

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

Telephone: 920-448-5252
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TTY: 711 or 800-947-3529

July 17, 2026

ELECTRONIC MAIL
SOD #2UVK11

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIREMENTS
ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS
NOTICE OF SPECIAL ORDERS
NOTICE OF IMPOSED FORFEITURE
NOTICE OF RIGHT TO APPEAL

Bright Amudoaghan
N9520 Silver Court
Appleton, WI 54915

C/O Licensee: BA Israel LLC

Re: Bethel Menasha IV (0017962)
1670 Century Oaks Court
Menasha, WI 54952

Dear Bright Amudoaghan:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Bethel Menasha IV, located at 1670 Century Oaks Court, Menasha, WI 54952, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

NOTICE OF VIOLATION

On June 11, 2026, a standard survey and complaint investigation were concluded for Bethel Menasha IV 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 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of

Deficiency (SOD) #2UVK11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #2UVK11 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility 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. § 50.03(5g)(cm), 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 Wis. Stat. § 50.03(5g)(b)7., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS that Bethel Menasha IV NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in Statement of Deficiency 2UVK11 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. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS that Bethel Menasha IV:**

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs. WITHIN 45 DAYS, the licensee will correct identified deficiencies in consultation with a registered nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The RN will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of the client groups served by Bethel Menasha IV. The licensee will provide the consultant with a copy of the Statement of Deficiency 2UVK11, along with this Notice and Order letter prior to providing consultation services. Consultation will include the development (or revision) of written procedures and staff training (as appropriate) to address:

Medication Management and Administration

-Including how the provider will: a) document medication orders, medication administration, and missed/refused doses; b) administer medications to ensure residents receive medications at the intervals and dosages prescribed; c) prevent medication errors; d) respond to medication errors if they occur; e) monitor for adverse side effects; f) ensure medications are securely stored; and g) discontinue and dispose of medications.

Caregiver Misconduct

- A written procedure to address recognizing, investigating, documenting, and reporting allegations of abuse, neglect, misappropriation of property, and injuries of unknown origin. The procedure will address requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code chs. DHS 13 and 83. The procedure will incorporate steps to ensure that residents are protected while a determination on the matter of caregiver misconduct is pending during an investigation. Links to reporting regulations and resource materials can be found at:

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

Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant. Documentation will be made available to department representatives upon request.

All managers and resident care staff will receive training regarding the provider's corrective measures. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

Additionally:

WITHIN 14 DAYS of receipt of this notice, the licensee, with the guidance of the consultant shall, retroactively, with available information, document a complete investigation report of the alleged incidents of caregiver misconduct described in SOD 2UVK11. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 83 and The Wisconsin Caregiver Program Manual. The licensee shall submit a copy of the investigation report to the Department's Office of Caregiver Quality for review. Links to reporting regulations and resource materials can be found at:

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

2. Pursuant to Wis. Stat. § 50.03(5g)(b)6., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) of each resident with a copy of Statement of Deficiency 2UVK11 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 each legal representative and case manager. Required evidence will be made available to the Department representatives upon request.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than \$10 or more than \$1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #2UVK11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$11,200.00 IS IMPOSED** for the following violations described in SOD #2UVK11.

<u>TAG</u>	<u>DHS Code</u>	<u>Forfeiture Amount</u>
N214	83.15(3)(a)	\$500.00
N158	83.12(2)(a)	\$400.00
N239	83.20(2)(a-d)	\$200.00
N277	83.25	\$400.00
N348	83.32(3)(d)	\$900.00
N352	83.32(3)(h)	\$1,100.00
N358	83.32(3)(n)	\$1,700.00
N387	83.35(3)(b)	\$300.00
N389	83.35(3)(d)	\$900.00
N409	83.37(1)(j)	\$500.00
N427	83.38(1)(c)	\$400.00
N431	83.38(1)(g)	\$1,400.00
N432	83.38(1)(h)	\$300.00
N433	83.38(1)(i)	\$600.00
N448	83.41(2)(a)	\$600.00
N481	83.43(1)	\$600.00
N653	83.59(4)(e)	\$400.00

Total Forfeiture Due: \$11,200.00

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State's School Fund.

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD #2UVK11, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is \$7,280.00.

Please make the forfeiture payment payable to “DHS 639” and send it to:

ENFORCEMENT SPECIALIST
DHS / DQA / BAL
201 East Washington Ave
Room E300
Madison, WI 53703

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. §§ 50.03(5g)(b) and (f), you may request an administrative hearing of the Department’s action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

CBRF APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and

- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

Please note that according to Wis. Stat. § 50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

POSTING OF NOTICES

According to Wis. Admin. Code DHS §§ 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

* * *

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.

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

Enclosure
KB/clr

cc: Ombudsman, Winnebago County
Aging/Disability Resource Center, Winnebago County

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Bethel Menasha IV
July 17, 2026

Winnebago County Human Services
Waiver Agencies
Division of Medicaid Services
Disability Rights Wisconsin