DIVISION OF QUALITY ASSURANCE

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

Telephone: 608-264-9888
Fax: 608-264-9889
TTY: 711 or 800-947-3529

Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

May 20, 2026

ELECTRONIC MAIL

SOD #3WK912

AMENDED

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

AMENDED NOTICE OF IMPOSED FORFEITURE

NOTICE OF REVISIT FEE

David Prissel
Suite 500
5900 Clearwater Drive
Minnetonka, MN 55343

C/O Licensee: Waukesha OPS LLC

Re: New Perspective Waukesha (0018236) CBRF, Waukesha County
1701 East Broadway
Waukesha, WI 53186

Dear David Prissel:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of New Perspective Waukesha, located at 1701 East Broadway, Waukesha, WI 53186, 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 01/07/2026, a complaint investigation and a verification visit was concluded for New Perspective Waukesha 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) #3WK912 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #3WK912 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, Southern Regional Office, at DHSDQABALSRO@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. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **New Perspective Waukesha**:

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee shall ensure all kitchen equipment is maintained in a clean manner and in good repair.

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve the equipment violation issued under Wis. Admin. Code § DHS 83.41(1)(b) as identified in Statement of Deficiency 3WK912. The licensee will provide training to all employees with food service responsibilities on the corrective actions taken to resolve the deficiency.

Additionally,

The licensee shall retain documentation to verify any necessary repairs have been completed. Acceptable documentation may include invoices, receipts, service reports, or contracts. All documentation required by Order #1 will be made available to department representatives upon request.

AMENDED 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 #3WK912. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $1,100.00 and IS IMPOSED** for the following violations described in SOD #3WK912.

Amended Stipulated Settlement Agreement Case ML-26-0117:

In accordance with the Stipulated Settlement Agreement **paragraph 11.3** states failure to pay the full amount within 10 days, a 10% late fee of $1,100.00 will be applied. The Stipulated Settlement Agreement **paragraph 11.4** states the forfeiture amount shall be paid within 30 days of the date the agreement has been fully executed. Prior to the 30 day deadline, you may request a waiver of 10% late fee.

The decision to waive the 10% late fee is decided by the Office of Legal Counsel (OLC) and the Bureau of Assisted Living (BAL) Director. Send your waiver late fee request to DHSDQABALCentral@dhs.wisconsin.gov

TAG	DHS Code	Forfeiture Amount
N0389	**83.35(3)(d)**	**$500.00**
N0431	**83.35(3)(d)**	**$300.00**
N0446	**83.41(1)(b)**	**$300.00**

Total Forfeiture Due: $1,100.00

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

Please make the forfeiture payment payable to "*DHS 639*" and send it to:

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

* 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.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.03(5g)(cm), if the Department imposes a sanction on, or takes other enforcement action against a community-based residential facility 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 community-based residential facility.

On 01/07/2026, a verification visit was concluded at New Perspective Waukesha by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) **#3WK911** 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:

Division of Quality Assurance
Bureau of Assisted Living
Southern Regional Office
Room E300
201 East 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 New Perspective Waukesha. There are no appeal rights for revisit fees.

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 Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

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

Enclosure
KB/SS