

Tony Evers
Governor



Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
Room E300
201 E Washington Ave
MADISON WI 53703

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November 13, 2025

ELECTRONIC MAIL

SOD # 3LFH13

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Curtis Roberson
N61W13456 Cattail Ct.
Menomonee Falls, WI 53051

C/O Licensee: Connected Family Home Care

Re: Connected Family Home Care (0018788) AFH, Waukesha County
336 Richard St.
Waukesha, WI 53189

Dear Curtis Roberson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Connected Family Care, located at 336 Richard St., Waukesha, WI 53189, 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 11/07/2025, a verification visit was concluded for Connected Family Home 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) #3LFH13 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #3LFH13 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, Southern Regional Office, at DHSDQABALSRO@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 – EXTENDED

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services hereby extends the order issued on August 14, 2025 with Statement of Deficiency (SOD) 3LFH12, that Connected Family Home Care Not Admit any New or Additional Residents until all violations in SOD 3LFH13 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. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Connected Family Home 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 registered nurse (RN) not currently affiliated with the licensee. The RN 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 Connected Family Home Care. The licensee will provide

the consultant with a copy of the SOD 3LFH13, 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:

Health Monitoring, including how the provider will:

- **Monitor and document changes in the resident's physical or mental health.**
- **Notify the resident's legal representative and care manager (if any) when a resident experiences a change of condition, accident, injury, or medical emergency.**
- **Obtain timely medical care (clinical assessments, medications, prompt medical treatment).**
- **Provide or arrange services to address each resident's health care needs.**
- **All managers and service providers will receive training regarding the provider's written procedure.**
- **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.**
- **A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.**
- **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.**

WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency 3LFH13 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 14 DAYS of receipt of this notice, the licensee shall hold a care conference for Resident 2, with their legal representative, and case manager (if any), for the purpose of discussing the resident's mobility needs and the resident's access to the home and within the home.

WITHIN 45 DAYS of receipt of this notice, if compliance with Wis. Admin. Code §§ DHS 88.05(2)(a) and 88.05(2)(d) is not achieved, the licensee shall establish a relocation plan addressing the discharge of any resident who is not able to walk at all, or able to walk only with difficulty, or only with the assistance of crutches, a cane or walker, or is unable to easily negotiate stairs without assistance.

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 11/07/2025, a verification visit was concluded at Connected Family Home Care by the Division of Quality Assurance, Bureau of Assisted Living, to determine if **the violation(s) contained in Statement of Deficiency (SOD) # 3LFH12** 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:

**LPPA/REVISIT
Division of Quality Assurance
Bureau of Assisted Living
Southern Regional Office
Room E300
201 E. Washington Ave.
Madison, WI 53703**

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in additional department action against Connected Family Home Care. There are no appeal rights for revisit fees.

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CONNECTED FAMILY HOME CARE (0018788)
AFH, Waukesha County
November 13, 2025

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If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

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/SS