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
	0015401	A. BUILDING: _____ B. WING _____	08/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BETTER LIVING FAMILY SERVICES SITE 7	8710 W LYNX AVE MILWAUKEE, WI 53225

(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 08/07/2026, Surveyor completed an attempted abbreviated survey at A Better Living Family Service Site 7. As a result, 1 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 the department's request for information about residents, service or operation of the home. Findings include: On 07/28/2026 at approximately 9:40 AM, Surveyor attempted to complete an abbreviated survey at A Better Living Family Service Site 7. Upon arrival, Surveyor observed the following: -The front yard to be unkept as evidenced by the length of the grass. -Vinyl siding laying in the driveway. -Two vehicles that appeared to be non-operable in the driveway. -Multiple shelving units in the driveway, near the garage.	M 204		

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

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M 204	Continued From page 1 -The front ramp did not have handrails and was missing 7 balusters located near the front of the ramp. -Garbage was observed on the grass on both sides of the front ramp. -A window screen, ice chipper, and black tote was observed in the front yard, near the landing of the front ramp. -The wood under the bay window appeared to be rotted as evidenced by the discoloration (wood was turning black), peeling paint, and chunks of the wood missing. -A sweater and pair of sandals were observed on the landing of the front ramp. -The address numbers on the house were peeling off. -The front door did not have a doorknob. -The doorbell was missing, as evidenced by the doorbell plate still on the house. On 07/28/2026 at 9:40 AM, Surveyor knocked on the door twice. There was no answer at the door. On 07/28/2026 at 9:44 AM, Surveyor called the facility phone number, and spoke with Licensee A. Licensee A disclosed the adult family home has not been operating since 2021, which is when the last resident discharged. Since then, Licensee A reported the adult family home has been vacant. Licensee A stated he/she is working on getting the adult family home back into safe living conditions as squatters were found to be in the adult family home recently. Licensee A also reported water pipes needed to be replaced, and the entire home was under renovation. Licensee A could not confirm if the adult family home had running water at this time. Licensee A could not meet with this Surveyor on 07/28/2026 to complete the onsite tour of the adult family home. Surveyor confirmed Licensee A's phone number and e-mail address.	M 204		

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M 204	Continued From page 2 On 08/06/2026 at approximately 2:22 PM, Surveyor made a second attempt to complete an abbreviated survey at A Better Living Family Service Site 7. At 2:24 PM, Surveyor contacted Licensee A and left a voicemail asking that Licensee A contact this Surveyor as soon as possible. At 2:31 PM, Surveyor sent an e-mail to Licensee A asking that Licensee A contact this Surveyor as soon as possible. As of 08/07/2026 at 2:30 PM, Surveyor has not received a return phone call and/or e-mail from Licensee A.	M 204		