

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 E300  
201 East Washington Ave  
MADISON WI 53703

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

May 11, 2026

**ELECTRONIC MAIL**

SOD #86UQ13

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIREMENTS**

**NOTICE OF SPECIAL ORDERS**

**NOTICE OF REVISIT FEE**

Tremaine Brown  
1519 Pleasant View  
Waukesha, WI 53188

C/O Licensee: The Brown House LLC

**Re:** Brown House Luxury Living Home A (0019067)  
421 Century Oak Dr.  
Waukesha, WI 53188

Dear Tremaine Brown:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Brown House Luxury Living Home A, located at 421 Century Oak Dr., Waukesha, WI n 53188, 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 03/26/2026, a verification visit was concluded for Brown House Luxury Living Home A 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) #86UQ13 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #86UQ13 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, Southern Regional Office, at [DHSDQABALSRO@dhs.wisconsin.gov](mailto:DHSDQABALSRO@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 **Brown House Luxury Living Home A:**

**1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with requirements specified in Wis. Admin. Code § DHS 88.05(4)(d)1. and have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire.**

**WITHIN 45 DAYS** of receipt of this notice, the licensee's corrective measures will address:

**- Developing a written fire safety evacuation plan to facilitate a safe and immediate evacuation of all residents on a 24-hour basis. The evacuation plan will ensure access to at least two safe and unobstructed means of exiting the home at all times, in accordance with requirements specified in Wis. Admin. Code § DHS 88.05(4)(c)1.**

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**- Implementing staffing patterns that will be sufficient to facilitate an immediate and safe evacuation of all residents of the home in the event of a fire. A copy of the written fire safety evacuation plan required by Order #1 will be 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 03/26/2026, a verification visit was concluded at Brown House Luxury Living Home A by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #86UQ12 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 E300  
201 East Washington Ave.  
Madison, WI 53703**

**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 Brown House Luxury Living Home A. 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,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with the first name "Kenneth" and last name "Brotheridge" clearly distinguishable.

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

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Enclosure  
KB:SS