Tony Evers
Governor

Kirsten L. Johnson
Secretary

**State of Wisconsin**
Department of Health Services

**DIVISION OF QUALITY ASSURANCE**

BUREAU OF ASSISTED LIVING
SOUTHEASTERN REGIONAL OFFICE
819 N 6TH ST ROOM 609B
MILWAUKEE WI 53203-1606

Telephone: 414-227-2005
Fax: 414-227-3903
TTY: 711 or 800-947-3529

February 15, 2024

**ELECTRONIC MAIL**
SOD #4L6J12

## NOTICE and ORDER

## NOTICE OF VIOLATION

## ORDER TO COMPLY WITH REQUIRMENTS

## NOTICE OF SPECIAL ORDERS

## NOTICE OF REVISIT FEE

Taral Patel
3839 Blossom Drive
Racine, WI 53406

C/O Licensee: Aarna Family Care LLC

**Re:** Aarna Family Care LLC, 0016897
2427 Russet Street
Racine, WI 53405

Dear Taral Patel:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Aarna Family Care LLC, located at 2427 Russet Street, Racine, 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 January 2, 2024, a standard survey, verification visit and four complaint investigations were concluded for Aarna Family Care LLC 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) #4L6J12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #4L6J12 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, Southeastern Regional Office, at DHSDQABALSERO@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. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Aarna Family Care LLC:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure medication management and administration is safe and accurate. The licensee's corrective measures will ensure:

- Every prescription medication shall be securely stored, remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. All medications controlled by the licensee shall be kept in a locked place.

**WITHIN 45 DAYS** of receipt of this notice, the licensee shall provide training to all service providers, with assigned duties for medication management and administration, on the corrective actions taken to resolve the prescription medication deficiency identified in Statement of Deficiency LCO312. Training will be documented in personnel records and will include the

date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to ensure the home is safe and free of hazards. The licensee will ensure the hot water in all areas accessible to residents does not exceed safe temperatures.

**WITHIN 45 DAYS** of receipt of this notice, the licensee will develop (or revise) and implement a written procedure for routine monitoring of hot water temperatures. The written procedure will include specific measures the provider will take if recorded water temperatures exceed safe levels. Monitoring will be documented.

All documentation required by Order #1 will be made available to department representatives upon request.

## 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 January 2, 2024, a verification visit was concluded at Aarna Family Care LLC by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #4L6J11 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
Southeastern Regional Office
819 North 6th St., Room 609B
Milwaukee, WI 53203-1606

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 Aarna Family Care LLC. There are no appeal rights for revisit fees.

* * *

If you have questions about this letter, please contact MaryBeth Hoffman Assisted Living Regional Director, at (414)227-2005.

Sincerely,

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

Enclosure
KB/ram