Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
SOUTHEASTERN REGIONAL OFFICE
819 N 6TH ST ROOM 609B
MILWAUKEE WI 53203-1606

Telephone: 414-227-2005
Fax: 414-227-3903
TTY: 711 or 800-947-3529

March 22, 2024

ELECTRONIC MAIL
SOD #8IRI12

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Mark A Gill
35189 Via Laguna
Winchester, CA 92596

C/O Licensee: K&D Adult Family Home LLC

Re: K&D AFH LLC 3, 0013710
3709 10th Ave
Racine, WI 53402

Dear Mark A Gill:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of K&D AFH LLC 3, located at 3709 10th Ave, Racine, 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 February 5, 2024, a standard survey, verification visit, and complaint investigation were concluded for K&D AFH LLC 3 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) #8IRI12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #8IRI12 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, Southeastern Regional Office, at DHSDQABALSERO@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 **K&D AFH LLC 3:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., **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 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) 8IRI12. The licensee will immediately address all potential health or safety hazards. The licensee's corrective measures shall ensure the following:

A. Resident Rights

- Residents will not be required to share their home and living space with residents from other settings.
- Residents will not be required to leave their residence to accommodate staffing patterns or to accommodate the needs of other residents. Whenever a resident or residents are present in a licensed entity, the licensee will arrange for a qualified service provider to be available in the licensed entity to provide the services and supervision specified in the resident's service plan.

- The assigned staff will be separate and have distinct duties related to the care and services for residents at K & D AFH LLC 3 located at 3709 10th Avenue, Racine, WI 53402. The assigned staff will not be shared with other programs.

B. Screened and Trained Employees

Screening, each service provider's record shall include:

- Evidence of a complete background check in accordance with Wis. Stat. § 50.065, Stats., and Wis. Admin. Code ch. DHS 12.

- Documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating the employee has been screened for clinically apparent communicable disease including tuberculosis.

Training:

- Each service provider employed at least 6 months will have completed all initial training as required by Wis. Admin. Code § DHS 88.04(5)(a).

- 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.

- Every year beginning with the calendar year after the year in which the initial training is received, the licensee and each service provider shall complete 8 hours of training related to the health, safety, welfare, rights and treatment of residents

WITHIN 45 DAYS of receipt of this notice, continuing education requirements must be met for the licensee and all service providers, as appropriate, for calendar year 2023.

WITHIN 45 DAYS of receipt of this notice, the licensee will provide training to all service providers on the corrective actions taken to resolve each deficient practice identified in SOD 8IRI12. Training will be documented in personnel records and will include the date/duration of

training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., **WITHIN 7 DAYS** of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each resident with a copy of Statement of Deficiency 8IRI12 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the Department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the 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 February 5, 2024, a verification visit was concluded at K&D AFH LLC 3 by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #8IRI11 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
Southeastern Regional Office
819 North 6th St., Room 609B
Milwaukee, WI 53203-1606

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 K&D AFH LLC 3. There are no appeal rights for revisit fees.

* * *

If you have questions about this letter, please contact MaryBeth Hoffman Assisted Living Regional Director, at (414)227-2005.

Sincerely,

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

Enclosure
KB/ram