficiencies were identified. One of the 2 deficiencies was a repeat deficiency. 204 - 88.03(8)(a) Monitoring of Home - This is a repeat deficiency. See SOD ZWP511, dated 08/01/2025. 216 - 88.04(2)(a) Responsibilities On 02/17/2026, Surveyor reviewed department records and found no evidence that Licensee A submitted a telephone number where Licensee A may be reached in a timely manner. On 02/17/2026 at approximately 8:30 AM and 02/24/2026 at approximately 3:41 PM, Surveyor	M 216		

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M 216	Continued From page 4 attempted to complete an onsite verification visit at Dominion Home. Surveyor was informed the home was being used as a rooming house. On 02/17/2026, Surveyor attempted to contact Licensee A at 2 of 2 phone numbers provided to the department. One phone number was no longer in service. Surveyor left a voicemail at the second phone number, which did not have an identifying voicemail, requesting Licensee B immediately return Surveyor's call. On 02/19/2026 at approximately 3:33 PM, Surveyor attempted to contact Licensee B at a third phone number provided to the department. Surveyor left a voicemail at the third phone number, which did not have an identifying voicemail, requesting Licensee B return Surveyor's phone call as soon as possible. As of 02/25/2026 at 11:00 AM, Surveyor has not received a return phone call. On 02/17/2026 at approximately 8:46 AM, Surveyor emailed Licensee B. Surveyor received an email delivery confirmation on 02/17/2026 at 8:46 AM. As of 02/25/2026 at 11:00 AM, Surveyor has not received a response from Licensee B. License B did not ensure measures were in place to allow the Department, without notice to conduct a licensing survey in accordance with Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b), or responded timely to this Surveyor's attempt to make direct contact with Licensee B. Lastly, as of 02/25/2026, the department did not receive notification of intent to close.	M 216		