

Tony Evers
Governor



Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
Room 455
PO BOX 2969
MADISON WI 53701-2969

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

January 6, 2026

ELECTRONIC MAIL
SOD # 78UP11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF RIGHT TO APPEAL

Jonathan Moyer
101 Hometown Ave
Fall River, WI 54720

C/O Operator: The Meadows of Fall River LLC

Re: The Meadows of Fall River (0013097)
101 Hometown Ave
Fall River, WI 53092

Dear Jonathan Moyer:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the operator of The Meadows of Fall River, located at 101 Hometown Ave, Fall River, WI 53932, 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 October 23, 2025, a standard survey was concluded for The Meadows of Fall River 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) #78UP11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 89, which establish the grounds for this action. SOD #78UP11 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 **The Meadows of Fall River:**

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

WITHIN 45 DAYS of receipt of this notice, the operator shall provide training to managers and service providers, with medication administration responsibilities, on the corrective actions taken to resolve the deficiency related to Wis. Admin. Code § DHS 89.23(2)(a)2.c. as

identified in Statement of Deficiency 78UP11. 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 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.

* * *

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

Sincerely,

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The Meadows of Fall River
January 6, 2026

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is stylized with a large, looped "B" and a long, sweeping underline.

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

Enclosure
KB/MSE