

Tony Evers  
Governor



Kirsten L. Johnson  
Secretary

**State of Wisconsin**  
**Department of Health Services**

**DIVISION OF QUALITY ASSURANCE**

BUREAU OF ASSISTED LIVING  
MADISON/SOUTHERN REGIONAL OFFICE  
Room 455  
PO BOX 2969  
MADISON WI 53701-2969

Telephone: 608-264-9888  
Fax: 608-264-9889  
TTY: 711 or 800-947-3529

January 30, 2024

**ELECTRONIC MAIL**

SOD #EGB811

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIRMENTS**

**NOTICE OF SPECIAL ORDERS**

Jodi Buckett VanWormer  
W3928 Potters Rd.  
Elkhorn, WI 53121

C/O Licensee: Buckett VanWormer, Jodi

**Re:** Jodi's Home (0010620) AFH, Walworth County  
W3928 Potters Rd.  
Elkhorn, WI 53121

Dear Jodi Buckett VanWormer:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Jodi's Home, located at W3928 Potters, Rd., Elkhorn, WI 53121, 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 10/31/2023, an abbreviated survey was concluded for Jodi's Home 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) #EGB811 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #EGB811 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, Southern Regional Office, at DHSDQABALSRO@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 **Jodi's Home:**

**1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure all current and prospective service providers will have the necessary skills and training to fulfill job duties. Assigned tasks will be limited to the documented qualifications and demonstrated abilities of the service provider.**

**WITHIN 45 DAYS of receipt of this notice, the licensee shall review the training records for each service provider and ensure the following:**

**- The licensee and each service provider shall complete 8 hours of training related to the health, safety, welfare, rights, and treatment of residents every year beginning with the calendar year after the year in which the initial training is received; and**

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Jodi's Home (0010620)  
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**- Each service provider who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions prior to assuming duties that may expose the service provider to such material, and annually.**

**ADDITIONALLY,**

**WITHIN 45 DAYS of receipt of this notice, continuing education requirements must be met for the licensee and all service providers, as appropriate, for calendar year 2023.**

**Training will be provided by qualified instructors. Training records will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements.**

\* \* \*

If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with the first name "Kenneth" written in a smaller, more compact script and the last name "Brotheridge" written in a larger, more expansive cursive style.

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

Enclosure

KB/SS