

Tony Evers  
Governor



**DIVISION OF QUALITY ASSURANCE**  
NORTHEASTERN REGIONAL OFFICE  
200 NORTH JEFFERSON STREET SUITE 501  
GREEN BAY WI 54301

Andrea Palm  
Secretary

**State of Wisconsin**  
Department of Health Services

Telephone: 920-448-5252  
Fax: 920-448-5253  
TTY: 711 or 800-947-3529

June 5, 2020

**ELECTRONIC MAIL**

SOD #38PN11

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED**

**ORDER TO SUBMIT A PLAN OF CORRECTION**

**NOTICE OF IMPOSED FORFEITURE**

**NOTICE OF RIGHT TO APPEAL**

Chad Reader  
W2015 Industrial Dr.  
Kaukauna, WI 54130

**Re:** Country Villa Assisted Living Pulaski  
830 Crest Dr.  
Pulaski, WI 54162

Dear Mr. Reader:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Country Villa Assisted Living Pulaski, located at 830 Crest Dr., Pulaski, WI, 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 May 6, 2020, with additional information gathered through May 28, 2020, a complaint investigation was conducted for Country Villa Assisted Living Pulaski 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) #38PN11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #38PN11 is attached.

### **ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS – EXTENDED**

Based on the results of the Department's investigation and pursuant to authority provided in Wis. Stat. § 50.03(5g)(b)7., the Department of Health Services **HEREBY EXTENDS** the **ORDER** issued on 05/06/2020 with SOD #KQPS11 that **Country Villa Assisted Living Pulaski NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

### **ORDER TO SUBMIT A PLAN OF CORRECTION**

According to Wis. Stat. § 50.03(5g)(b)4., you must submit a Plan of Correction (POC) with proposed completion dates. You have elected to receive SODs and provide POCs via electronic mail. Document your Plan of correction on the POC form F-00344. Within **ten (10)** days of receipt of this NOTICE and ORDER, return the completed POC form F-00344 to the Bureau of Assisted Living Northern Regional Office at DHSDQABALNERO@dhs.wisconsin.gov.

Your **PLAN OF CORRECTION** must address all of the following:

1. What corrective action and system changes will be made to ensure violations are corrected and regulatory compliance is maintained?
2. Who is responsible for monitoring for continued regulatory compliance?
3. Department Orders, if applicable. Submit documentation, if requested.
4. Date of completion for each corrective action (Violation, Order).

**Failure to submit a PLAN OF CORRECTION will result in additional enforcement action against Country Villa Assisted Living Pulaski.**

### **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

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\* 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.

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 #38PN11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$7,600.00 IS IMPOSED** for the following violations described in SOD #38PN11. Some of the forfeitures may accrue daily until compliance is achieved and verified for that cited violation.

<u>TAG</u>	<u>DHS Code</u>	<u>Forfeiture Amount</u>
N439	83.39(1)	\$3,600.00
N158	83.12(2)(a)	\$300.00
N165	83.12(4)(c)	\$150.00
N425	83.38(1)(a)	\$400.00
N431	83.38(1)(g)	\$2,650.00
Y3244	50.09(1)(L)	\$500.00

**Total Forfeiture Due: \$7,600.00**

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 #38PN11, **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 \$4,940.00.

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

ENFORCEMENT SPECIALIST  
DHS / DQA / BAL  
PO BOX 2969  
MADISON, WI 53701-2969

### **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.

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If you have questions about this letter, please contact Vicky M. Wittman, Assisted Living Regional Director, at (920) 448-5252.

June 5, 2020

Sincerely,

A handwritten signature in dark ink, appearing to read "Alfred C. Johnson". The signature is fluid and cursive, with the first name "Alfred" being more prominent than the last name "Johnson".

Alfred C. Johnson, Assisted Living Director  
Bureau of Assisted Living  
Division of Quality Assurance

Enclosure

cc:     Ombudsman, Brown County  
          Aging/Disability Resource Center, Brown County  
          Brown County Human Services  
          Waiver Agencies  
          IRIS Consultant Agencies  
          Disability Rights Wisconsin  
          Bureau of Assisted Living Enforcement