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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TTY: 711 or 800-947-3529

April 10, 2025

ELECTRONIC MAIL
SOD #CE3Z12

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF REVISIT FEE

Akil Ajmeri
3839 Blossom Drive
Mt Pleasant, WI 53406

C/O Licensee: Aashiyana Family Care LLC

Re: Aashiyana Family Care LLC Unit B, 0018953
2900 Russet Street Unit B
Racine, WI 53405

Dear Akil Ajmeri:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Aashiyana Family Care LLC Unit B, located at 2900 Russet Street Unit B, 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 March 25, 2025, a complaint investigation and verification visit were concluded for Aashiyana Family Care LLC Unit B 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 #CE3Z12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #CE3Z12 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.

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 March 25, 2025, a verification visit was concluded at Aashiyana Family Care LLC Unit B by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #CE3Z11 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 Aashiyana Family Care LLC Unit B. There are no appeal rights for revisit fees.

* * *

If you have questions about this letter, please contact Mary Beth 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