DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
201 East Washington Ave
Room E300
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

August 31, 2026

ELECTRONIC MAIL
SOD # 5FIK12

NOTICE and ORDER

NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIREMENTS
NOTICE OF SPECIAL ORDERS
NOTICE OF IMPOSED FORFEITURE
NOTICE OF RIGHT TO APPEAL

Stephanie Fish
5601 Burke Road
Madison, WI 53718

C/O Operator: SNH WIS Tenant LLC

Re: Charter Senior Living- Madison (001777)
5601 Burke Rd
Madison, WI 53718

Dear Stephanie Fish:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the operator of Charter Senior Living-Madison, located at 5601 Burke Rd, Madison, WI 53718, 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 July 7, 2026, a verification visit was concluded for Charter Senior Living-Madison 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) #5FIK12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 89, which establish the grounds for this action. SOD #5FIK12 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 Southern Regional Office at PO Box 2969, Madison, WI 53701-2969.*

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, Southern Regional Office, at DHSDQABALSRO@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-Madison:**

1. **Pursuant to Wis. Admin. Code § DHS 89.56(3)(c), the operator shall develop and implement corrective measures to ensure medication administration and management services are provided to meet the needs and preferences of the tenant, as identified in the tenant's service agreement.**

WITHIN 7 DAYS of receipt of this notice, the operator shall provide Tenant 1 and Tenant 5, or their legal representative, and the case manager (if any) with a copy of Statement of

Deficiency 5FIK12 and a copy of this Notice and Order letter. The operator 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 tenant or legal representative, and case manager.

WITHIN 45 DAYS of receipt of this notice, the operator shall ensure nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a registered nurse.
- When assigned, delegated nursing tasks will be addressed in the RCAC employee's job description and personnel file. The employee's file will include a written plan for RN supervision and direction of delegated nursing acts. In the supervision and direction of delegated nursing acts an RN shall: a) delegate tasks commensurate with education, preparation, and demonstrated abilities of the person supervised; b) provide direction and assistance to those supervised; c) observe and monitor the activities of those supervised; and d) evaluate the effectiveness of acts performed under supervision.

ADDTIONALLY,

WITHIN 45 DAYS of receipt of this notice, the operator shall develop (or review) a written procedure to address:

Medication Management and Administration
-Including how the operator will: a) document medication orders, medication administration, and missed/refused doses; b) administer medications to ensure tenants receive medications at the intervals and dosages prescribed; c) prevent medication errors; d) respond to medication errors if they occur; and e) monitor for adverse side effects.

All managers and service providers with responsibilities for medication administration or management shall receive training regarding the provider's written procedure required by Order #1. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

All documentation to evidence compliance with Order #1 will be made available to the department representatives upon request.

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

* 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.

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 #5FIK12. 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 $8100.00 IS IMPOSED** for the following violations described in SOD #5FIK12. Some of the forfeitures may accrue daily until compliance is achieved and verified for that cited violation.

TAG	DHS CODE	AMOUNT($)
U118	**89.23(2)(a)2.c**	**$7300.00**
U134	**89.23(4)(d)1**	**$800.00**

Total Forfeiture Due: $8100.00

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 #5FIK12, **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 $5265.00.

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

ENFORCEMENT SPECIALIST
DHS / DQA / BAL
PO BOX 2969
MADISON, WI 53701-2969

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.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.034(10), if the Department takes enforcement action against a residential care apartment complex 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 residential care apartment complex.

On July 7, 2026, a verification visit was concluded at Charter Senior Living- Madison by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #5FIK11 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 455
PO Box 2969
Madison, WI 53701-2969

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 Charter Senior Living- Madison. There are no appeal rights for revisit fees.

* * *

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/MSE