Tony Evers
Governor

Kristen L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
NORTHWESTERN REGIONAL OFFICE
PO BOX 48
EAU CLAIRE WI 54702

Telephone: 715-836-4790
Fax: 608-224-5705
TTY: 711 or 800-947-3529

March 20, 2026

ELECTRONIC MAIL
SOD #1T6411

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

Cherry Buckley
111 North Main Street, Suite 250
Janesville, WI 53545

C/O Licensee: Dungarvin Wisconsin LLC

Re: Vesta, 0019856
5087 Vesta Ct
Eau Claire, WI 54703

Dear Cherry Buckley:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Vesta, located at 5087 Vesta Ct, 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 February 17, 2026, a standard survey & complaint investigation was concluded for Vesta 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) #1T6411 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #1T6411 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, Northwestern Regional Office, at DHSDQABALWRO@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 **Vesta:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee's corrective measures shall ensure the following:

WITHIN 7 DAYS of receipt of this notice, the licensee shall provide Resident 1's legal representative and case manager (if any) with a copy of Statement of Deficiency 1T6411 and a copy of this Notice and Order letter. The licensee shall retain documentation, acceptable to the department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager.

WITHIN 45 DAYS of receipt of this notice, the licensee shall review each resident's record to ensure:
- The use of any restrictive measure will be based on a documented comprehensive assessment of individual resident needs to include behavioral safety risks or other harmful behavioral patterns.
- The Individual Service Plan (ISP) will be developed with input from all required parties and implemented with resident specific interventions to reduce incidences of behaviors that

are challenging or dangerous and may place the resident or staff at significant risk of harm or jeopardize their safety.
- The Department's written approval is obtained prior to the use of a restrictive measure, with the exception of a defined emergency situation.
- The use of a restrictive measure is monitored and reassessed to determine continued appropriateness and need.

The licensee shall ensure all managers and service providers are adequately trained to implement an approved restrictive measure.

All documentation to evidence compliance with this Order will be made available to department representatives upon request.

* * *

If you have questions about this letter, please contact Kelly Haugen, Assisted Living Regional Director, at (715) 836-4965.

Sincerely,

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

Enclosure

KB/JAJ