Tony Evers
Governor

Kristen L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
NORTHWESTERN REGIONAL OFFICE
610 GIBSON ST SUITE 1
EAU CLAIRE WI 54701-3687

Telephone: 715-836-4790
Fax: 608-224-5705
TTY: 711 or 800-947-3529

July 10, 2025

ELECTRONIC MAIL
SOD #43UD11

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

Justin Wray
1006 Mobile Street
Dallas, TX 75208

C/O Licensee: Abilit Holdings Tomahawk LLC

Re: Milestone Senior Living Lincoln CBRF, 0017059
314 E Lincoln Ave
Tomahawk, WI 54487

Dear Justin Wray:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Milestone Senior Living Lincoln CBRF, located at 314 E Lincoln Ave, 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 12, 2025, a standard survey & complaint investigation was concluded for Milestone Senior Living Lincoln CBRF 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) #43UD11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #43UD11 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, Northwestern Regional Office, at DHSDQABALWRO@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 Milestone Senior Living Lincoln CBRF NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until all violations in Statement of Deficiency 43UD11 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 **Milestone Senior Living Lincoln CBRF**:

CONSULTANT REQUIRED
1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., effective immediately, the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights

are respected. The licensee will correct all deficiencies identified in Statement of Deficiency (SOD) 43UD11 in consultation with a qualified professional, not currently affiliated with the licensee, at the licensee's expense. The consultant 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 Milestone Senior Living Lincoln CBRF. The licensee will provide the consultant with a copy of the SOD 43UD11, along with this Notice and Order letter prior to providing consultation services.

In collaboration with the consultant, the licensee shall develop and implement corrective measures to address:

Qualified and Adequate Staff, including how the provider will ensure:
-Each employee has a complete caregiver background check following procedures under Wis. Stat. § 50.065, Stats., and Wis. Admin. Code ch. DHS 12;
- All current and prospective employees shall have the necessary skills and training to fulfill job duties;
- At least one qualified resident care staff is present in the CBRF when one or more residents are present in the facility. "Qualified resident care staff" means an employee who has successfully completed all of the applicable training and orientation under subch. IV. ;
- Staffing patterns will be sufficient to meet the personal care needs of residents, to ensure needed supervision, to provide needed services (e.g., toileting, bathing, medication management, guidance, interventions to prevent falls, personal cares, meals), and to facilitate a safe evacuation of the building in the event of an emergency;
- When a resident or residents (as a group) require the assistance of two or more staff members to address care and service needs, to provide supervision, or to evacuate the building in an emergency, the licensee will ensure sufficient, qualified staff members are on duty and immediately available at all times.

Health Monitoring, including how the provider will:
(a) monitor and document changes in the resident's health or mental health, and ensure a resident's record includes all elements to satisfy the requirements under Wis. Admin. Code § DHS 83.42(1), (b) notify the physician, notify the resident's legal representative or family, notify the care manager (if any) when a resident experiences a change of condition, accident, injury, or medical emergency, (c) obtain timely medical care (clinical assessments, prompt medical treatment), (d) review and revise individualized service plans annually or when there is a change in a resident's needs, abilities or physical or mental condition, and (e) provide or arrange prompt and adequate services to address each resident's health care needs.

Pressure Injury Prevention, including how the provider will:
(a) assess risk factors contributing to skin integrity concerns including pressure injuries; (b) implement pressure injury prevention and treatment; (c) monitor and document changes in a resident's health (d) notify the physician, notify the resident's legal representative or family, notify the care manager (if any) when a resident experiences a change in health status or medical emergency; (e) ensure timely medical assessments and

emergency medical care; (f) review and revise individualized service plans annually or when there is a change in a resident's needs, abilities or physical or mental condition, and (g) implement standards of practice for medical records to ensure each resident's record is accurate, current, and complete.
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.

Additionally:
- All managers and resident care staff (as appropriate) will receive in-service training regarding the provider's corrective measures required by Order #1.
- Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

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 #43UD11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $10,480 IS IMPOSED** for the following violations described in SOD #43UD11.

TAG	DHS Code	Forfeiture Amount
N 196	**83.14(2)**	**$500**
N 161	**83.12(3)(a)**	**$1000**
N 165	**83.12(4)(c)**	**$200**
N 169	**83.12(5)(a)**	**$1000**
N 219	**83.17(1)**	**$600**
N 220	**83.17(2)(a)**	**$150**
N 230	**83.19**	**$400**
N 239	**83.20(2)(a)-(d)**	**$800**
N 243	**83.21(1)-(3)**	**$1600**
N 352	**83.32(3)(h)**	**$680**
N 389	**83.35(3)(d)**	**$1500**
N 396	**83.36(1)(6)**	**$1250**
N 431	**83.38(1)(g)**	**$400**
N 526	**83.47(2)(e)**	**$400**

* 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.

Total Forfeiture Due: $10,480

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 # 43UD11, **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 $6,812.

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

QUALITY ASSURANCE ANALYST
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.

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 William R. Gardner, Assisted Living Regional Director, at (715) 836-4029.

Sincerely,

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

Enclosure

KB/JAJ

cc: Ombudsman, Lincoln County

Aging/Disability Resource Center, Lincoln County
Lincoln County Human Services
Waiver Agencies
Division of Medicaid Services