

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

May 1, 2026

**ELECTRONIC MAIL**  
SOD #8TU714

**NOTICE and ORDER**  
**NOTICE OF VIOLATION**  
**ORDER TO COMPLY WITH REQUIREMENTS**  
**NOTICE OF SPECIAL ORDERS**  
**NOTICE OF IMPOSED FORFEITURE**  
**NOTICE OF RIGHT TO APPEAL**  
**NOTICE OF REVISIT FEE**

Mike Gulock  
3601 S Chicago Avenue  
South Milwaukee, WI 53172

C/O Licensee: CHI Living Communities

**Re:** Francis House (0016783)  
3601 S Chicago Avenue  
South Milwaukee, WI 53172

Dear Mike Gulock:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Francis House, located at 3601 S Chicago Avenue, South Milwaukee, WI 53172, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

**NOTICE OF VIOLATION**

On March 18, 2026, a complaint investigation and verification visit were concluded for Francis House 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 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of Deficiency (SOD) #8TU714 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #8TU714 is enclosed.

### **ORDER TO COMPLY WITH REQUIREMENTS**

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility 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. § 50.03(5g)(cm), 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](mailto: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. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Francis House**:

**1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., effective immediately, the licensee shall provide a living environment that is safe, clean, comfortable, and homelike. The licensee will ensure environmental concerns identified in Statement of Deficiency (SOD) 8TU713 are resolved. Flooring, furniture, and fixtures that cannot be properly cleaned or repaired will be replaced. All potential health or safety hazards will be addressed immediately.**

**WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for Resident 16, Resident 17, Resident 19, Resident 22, Resident 23, Resident 25, Resident 26, and Resident 27 with a copy of SOD 8TU713, SOD 8TU714 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's corrective measures shall include the development (or review) of a written procedure to address:

**Home Environment, how the licensee will ensure:**

- a. Timely repairs and scheduled maintenance of the home; and**
- b. Scheduled and 'as needed' housekeeping to maintain a safe, clean, home-like environment.**

The licensee shall provide training to all managers and resident care staff on the written procedure 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.

**ADDITIONALLY, WITHIN 45 DAYS** of receipt of this notice, the licensee shall conduct an emergency evacuation drill in accordance with Wis. Admin. Code § DHS 83.47(2)(e). Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. All documentation required by Order #1 will be made available to department representatives upon request.

#### **NOTICE OF FORFEITURE\***

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than \$10 or more than \$1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #8TU714. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$1,150.00 IS IMPOSED** for the following violations described in SOD #8TU714.

| <b><u>TAG</u></b> | <b><u>DHS Code</u></b> | <b><u>Forfeiture Amount</u></b> |
|-------------------|------------------------|---------------------------------|
| <b>N 196</b>      | <b>83.14(2)(a)</b>     | <b>\$500.00</b>                 |
| <b>N 481</b>      | <b>83.43(1)</b>        | <b>\$500.00</b>                 |
| <b>N 526</b>      | <b>83.47(2)(e)</b>     | <b>\$150.00</b>                 |

**Total Forfeiture Due: \$1,150.00**

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

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\* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State's School Fund.

**REDUCED FORFEITURE OPTION**

If you choose not to appeal the forfeiture, any of the violations in SOD #8TU714, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is \$747.50.

Please make the forfeiture payment payable to “*DHS 639*” and send it to:

ENFORCEMENT SPECIALIST  
DHS / DQA / BAL  
PO BOX 2969  
MADISON, WI 53701-2969

**NOTICE OF RIGHT TO APPEAL**

According to Wis. Stat. § 50.03(5g)(b) and (f), 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 (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

CBRF APPEAL  
DHA  
P.O. 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;
- ✓ What you are appealing (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. § 50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

### **NOTICE OF REVISIT FEE**

According to Wis. Stat. § 50.03(5g)(cm), if the Department imposes a sanction on, or takes other enforcement action against a community-based residential facility 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 community-based residential facility.

On March 18, 2026, a verification visit was concluded at Francis House by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #8TU713 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 6<sup>th</sup> 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 Francis House. There are no appeal rights for revisit fees.

### **POSTING OF NOTICES**

According to Wis. Admin. Code DHS § 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

\* \* \*

Page 6 of 6  
Francis House  
May 1, 2026

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

Sincerely,

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

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

Enclosure  
KB/CC