Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

NORTHEASTERN REGIONAL OFFICE
200 NORTH JEFFERSON STREET SUITE 501
GREEN BAY WI 54301

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July 2, 2026

ELECTRONIC MAIL

SOD#6D4112

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Deililiah Wimberly
510 White Oak Ave.
Plover, WI 54467

C/O Licensee: Heartfelt Cares Assisted Living LLC

Re: Heartfelt Cares AFH (0020893)
510 White Oak Ave.
Plover, WI 54467

Dear Deililiah Wimberly:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Heartfelt Cares AFH, located at 510 White Oak Ave., Plover, WI 54467, 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 June 18, 2026, a verification visit and complaint investigation were concluded for Heartfelt Cares AFH 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) #6D4112 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #6D4112 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, Northeastern Regional Office, at DHSDQABALNERO@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 authority provided in Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Heartfelt Cares AFH NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in Statement of Deficiency 6D4112 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. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Heartfelt Cares AFH:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., EFFECTIVE IMMEDIATELY, the licensee shall ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.

WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency (SOD) 6D4112 and a copy of this Notice and Order letter. The licensee 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 legal representative and case manager.

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to address each deficiency issued in SOD 6D4112 in consultation with a registered nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The RN will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Heartfelt Cares AFH. The licensee will provide the consultant with a copy of SOD 6D4112, along with this Notice and Order letter prior to providing consultation services. Consultation will include the development (or revision) of written procedures to address:

ADMISSION PROCESS, including how the licensee will ensure:
- Sufficient information is obtained from a prospective resident prior to admission to determine whether the person's needs can be met with the services identified in the home's program statement.
- Each resident receives a health examination by a physician to identify health concerns.
- Each resident is comprehensively assessed and the assessment is documented.
- Screening for communicable disease, including TB is completed within 90 days before admission or 7 days after admission.
- Written information regarding services available and the charge for those services is provided prior to admission.
- Service agreements are given in writing, signed, and dated by the resident or resident's legal representative.
- Written orders from the prescribing practitioner are obtained and medications are available to be administered as prescribed.
- Resident rights, grievance procedure, and house rules, if any, are provided and explained.
- Evaluation of resident evacuation limitations, using the department's form, is completed within 3 day of admission.
- All staff responsible for providing services to a resident will review the service plan and provide services in accordance with the plan.
- Each resident shall have a separate record and include all required information and documentation as specified by Wis. Admin. Code § DHS 88.09(1)(a).

Individual Service Plan/Assessment, including how the licensee will ensure:
- A comprehensive written assessment and individual service plan (ISP) are completed and on file for each resident within 30 days after placement.
- Resident assessments and ISPs will identify services, approaches and interventions appropriate to meet the needs of the resident.

- Each resident's ISP will be reviewed at least once every 6 months by the licensee, the resident, the resident's legal representative, and the placing agency, if applicable. The resident will be participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan will be obtained.
- All staff responsible for providing services to a resident will review the ISP and provide services in accordance with the plan.

Additionally:
All managers, and service providers (as appropriate) will receive training on the procedures 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.

Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant.

All documentation to evidence compliance with 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 June 18, 2026, a verification visit was concluded at Heartfelt Cares AFH by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #6D4111 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
Northeastern Regional Office
200 North Jefferson Street, Suite 501
Green Bay, WI 54301

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 Heartfelt Cares AFH. There are no appeal rights for revisit fees.

* * *

If you have questions about this letter, please contact Vicky Wittman, Assisted Living Regional Director, at (920) 448-4800.

Sincerely,

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

Enclosure
KB/clr

cc: Ombudsman, Portage County
Aging/Disability Resource Center, Portage County
Portage County Human Services
Waiver Agencies
Division of Medicaid Services
Disability Rights Wisconsin
Department of Corrections