

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 18, 2026

**ELECTRONIC MAIL**  
SOD #2E4E11

**NOTICE and ORDER**  
**NOTICE OF VIOLATION**  
**ORDER TO COMPLY WITH REQUIREMENTS**  
**NOTICE OF SPECIAL ORDERS**

Timothy Frey  
708 Erie Avenue, Suite 201  
Sheboygan, WI 53081

C/O Licensee: Vista Care Wisconsin Inc

**Re:** Prairie Fox Court (0020536)  
225 Prairie Fox Court  
North Fond du Lac, WI 54937

Dear Timothy Frey:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Prairie Fox Court, located at 225 Prairie Fox Court, North Fond du Lac, WI 54937 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 March 16, 2026, a Self Report Review was concluded for Prairie Fox Court 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) #2E4E11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #2E4E11 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](mailto: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 **Prairie Fox Court**:

**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.**

**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:**

**Diabetes Management**

**-Including standards of practice for the assessment, care planning, and provision of services for residents with diabetes. Additional information and resources addressing diabetes can be located on the department website:**

**<https://www.dhs.wisconsin.gov/diabetes/index.htm>**

**Additionally:**

**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. All documentation to evidence compliance with Order #1 will be made available to department representatives upon request.**

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Prairie Fox Court  
May 18, 2026

\* \* \*

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 line extending from the end of the name.

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

Enclosure  
KB/CC