

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

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March 3, 2025

ELECTRONIC MAIL
SOD#0NNC12

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIRMENTS
NOTICE OF SPECIAL ORDERS
NOTICE OF REVISIT FEE

Emmanuel Williamson
PO Box 283
Mequon, WI 53092

C/O Licensee: New Care Family Services LLC

Re: New Care Family Services LLC Mequon II (0016535)
9945 N Wauwatosa Road
Mequon, WI 53092

Dear Emmanuel Williamson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of New Care Family Services LLC Mequon II, located at 9945 N Wauwatosa Road, Mequon, WI 53092, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat § 50.033(2), and Wis. Admin. Code § DHS 88.

NOTICE OF VIOLATION

On November 6, 2024, a Verification Visit was concluded for New Care Family Services LLC Mequon II 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 88, or both, which set forth requirements for the administration and operation of an adult family home (AFH). The Department is issuing Statement of Deficiency (SOD) #0NNC12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #0NNC12 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request.

The Department may, without notice, conduct an inspection to verify the licensee's corrective action at any time after the date of compliance. Pursuant to Wis. Stat. § 50.033(3), the department may impose a \$200 inspection fee for an on-site inspection to review compliance of violations resulting in enforcement action.

ADDITIONALLY:

WITHIN 10 DAYS of receipt of this notice, the licensee may request an extension for the date of compliance. The request for an extension must be submitted to the Assisted Living Regional Director, Northeastern Regional Office, at DHSDQABALNERO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

SPECIAL ORDERS

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 **New Care Family Services LLC Mequon II:**

1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 88.10(3)(e), and ensure each resident has the opportunity to make decisions relating to care, activities and other aspects of life in the adult family home. The licensee will develop and implement corrective measures to include, at a minimum, the following:

- Identify alternatives to locked food storage (e.g., staff supervision, resident-specific storage solutions, individualized service plans), as feasible, to achieve a homelike environment that promotes the individual needs and capabilities of residents.
- Specify how the facility will protect and promote each resident's right to make decisions related to care, activities, daily routines and other aspects of life which enhance the resident's self-reliance and support the resident's autonomy and decision-making.

- Ensure, in the absence of a documented treatment plan, based on clinical or therapeutic indications, no restriction on a resident's freedom of choice (e.g., restricted access to possessions, food or beverages) will be arbitrarily imposed.

WITHIN 45 DAYS of receipt of this notice, the licensee shall:

- Provide training to all service providers on the corrective actions taken to resolve the deficient practice issued under Wis. Admin. Code § DHS 88.10(3)(e) as identified in Statement of Deficiency 0NNC12. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 5 days of receipt of this notice, the licensee shall provide the legal representative and case manager each resident with a copy of Statement of Deficiency (SOD) 0NNC12 and a copy of this Notice and Order letter. The licensee shall retain evidence to verify compliance with Order #2. Acceptable documentation will include signed and dated verification letter or email, or certified mail receipt. Documentation will be made available to department representatives upon request.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.033(3), if the Department takes enforcement action against an adult family home for violation of this subchapter or rules promulgated under it, and the Department subsequently conducts an onsite inspection to review the facility's action to correct the violation(s), the Department may impose a \$200 inspection fee on the adult family home.

On November 6, 2024, a verification visit was concluded at New Care Family Services LLC Mequon II by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #0NNC11 were corrected. **Therefore, an inspection fee of \$200 is being assessed.**

Please send a check or money order in the amount of \$200 made payable to "Division of Quality Assurance" and send it to:

Division of Quality Assurance
Bureau of Assisted Living
Northeastern Regional Office
200 North Jefferson Street, Suite 501
Green Bay, WI 54301

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in additional department action against New Care Family Services LLC Mequon II. There are no appeal rights for revisit fees.

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New Care Family Services LLC Mequon II

March 3, 2025

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". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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

Enclosure

KB/CC