Tony Evers
Governor

Kristen L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
NORTHWESTERN REGIONAL OFFICE
PO BOX 48
EAU CLAIRE WI 54702

Telephone: 715-836-4790
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February 17, 2026

ELECTRONIC MAIL
SOD #ET4Q12

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Valerie Smith
PO Box 624
Tomah, WI 54660

C/O Licensee: Blackberry Hill INC

Re: Living Well Adult Family Home, 0015233
620 West Veterans Street
Tomah, WI 54660

Dear Valerie Smith:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Living Well Adult Family Home, located at 620 West Veterans Street, 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 January 06, 2026, a complaint investigation and verification visit was concluded for Living Well Adult Family 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) #ET4Q12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #ET4Q12 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, Northwestern Regional Office, at DHSDQABALWRO@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 **Living Well Adult Family Home:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to ensure that residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee shall provide employees in sufficient numbers on a 24-hour basis to meet the personal care needs of residents, to ensure needed supervision, and to provide needed services (e.g., toileting, bathing, medication management, interventions to prevent elopement, personal cares, meals).

The licensee's corrective measures, at a minimum, shall include the development (or review) of a written procedure to address:

Environmental Safety Systems – Door Alarms
A written procedure for the use of alarmed door systems utilized for the protection of residents. The procedure will include protocols for the use, monitoring, and staff response

to alarmed door systems. The protocols will ensure alarms are engaged, effective, maintained in good repair, and functioning properly.

WITHIN 45 DAYS of receipt of this notice, the licensee shall:
- Review each current resident's assessment to ensure the assessment identifies the person's behavior patterns that are or may be harmful to the resident or others, including wandering and elopement.
- Develop or revise, as necessary, the resident's individualized service plan to comprehensively document the level and frequency of services needed, including the level of supervision required in the home and community.
- Ensure all staff responsible for providing services to residents review the resident's individualized service plan and will provide services in accordance with the plan.

ADDITIONALLY:
All managers and resident care staff shall receive training on the procedure required by Order #1. The training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

A copy of the written procedures required by 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 January 06, 2026, a verification visit was concluded at Living Well Adult Family Home by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #ET4Q11 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
Northwestern Regional Office
PO Box 48
Eau Claire, WI 54702

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in the issuance of a subsequent statement of deficiency with additional

enforcement sanctions against Living Well Adult Family Home. There are no appeal rights for revisit fees.

* * *

If you have questions about this letter, please contact Kelly Haugen, Assisted Living Regional Director, at (715) 836-4965.

Sincerely,

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

Enclosure

KB/JAJ