

Tony Evers  
Governor



Andrea Palm  
Secretary

State of Wisconsin  
Department of Health Services

DIVISION OF QUALITY ASSURANCE  
BUREAU OF ASSISTED LIVING  
MADISON/SOUTHERN REGIONAL OFFICE  
PO BOX 7940  
MADISON WI 53707-7940

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

September 12, 2019

**ELECTRONIC DELIVERY**  
SOD ID 63Y011

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO SUBMIT A PLAN OF CORRECTION**

**NOTICE OF IMPOSED FORFEITURE**

**NOTICE OF RIGHT TO APPEAL**

Curt Crotty  
13663 245<sup>th</sup> Ave.  
Bloomer, WI 54729

Re: Tender Reflections of Elkhorn, (0015732)  
1550 Country Club Parkway  
Elkhorn, WI 53121

Dear Curt Crotty:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Tender Reflections of Elkhorn, located at 1550 Country Club Parkway, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (DHS) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code DHS ch. 83.

**NOTICE OF VIOLATION**

On June 7, 2019, a survey and complaint investigation was conducted at Tender Reflections of Elkhorn by the Division of Quality Assurance (DQA), Bureau of Assisted Living (BAL), to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code DHS ch. 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). DHS is issuing Statement of Deficiency (SOD) ID 63Y011 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code DHS ch. 83, which establish the grounds for this action. SOD ID 63Y011 is attached.

### **ORDER TO SUBMIT A PLAN OF CORRECTION**

According to Wis. Stat. § 50.03(5g)(b)4., and Wis. Admin. Code § DHS 83.07(10)(a), you must submit a Plan of Correction with proposed completion dates. You have elected to receive SODs and provide Plans of Corrections electronically. Document your plans of correction and completion dates on the form F-00344 Plan of Correction as instructed in the email by which you received this notice.

Please return the completed POC form F-00344 via email to the Bureau of Assisted Living Southern Regional Office at [DHSDQABALSRO@dhs.wisconsin.gov](mailto:DHSDQABALSRO@dhs.wisconsin.gov) within **Ten (10)** days of receipt of this NOTICE and ORDER.

Your **PLAN OF CORRECTION** must address all of the following:

1. What corrective action and system changes will be made to ensure violations are corrected and regulatory compliance is maintained?
2. Who is responsible for monitoring for continued regulatory compliance?
3. Department Orders, if applicable. Submit documentation, if requested.
4. Date of completion for each corrective action (Violation, Order).

### **NOTICE OF FORFEITURE\***

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according to Wis. Stat. § 50.03(5g)(c)1.b., DHS 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.

DHS has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #63Y011. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$700.00 IS IMPOSED** for the following violations described in SOD #63Y011. Some of the forfeitures may accrue daily until compliance is achieved and verified for that cited violation.

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\* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by DHS are deposited in the State's School Fund.

<u>TAG</u>	<u>DHS CODE</u>	<u>AMOUNT(\$)</u>
N165	83.12(4)(c )	\$150.00
N383	83.25(1)(c )	\$250.00
N389	83.35(3)(d)	\$300.00
Total		\$700.00

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 #63Y011, **AND** any Orders contained in this NOTICE and ORDER, then DHS 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 DHS within ten (10) days of receipt of this NOTICE and ORDER is \$455.00.

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. § 50.03(5g)(b) and (f), you may request an administrative hearing of DHS’s action. To notify DHS 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.**

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.

\* \* \*

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

Sincerely,



Alfred C. Johnson, Assisted Living Director  
Bureau of Assisted Living

Curt Crotty  
Tender Reflections of Elkhorn  
September 12, 2019  
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Division of Quality Assurance

ACJ: MSE

Enclosure

cc: Ombudsman, Walworth County  
Aging/Disability Resource Center, Walworth County  
Walworth County Human Services  
Waiver Agencies  
IRIS  
Bureau of Assisted Living Enforcement