Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
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August 8, 2024

ELECTRONIC MAIL
SOD #EUFF11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

Jason Fiege
W6429 Hwy 12
Fort Atkinson, WI 53538

C/O Licensee: Jason Fiege

Re: Orchard View Adult Family Home (390225)
W6429 Hwy 12
Fort Atkinson, WI 53538

Dear Jason Fiege:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Orchard View Adult Family Home, located at W6429 Hwy 12, 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 August 5, 2024, a standard survey and complaint investigation was concluded for Orchard View 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) #EUFF11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #EUFF11 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 Orchard View Adult Family Home NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until all violations in Statement of Deficiency EUFF11 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 **Orchard View Adult Family Home:**

CONSULTANT REQUIRED

1**. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., EFFECTIVE IMMEDIATELY, the licensee shall comply with requirements specified by Wis. Admin. Code § DHS 88.04(2)(f). That is, the licensee will not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at**

substantial risk of harm. The licensee shall 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 develop and implement corrective measures in consultation with a registered nurse (RN) not currently affiliated with the licensee. The RN will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Orchard View Adult Family Home. The licensee will provide the consultant with a copy of the Statement of Deficiency (SOD) EUFF11, along with this Notice and Order letter prior to providing consultation services.

Consultation will include, at a minimum, the development (or review) of written procedures and training for all service providers to address:

Nutritional Services, including how the licensee will ensure:
- Residents are assessed for dietary needs including risks for weight loss or choking,
- Each resident will receive a therapeutic diet and nutritional supplement when prescribed,
- Individual service plans identify a resident's nutritional needs and a description of services the licensee will provide to meet assessed need including any weight monitoring, therapeutic diet or nutritional supplements, and
- All staff responsible for providing services to residents will review the resident's individualized service plan and will provide services in accordance with the plan.

Health Monitoring
-Including how the facility will: (a) monitor and document changes in the resident's physical or mental health; (b) notify the resident's legal representative and care manager (if any) when a resident experiences a change of condition, accident, injury, or medical emergency; (c) obtain timely medical care (clinical assessments, medications, prompt medical treatment), and (d) provide or arrange services to address each resident's health care needs.

Consultation activities, including dates of consultation, will be documented, signed and dated by the consultant.

Copies of all written procedures required by Order #1 will be made available to department representatives upon request.

All training records will be maintained in personnel files and include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

* * *

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

Sincerely,

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

Enclosure

KB/MSE

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