

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
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April 13, 2026

ELECTRONIC MAIL
SOD#BSPH13

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIREMENTS
ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED
NOTICE OF SPECIAL ORDERS
NOTICE OF REVISIT FEE

Detra Ferguson
7101 N. Green Bay Ave. Ste 7
Glendale, WI 53209

C/O Licensee: Tees Direct Care LLC

Re: Tees Direct Care (0018379)
6755 North 55th St.
Milwaukee, WI 53223

Dear Detra Ferguson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Tees Direct Care, located at 6755 North 55th St., Milwaukee, 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 January 13, 2026, a verification visit was concluded for Tees Direct Care 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) #BSPH13 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #BSPH13 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.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS – EXTENDED

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **hereby extends** the **order** issued on June 3, 2025 with Statement of Deficiency (SOD) BSPH11, and on October 24, 2025 with SOD BSPH12, that **Tees Direct Care Not Admit any New or Additional Residents** until all violations in SOD BSPH13 are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

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 **Tees Direct Care**:

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall ensure each resident's right to receive all prescribed medications in the dosage and at intervals prescribed by the practitioner. The resident has the right to refuse medication unless the medication is court ordered.

WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of Statement of Deficiency (SOD) BSPH13 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 the legal representative and case manager.

WITHIN 45 DAYS of receipt of this notice, the licensee will develop and implement corrective measures to address the medication administration and documentation deficiencies identified in SOD BSPH13.

All managers and service providers with responsibilities for medication administration and management will receive inservice training regarding the provider's corrective measures. 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.

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 January 13, 2026, a verification visit was concluded at Tees Direct Care by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #BSPH12 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 Tees Direct Care. 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,

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

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

Enclosure
KB/jw

cc: Ombudsman, Milwaukee County
Aging/Disability Resource Center, Milwaukee County
Milwaukee County Human Services
Waiver Agencies
Division of Medicaid Services
Disability Rights Wisconsin