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
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April 14, 2025

ELECTRONIC MAIL
SOD# DJOE12

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Jacqueline Hignite
1977 Mayfield Road
Richfield, WI 53076

C/O Licensee: Bettes Place LLC

Re: Bettes Flats (0018917)
1515 C Highway 175
Hubertus, WI 53033

Dear Jacqueline Hignite:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Bettes Flats, located at 1515 C Highway 175, Hubertus, WI 53033, 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 23, 2024, a verification visit was concluded for Bettes Flats 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) # DJOE12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD # DJOE12 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.

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 20, 2024, with Statement of Deficiency (SOD) DJOE11 that Bettes Flats Not Admit any New or Additional Residents** until all violations in SOD DJOE12 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 **Bettes Flats:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., EFFECTIVE IMMEDIATELY, the licensee shall ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee shall develop and

implement corrective measures to resolve each deficiency identified in Statement of Deficiency DJOE12. The licensee's corrective measures shall include the following:

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 DJOE12 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. Required evidence will be made available to the department representatives upon request.

WITHIN 14 DAYS of receipt of this notice, the licensee shall hold a care conference for Resident 12, with their legal representative, and case manager, for the purpose of discussing the resident's mobility needs and the resident's access to the home and within the home.

WITHIN 45 DAYS of receipt of this notice, if compliance with Wis. Admin. Code § DHS 88.05(2)(a) is not achieved, the licensee shall establish a relocation plan addressing the discharge of any resident who is not able to walk at all, or able to walk only with difficulty, or only with the assistance of crutches, a cane or walker, or is unable to easily negotiate stairs without assistance.

WITHIN 45 DAYS of receipt of this notice, the licensee shall review the record for each current resident to ensure:
- A comprehensive written assessment and individual service plan (ISP) are completed and on file for each resident within 30 days after placement.
- Resident assessments and ISPs will identify services, approaches, and interventions appropriate to meet the needs of the resident.
- Each resident's ISP will be reviewed at least once every 6 months by the licensee, the resident, the resident's legal representative, and the placing agency, if applicable. The resident will be participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan will be obtained.
- All staff responsible for providing services to a resident will review the ISP and provide services in accordance with the plan.

Documentation to verify compliance with order #1 will be made available to 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 23, 2024, a verification visit was concluded at Bettes Flats by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #DJOE11 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
Northeastern Regional Office
200 North Jefferson Street, Suite 501
Green Bay, WI 54301

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 Bettes Flats. There are no appeal rights for revisit fees.

* * *

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/clr

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