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
610 GIBSON ST SUITE 1
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November 17, 2023

ELECTRONIC MAIL
SOD #25DH11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

Jon Menz
N5903 238th Street
Menomonie, WI 54751

C/O Licensee: Jon Menz

Re: Solomon Hill Residential Care, 0014996
N5903 238th Street
Menomonie, WI 54751

Dear Jon Menz:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Solomon Hill Residential Care, located at N5903 238th Street in Menomonie, 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 09-26-23, a complaint investigation was concluded for Solomon Hill Residential Care 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) #25DH11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #25DH11 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.

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 Solomon Hill Residential Care NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until the violation in Statement of Deficiency (SOD) 25DH11 is 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 **Solomon Hill Residential Care:**

1. **Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b., and 2.e., the licensee will protect and promote each resident's right to self-direction and treatment choice as prescribed in accordance with Wis. Admin. Code § DHS 88.10(3)(e) and Wis. Admin. Code § DHS 88.10(3)(m). The licensee will ensure each resident's right to be treated as an adult with dignity, respect, and individuality in a homelike environment. 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 areas of the home or food or beverages) will be arbitrarily imposed. The licensee will develop (or review/revise) written procedures to include:

Caregiver Misconduct

- For any allegation of caregiver misconduct, the licensee shall immediately take steps to ensure the safety of all residents, conduct an investigation, and maintain documentation of any investigation;

- The licensee shall report to the department an allegation of client abuse, neglect or misappropriation of client property committed by any person employed by the entity when the licensee has reasonable cause to believe it has sufficient evidence, or another regulatory authority could obtain the evidence, to show the alleged incident occurred and the licensee has reasonable cause to believe the incident meets or could meet the definition of abuse, neglect or misappropriation. Caregiver misconduct investigations will be reviewed in accordance with the department's reporting requirements and reported if necessary. The Caregiver Manual is available as a reference at: https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf.

Self-Direction

- **Measures the licensee will take to ensure all caregivers 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.**

- **Resident rights training for all employees. Training will be provided by a qualified professional (e.g., certified social worker, ombudsman, resident rights specialist). Before providing the training, the instructor will be provided with copies of Statement of Deficiency 25DH11, and this notice and order letter. Documentation of training will be maintained in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.**

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) 25DH11 and a copy of this Notice and Order letter. The licensee shall retain evidence to verify compliance with Order #1. 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.

* * *

If you have questions about this letter, please contact William R. Gardner, Assisted Living Regional Director, at (715) 836-4029.

Sincerely,

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

Enclosure

KB/MVL

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