Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

NORTHEASTERN REGIONAL OFFICE
200 NORTH JEFFERSON STREET SUITE 501
GREEN BAY WI 54301

Telephone: 920-448-5252
Fax: 608-224-5704
TTY: 711 or 800-947-3529

February 11, 2026

ELECTRONIC MAIL
SOD # 3E4C11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF IMPOSED FORFEITURE

NOTICE OF RIGHT TO APPEAL

Angela Willms
N168 W22022 Main Street
Jackson, WI 53037

C/O Operator: SNH SE Tenant TRS Inc.

Re: Charter Senior Living of Hasmer Lake (0015326)
N168 W22026 Main St.
Jackson, WI 53037

Dear Angela Willms:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the operator of Charter Senior Living of Hasmer Lake, located at N168 W22026 Main St., Jackson, WI 53037, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.034, and Wis. Admin. Code ch. DHS 89.

NOTICE OF VIOLATION

On December 16, 2025, a complaint investigation was concluded for Charter Senior Living of Hasmer Lake 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 89, or both, which set forth requirements for the administration and operation of a residential care apartment complex (RCAC). The Department is issuing Statement of Deficiency (SOD) #3E4C11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 89, which establish the grounds for this action. SOD #3E4C11 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Admin. Code § DHS 89.56(3)(a), effective immediately, the operator shall comply with the requirements specified by Wis. Admin. Code ch. DHS 89 that establishes the standards for the operation of the Residential Care Apartment Complex in order to protect and promote the health, safety and welfare of the tenants.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the operator shall achieve and maintain substantial compliance with all requirements. All operational and tenant records required as evidence of compliance with applicable rules will be available to department representatives upon request.

According to Wis. Admin. Code § DHS 89.56(2), you are ordered to submit a Plan of Correction via an attestation of compliance. In satisfaction of this requirement: Insert the name of the facility in the space provided on the Attestation of Correction form F-02172. Within ***ten (10)*** *days of receipt of this NOTICE and ORDER, return the completed Attestation of Correction F-02172 to the Bureau of Assisted Living Northeastern Regional Office at 200 North Jefferson Street, Suite 501, Green Bay, WI 54301.*

The Department may, without notice, conduct an inspection to verify the operator's corrective action at any time after the date of compliance. Pursuant to Wis. Stat. § 50.034(10), 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 operator 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 operator a decision on the date of compliance extension.

SPECIAL ORDERS

Based on the results of the Department's inspection, and monitoring visit, and pursuant to Wis. Stat. § 50.034(2)(e), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Charter Senior Living of Hasmer Lake:**

1. Pursuant to Wis. Admin. Code § DHS 89.56(3)(c), the operator shall develop and implement corrective measures to ensure all tenants receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. At a minimum, the operator's corrective measures shall include the following:

WITHIN 5 DAYS of receipt of this notice, the operator shall provide Tenant 1's and Tenant 2's legal representative and case manager (if any) with a copy of Statement of Deficiency (SOD) 3E4C11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this Order. 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.

WITHIN 7 DAYS of receipt of this notice, the operator shall, retroactively, with available information, document a complete investigation report of the alleged incident of caregiver misconduct described in SOD 3E4C11. The investigation will conform to requirements and guidelines specified by Wis. Admin. Code ch. DHS 13 and The Wisconsin Background Check and Misconduct Investigation 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

NOTICE OF FORFEITURE*

According to Wis. Stat. § 50.034(2)(e), and Wis. Admin. Code § DHS 89.56(4), the Department of Health Services may impose a forfeiture for violations of the applicable statutory provisions or administrative rules governing RCACs. 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 there are violations of state statutes or administrative code provisions, or both, as identified in the enclosed SOD #3E4C11. Therefore, pursuant to Wis. Stat. § 50.034(2)(e), and Wis. Admin. Code § DHS 89.56(4), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $650.00 IS IMPOSED** for the following violations described in SOD #3E4C11.

TAG	DHS Code	Forfeiture Amount
N114	**89.23(1)**	**$500.00**
N267	**89.34(16)**	**$150.00**

Total Forfeiture Due: $650.00

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

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.034(8)(d), all forfeitures collected by the Department are deposited in the State's School Fund.

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD #3E4C11, **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 $422.50.

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. § 50.034(8)(c) and Wis. Admin. Code § DHS 89.59, 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 the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note, according to Wis. Admin. Code § DHS 89.59(2), an appeal is filed on the date that it is received by the Division of Hearings and Appeals. Send your request for a hearing to:

RCAC APPEAL
DHA
PO 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;
- ✓ A description of the action being appealed (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. § 50.034(8)(d), if you file an appeal, then payment of any forfeiture is due within ten (10) days after you receive the final decision in the case after exhaustion of administrative review.

* * *

If you have questions about this letter, please contact Vicky Wittman, Assisted Living Regional Director, at (920) 448-4800.

Sincerely,

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

Enclosure
KB/clr