

Tony Evers  
Governor



**DIVISION OF QUALITY ASSURANCE**  
NORTHEASTERN REGIONAL OFFICE  
200 NORTH JEFFERSON STREET SUITE 501  
GREEN BAY WI 54301

Kirsten L. Johnson  
Secretary

**State of Wisconsin**  
Department of Health Services

Telephone: 920-448-5252  
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TTY: 711 or 800-947-3529

June 23, 2026

**ELECTRONIC MAIL**  
SOD #7YHT11

**NOTICE and ORDER**  
**NOTICE OF VIOLATION**  
**ORDER TO COMPLY WITH REQUIREMENTS**  
**NOTICE OF SPECIAL ORDERS**

Charmaine Brea  
910 S Main Street  
West Bend, WI 53095

C/O Licensee: Love Hope Faith Homes of WI LLC

**Re:** Love Hope Faith Homes of WI LLC (0019587)  
1310 S 7<sup>th</sup> Avenue  
West Bend, WI 53095

Dear Charmaine Brea:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Love Hope Faith Homes of WI LLC, located at 1310 S 7<sup>th</sup> Avenue, West Bend, WI 53095, 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 April 22, 2026, a Standard Survey and Self Report Review were concluded for Love Hope Faith Homes of WI 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) #7YHT11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #7YHT11 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.

### **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 **Love Hope Faith Homes of WI LLC**:

**1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee's corrective measures shall include the following:**

**WITHIN 7 DAYS of receipt of this notice, the licensee shall provide each current resident's legal representative and case manager (if any) with a copy of Statement of Deficiency 7YHT11 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 review the training records for each service provider and ensure the following:**

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- The licensee and each service provider shall complete 8 hours of training related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received.
- Each service provider who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions prior to assuming duties that may expose the service provider to such material, and annually.
- Continuing education requirements must be met for the licensee and all service providers, as appropriate, for calendar year 2025. Training will be provided by qualified instructors. Additionally,
- Training will be documented in employee files and will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements.
- All documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.

\* \* \*

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with a long horizontal line extending from the end.

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

Enclosure  
KB/CC