

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
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MADISON WI 53701-2969

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October 23, 2023

ELECTRONIC MAIL
SOD #EKEH11

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIRMENTS
ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS
NOTICE OF SPECIAL ORDERS

Tracey Hansen
PO Box 84
Fort Atkinson, WI 53538

C/O Licensee: Abilities INC

Re: Clover Lane Place AFH (0012191)
421 Clover Lane
Fort Atkinson, WI 53538

Dear Tracey Hansen:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Clover Lane Place AFH, located at 421 Clover Lane, Fort Atkinson, WI 53538, 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 11, 2023, a self-report investigation was concluded for Clover Lane Place AFH 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) #EKEH11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #EKEH11 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.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

Based on the results of the Department's investigation and pursuant to authority provided in 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 ORDERS that Clover Lane Place AFH NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until all the violations in Statement of Deficiency EKEH11 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 **Clover Lane Place AFH:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) EKEH11. The licensee's corrective measures shall address:

HOME MAINTENANCE AND SAFETY

- Procedures to ensure each environmental problem identified in Statement of Deficiency EKEH11 will be resolved and ensure timely maintenance of the facility.
- The electrical system will inspected, and any needed repairs will be completed by a licensed electrician or local utility company. Documentation of the inspection and repairs, if any, will be made available to department representatives upon request.

ADDITIONALLY,

WITHIN 45 DAYS of receipt of this notice, the licensee shall provide training to all service providers on the corrective actions taken to resolve each deficiency identified in SOD EKEH11. 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.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each current resident with a copy of Statement of Deficiency (SOD) EKEH11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the Department, to verify compliance with Order #2. 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.

* * *

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 a long horizontal line extending from the end.

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

KB/MSE

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Clover Lane Place AFH
October 23, 2023

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