

Tony Evers
Governor



DIVISION OF QUALITY ASSURANCE
NORTHEASTERN REGIONAL OFFICE
200 NORTH JEFFERSON STREET SUITE 501
GREEN BAY WI 54301

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

Telephone: 920-448-5252
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TTY: 711 or 800-947-3529

January 6, 2026

ELECTRONIC MAIL

SOD #07KH11

NOTICE and ORDER
NOTICE OF VIOLATION
NOTICE OF LICENSE REVOCATION
ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED
NOTICE OF IMPOSED FORFEITURE
NOTICE OF RIGHT TO APPEAL

Charles Kafura
620 Harper Ave.
Peshtigo, WI 54157

C/O Licensee: Arbor Village Inc.

Re: Arbor Village Inc. (0016677)
620 Harper Ave.
Peshtigo, WI 54157

Dear Charles Kafura:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Arbor Village Inc., located at 620 Harper Ave. Peshtigo, WI 54157, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

NOTICE OF VIOLATION

On October 22, 2025, a complaint investigation and self-report review were concluded for Arbor Village Inc. by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of

Deficiency (SOD) #07KH11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #07KH11 is enclosed.

NOTICE OF LICENSE REVOCATION

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(d), and (e), **EFFECTIVE UPON RECEIPT OF THIS NOTICE**, the Department of Health Services hereby **REVOKES THE LICENSE** of **Arbor Village Inc.**

This action is being taken under the following statutory provisions:

Wis. Stat. § 50.03(5g)(d)2., whereby the licensee or a person under the supervision of the licensee has substantially violated a provision of licensure applicable to a community-based residential facility under Wis. Stat. § 50.03(4) or an administrative rule promulgated under Wis. Stat. ch. 50, subchapter I; and

Wis. Stat. § 50.03(5g)(d)3., whereby the licensee or a person under the supervision of the licensee has acted in relation to or has created a condition relating to the operation or maintenance of the community-based residential facility that directly threatens the health, safety or welfare of a resident of the community-based residential facility.

Within 3 days of receipt of this notice, return the Community Based Residential Facility license for Arbor Village Inc., 620 Harper Ave., Peshtigo, WI, 54157.

RELOCATION PLAN REQUIRED

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee will submit a Resident Relocation Plan to the Department in accordance with Wis. Stat. § 50.03(14) [Closing of a Facility]. In addition, discharge planning for residents will meet the requirements specified by Wis. Admin. Code ch. DHS 83. Refer to the following guidance and requirements:

Resident Relocation Manual: <https://www.dhs.wisconsin.gov/publications/p01440.pdf>

Relocation-Stress/Syndrome:

https://longtermcare.wi.gov/Documents/LIBRARY_site%20download%20files/WI-BOA_OP-Relocation-Awareness-Brochure_WEB_10-19-21_v01.pdf

Furthermore, within 10 days of receipt of this notice, the licensee will submit the following to Assisted Living Regional Director at the Northeastern Regional Office at DHSDQABALNERO@dhs.wisconsin.gov:

The names of residents currently living in the CBRF;

The names, addresses and telephone numbers of residents' legal guardians or an involved family member;

The names, addresses, and telephone numbers for residents' case managers and funding agencies; and

A preliminary discharge plan that includes:

- A timetable for planning and implementation of resident relocations;
- Measures the facility will take to comply with this order and facilitate supportive, safe, and orderly relocations for residents.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS – EXTENDED

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b)7., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **hereby extends the order issued on September 15, 2025, with Statement of Deficiency (SOD) 2RZJ11 that Arbor Village Inc. Not Admit any New or Additional Residents.**

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than \$10 or more than \$1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #07KH11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$10,370.00 IS IMPOSED** for the following violations described in SOD #07KH11.

<u>TAG</u>	<u>DHS Code</u>	<u>Forfeiture Amount</u>
N158	83.12(2)(a)	\$500.00
N159	83.12(2)(b)	\$1,200.00
N219	83.17(1)	\$450.00
N230	83.19	\$800.00
N239	83.20(2)(a)-(d)	\$800.00
N352	83.32(3)(h)	\$1,020.00
N353	83.32(3)(i)	\$800.00
N381	83.35(1)(a)	\$800.00
N416	83.37(2)(e)	\$400.00
N431	83.38(1)(g)	\$600.00
N433	83.38(1)(i)	\$1,800.00
Y3244	50.09(1)(L)	\$1,200.00

Total Forfeiture Due: \$10,370.00

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State's School Fund.

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD #07KH11, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is \$6,740.50.

Please make the forfeiture payment payable to “DHS 639” and send it to:

ENFORCEMENT SPECIALIST
DHS / DQA / BAL
201 East Washington Ave
Room E300
Madison, WI 53703

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. §§ 50.03(5g)(b) and (f), you may request an administrative hearing of the Department’s action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

CBRF APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and

- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

Please note that according to Wis. Stat. § 50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

POSTING OF NOTICES

According to Wis. Admin. Code DHS §§ 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

* * *

If you have questions about this letter, please contact Vicky Wittman, Assisted Living Regional Director, at (920) 448-4800.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge", with a long horizontal line extending to the right.

Kenneth Brotheridge, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure
KB/clr

cc: Ombudsman, Marinette County
Aging/Disability Resource Center, Marinette County
Marinette County Human Services

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Arbor Village Inc.
January 6, 2026

Waiver Agencies
Division of Medicaid Services
Disability Rights Wisconsin