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
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March 27, 2026

ELECTRONIC MAIL
SOD #25DH14

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Jon Menz
N5903 238th Street
Menomonie,WI 54751

C/O Licensee: Menz, Jon

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, 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 11, 2026, a verification visit 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) #25DH14 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #25DH14 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 **Solomon Hill Residential Care:**

CONSULTANT REQUIRED

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 88.04(2)(a) and ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. That is, the licensee shall develop and implement corrective measures in consultation with a qualified professional (e.g., registered nurse, health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Solomon Hill Residential Care. The licensee will provide the consultant with a copy of the Statement of Deficiency 25DH14, along with this Notice and Order letter prior to providing consultation services.

Consultation will include, at a minimum, the development (or review) of written procedures and training for all service providers to address:

Restrictive measures, a procedure to ensure:
- Each resident's right to be free from restrictive measures (restraint or isolation) except for emergency situations or when isolation or restraint is a part of an approved treatment program. Isolation or restraint may be used only when less restrictive measures are ineffective or not feasible and shall be used for the shortest time possible.
- A comprehensive assessment of individual resident needs is completed and documented to include behavioral safety risks or other harmful behavioral patterns (e.g. aggression, elopement, self-injuries behaviors, sexual aggression.)
- The Individual Service Plan (ISP) is 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.
- Department written approval is obtained prior to the use of a restrictive measure, with the exception of a defined emergency situation.
- All staff are adequately trained to implement an approved restrictive measure.
- The use of a restrictive measure is monitored and reassessed to determine continued appropriateness and need.

Service Provider Records, how the provider will ensure a separate record for each employee is maintained, kept current, and includes the following information, at a minimum:
a) Written job description including duties, responsibilities and qualifications required for the employee.
b) Beginning date of employment.
c) Completed caregiver background check following procedures under Wis. Stat. § 50.065, Stats., and Wis. Admin. Code ch. DHS 12.
d) Documentation of all required training, or exemption verification.
e) Documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating the employee has been screened for clinically apparent communicable disease including tuberculosis.

Consultation activities, including dates of consultation, will be documented, signed and dated by the consultant.

Copies of all written procedures required by Order #1 will be made available to department representatives upon request.

All training records will be maintained in personnel files and include the date/duration of training, the signature/qualifications of the instructor, and documentation of successful completion of the training requirements.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each resident with a copy of Statement of Deficiency 25DH14 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the 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 February 11, 2026, a verification visit was concluded at Solomon Hill Residential Care by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #25DH13 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
Northwestern Regional Office
PO Box 48
Eau Claire, WI 54702

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in the issuance of a subsequent statement of deficiency with additional enforcement sanctions against facility name. There are no appeal rights for revisit fees.

* * *

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