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
TTY: 711 or 800-947-3529

June 26, 2026

ELECTRONIC MAIL
SOD#ELLN14

NOTICE and ORDER

NOTICE OF VIOLATION

NOTICE OF LICENSE REVOCATION

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED

NOTICE OF RIGHT TO APPEAL

NOTICE OF REVISIT FEE

Cloetta Sutton
PO Box 91292
Milwaukee, WI 53209

C/O Licensee: A Dream Come True Adult Family Home LLC

Re: Aniyahs House (0019051)
1063 Summer St.
West Bend, WI 53090

Dear Cloetta Sutton:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Aniyahs House, located at 1063 Summer St., West Bend, WI 53090, 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 April 30, 2026, a verification visit was concluded for Aniyahs House 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) #ELLN14 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #ELLN14 is enclosed.

NOTICE OF LICENSE REVOCATION

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)(d), **EFFECTIVE UPON RECEIPT OF THIS NOTICE**, the Department of Health Services **hereby REVOKES THE LICENSE** of **Aniyahs House**.

This action is being taken under the following provisions:

Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(d), whereby the adult family home has intentionally and substantially violated a requirement of Wis. Admin. Code ch DHS 88 or has failed to meet the minimum requirements for licensure.

WITHIN 3 DAYS of receipt of this notice, return the Adult Family Home license for Aniyahs House, 1063 Summer Street, West Bend, WI 53090, to the Northeastern Regional Office at 200 N. Jefferson Street, Suite 501, Green Bay, WI 54301.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS – EXTENDED

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., the Department of Health Services **hereby extends** the **order** issued on **February 13, 2026**, with Statement of Deficiency ELLN13 that Aniyahs House **Not Admit any New or Additional Residents**.

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(7), you may request a hearing of the Department's action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

AFH APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;

- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

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 April 30, 2026, a verification visit was concluded at Aniyahs House by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #ELLN13 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 Aniyahs House. 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
Department of Corrections