Tony Evers
Governor

Kristen L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
NORTHWESTERN REGIONAL OFFICE
PO BOX 48
EAU CLAIRE WI 54702

Telephone: 715-836-4790
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November 25, 2025

ELECTRONIC MAIL
SOD #BOLC15

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Marilynne Harrison
PO Box 55
Shell Lake, WI 54871

C/O Licensee: Ripley Shores AFH

Re: Ripley Shores AFH, 0016533
N1989 Ripley Shores Drive
Sarona, WI 54870

Dear Marilynne Harrison:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Ripley Shores AFH, located at N1989 Ripley Shores Drive, 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 October 14, 2025, a self-report investigation & verification visit were concluded for Ripley Shores AFH 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) #BOLC15 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #BOLC15 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, Northwestern Regional Office, at DHSDQABALWRO@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 **Ripley Shores AFH:**

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.

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 BOLC15 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 14 DAYS of receipt of this notice, the licensee shall review and revise Resident 1's individual service plan (ISP) to ensure the ISP contains at least the following:
a) A description of the services the licensee will provide to meet assessed need.
b) Identification of the level of supervision required in the home and community.

c) Descriptions of services provided by outside agencies.
d) Identification of who will monitor the plan.
e) A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.

The licensee will ensure all staff responsible for providing services will review the updated ISP and will provide services in accordance with the plan.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall include, at a minimum, the development (or review) of a written procedure to address:

Employee Communicable Disease Screening including Tuberculosis, how the provider will ensure:
- The personnel record for each employee contains documentation from a physician, a registered nurse or a physician's assistant indicating each service provider has been screened for illness detrimental to residents, including for tuberculosis.
- The documentation is to be completed within 90 days before the start of providing service.
- The documentation shall be kept confidential except that the department shall have access to the documentation for verification.
- No employee who has a communicable disease reportable under DHS 145 may work in a position in the adult family home where the disease would present a significant risk to the health or safety of residents.

Additional information can be found in the following publications:

https://www.dhs.wisconsin.gov/publications/p02530.pdf
https://www.dhs.wisconsin.gov/publications/p02382.pdf

The licensee shall provide training on the written procedure to all employees with assigned tasks to obtain, verify, or document communicable disease screening information in personnel records.

All documentation to evidence compliance with Order #1 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 October 14, 2025, a verification visit was concluded at Ripley Shores AFH by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in

Statement of Deficiency (SOD) #BOLC14 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
Northwestern Regional Office
PO Box 48
Eau Claire, WI 54702

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in the issuance of a subsequent statement of deficiency with additional enforcement sanctions against Ripley Shores AFH. There are no appeal rights for revisit fees.

* * *

If you have questions about this letter, please contact the regional office at (715) 836-4790.

Sincerely,

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

Enclosure

KB/JAJ