

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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May 5, 2026

ELECTRONIC MAIL
SOD#1USO13

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIRMENTS
ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS
NOTICE OF SPECIAL ORDERS
NOTICE OF REVISIT FEE

Anitria Chairse
1806 Creek Road
West Bend, WI 53090

C/O Licensee: Promise SIL LLC

Re: Promise SIL LLC (0019750)
1806 Creek Road
West Bend, WI 53090

Dear Anitria Chairse:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Promise SIL LLC, located at 1806 Creek Road, West Bend, WI 53090, 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 02, 2026, a Complaint Investigation and Verification Visit were concluded for Promise SIL LLC 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) #1USO13 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #1USO13 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.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

Based on the results of the Department's investigation and pursuant to authority provided in Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Promise SIL LLC NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in SOD #1USO13 are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

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 **Promise SIL LLC**:

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to ensure that residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) 1USO13. The licensee's corrective measures shall ensure the following:

WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of SOD 1USO13 and a copy of this Notice and Order letter. The licensee shall retain evidence, 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 14 DAYS of receipt of this notice, the licensee shall retroactively, with available information, document a complete investigation report of the alleged incident of caregiver misconduct issued under Wis. Admin. Code § DHS 88.11(1) Reporting of Abuse or Neglect in SOD 1USO12. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 88 and The Wisconsin Background Check and Misconduct Investigation Program Manual. At the conclusion of the investigation, the licensee will review the department's reporting requirements and report this incident if necessary.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall include the development (or review) of a written procedure to address:

Misconduct Reporting and Investigations

The procedure shall specify the following:

- For all allegations or incidents of misconduct, the licensee shall immediately take steps to ensure the safety of all residents
- How and to whom staff are to report incidents
- How internal investigations will be completed, documented, and reported
- How staff will be trained on the procedures related to allegations of caregiver misconduct
- How residents will be informed of these procedures

Misconduct investigations will be reviewed in accordance with the department's reporting requirements and reported if necessary. The Wisconsin Background Check and Misconduct Investigation Program Manual is available as a reference at:
<https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf>.

All managers and service providers will receive training regarding the provider's written procedure required by Order #1. Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training. A copy of the written procedure and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.

ADDITIONALLY,

WITHIN 45 DAYS, the licensee will obtain resident rights training for all current resident care staff. Resident rights training will be provided by a qualified professional (ombudsman, clinical social worker, registered nurse, health care administrator) not currently affiliated with the facility, at the licensee's expense. The trainer will be provided a copy of Statement of Deficiency (SOD) 1USO13, and this notice and order letter before providing services.

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 February 02, 2026, a verification visit was concluded at Promise SIL LLC by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #1USO12 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 Promise SIL LLC. There are no appeal rights for revisit fees.

* * *

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 from the end of the signature.

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

Enclosure
KB/CC

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Promise SIL LLC
May 5, 2026

cc: Ombudsman, Washington County
Aging/Disability Resource Center, Washington County
Washington County Human Services
Waiver Agencies
Division of Medicaid Services
Disability Rights Wisconsin