

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

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December 23, 2024

**ELECTRONIC MAIL**  
SOD#DS0X11

**NOTICE and ORDER**  
**NOTICE OF VIOLATION**  
**ORDER TO COMPLY WITH REQUIREMENTS**  
**NOTICE OF SPECIAL ORDERS**

Tia Smith  
9400 North 107<sup>th</sup> St.  
Milwaukee, WI 53224

C/O Licensee: A Better Living Enterprise

**Re:** A Better Living Family Services Site 4 (0014544)  
3915 N 62<sup>nd</sup> St.  
Milwaukee, WI 53216

Dear Tia Smith:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of A Better Living Family Services Site 4, located at 3915 N 62<sup>nd</sup> 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 October 15, 2024, a standard licensure survey and complaint investigation was concluded for A Better Living Family Services Site 4 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) #DS0X11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD # DS0X11 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](mailto:DHSDQABALSERO@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 **A Better Living Family Services Site 4:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to protect and promote each resident's right to live in a safe environment. The licensee shall ensure each required smoke detector is in place, operating properly, and tested at least monthly. Documentation of testing will identify the individual location and operational status of each required smoke detector.

WITHIN 45 DAYS of receipt of this notice, the licensee shall provide training to all managers, and each service provider with assigned responsibility for smoke detector testing, on the corrective actions taken to resolve the deficiency issued under Wis. Admin. Code § DHS 88.05(4)(b)2., as identified in Statement of Deficiency DS0X11. 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.

\* \* \*

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 of the name.

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

Enclosure  
KB/jw