Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

NORTHEASTERN REGIONAL OFFICE
200 NORTH JEFFERSON STREET SUITE 501
GREEN BAY WI 54301

Telephone: 920-448-5252
Fax: 608-224-5704
TTY: 711 or 800-947-3529

September 26, 2023

ELECTRONIC MAIL
SOD#9UVY11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

Glenn Draxler
5512 Kellner Road
Wisconsin Rapids, WI 54495

C/O Licensee: River City Estates LLC

Re: River City Estates V (0013045)
1810 Lincoln Street
Wisconsin Rapids, WI 54495

Dear Glenn Draxler:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of River City Estates V, located at 1810 Lincoln Street, Wisconsin Rapids, WI 54495, 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 August 30, 2023, a Complaint Investigation was concluded for River City Estates V 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) #9UVY11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #9UVY11 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 **River City Estates V:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure each resident receives proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. Upon learning of an incident of alleged misconduct, the licensee shall take whatever steps are necessary to ensure residents are protected from subsequent episodes of misconduct while a determination on the matter is pending. The licensee's corrective measures will include the development (or review) of a written procedure to address:

Caregiver Misconduct

- For any allegation of caregiver misconduct, the licensee shall immediately take steps to ensure the safety of all residents, conduct an investigation, and maintain documentation of any investigation.
- Notification to local law enforcement authorities shall be made in any situation where there is a potential criminal offense.

- Allegations of abuse, neglect or misappropriation committed by any person employed by, under contract with, or otherwise under the control of the entity shall be reported to the department within 7 calendar days from the date the entity knew or should have known about the misconduct.
Wisconsin Caregiver Program references and resources are available through:
https://www.dhs.wisconsin.gov/misconduct/index.htm
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ADDITIONALLY, WITHIN 7 DAYS of receipt of this notice, the licensee shall ensure a copy of the investigation reports along with DQA form F-62447 have been submitted to the Department's Office of Caregiver Quality (OCQ) for the alleged incident of caregiver misconduct described in Statement of Deficiency 9UVY11.
WITHIN 45 DAYS of receipt of this notice, the licensee will ensure each manager and service provider receives training regarding the licensee's 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 evidence of successful completion of the training. A copy of the written procedure required for Order #1 will be made available to department representatives upon request.

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 case manager (if any) for each current resident with a copy of Statement of Deficiency 9UVY11 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.

* * *

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

Sincerely,

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

Enclosure
KB/CC