

Tony Evers  
Governor



Kirsten L. Johnson  
Secretary

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

**DIVISION OF QUALITY ASSURANCE**

BUREAU OF ASSISTED LIVING  
SOUTHEASTERN REGIONAL OFFICE  
819 N 6TH ST ROOM 609B  
MILWAUKEE WI 53203-1606

Telephone: 414-227-2005  
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May 2, 2025

**ELECTRONIC MAIL**  
SOD#EWZY11

**NOTICE and ORDER**  
**NOTICE OF VIOLATION**  
**ORDER TO COMPLY WITH REQUIREMENTS**  
**NOTICE OF SPECIAL ORDERS**

Alexius Smith  
517 A Foxmead Corssing  
Waterford, WI 53185

C/O Licensee: Navie Adult Family Homes, LLC

**Re:** Navie Adult Family Home (0019699)  
517 A Foxmead Crossing  
Waterford, WI 53185

Dear Alexius Smith:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Navie Adult Family Home, located at 517 A Foxmead Crossing, 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 February 21, 2025, a complaint investigation was concluded for Navie 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) #EWZY11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #EWZY11 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, Southeastern Regional Office, at [DHSDQABALSERO@dhs.wisconsin.gov](mailto:DHSDQABALSERO@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 **Navie Adult Family Home**:

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall provide or arrange for the provision of individualized services specified in each resident's individual service plan (ISP) that are the licensee's responsibility.

WITHIN 45 DAYS of receipt of this notice, the licensee shall:

- Hold a care conference for Resident 1, with their legal representative, and case manager (if any), for the purpose of reviewing and discussing the resident's assessed needs including the level of supervision required in the home and community.
- Ensure the resident's ISP comprehensively documents the level and frequency of services needed.
- Provide sufficient, qualified staff members to meet the assessed supervision and safety needs of residents, to include when employees have scheduled and unscheduled breaks.
- 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.

The licensee will obtain a statement of agreement with the plan, dated and signed by all persons involved in developing the plan.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall protect and promote each resident's right to physical and emotional privacy in treatment, living arrangements, and in caring for personal needs. The licensee will develop and implement corrective measures to ensure electronic monitoring that transmits or records images or sounds of residents receiving care and treatment, engaged in activities of daily living, addressing personal needs, or visiting with guests, staff, or other residents will not be used in living areas (space used for daily activities such as dining, recreation, sleeping, hosting visitors, etc.) or hallways that lead to resident rooms.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures will ensure the use of electronic video monitoring or filming equipment, in locations identified to infringe upon resident privacy rights, is discontinued and the equipment from those areas is removed to promote a homelike environment.

\* \* \*

If you have questions about this letter, please contact MaryBeth Hoffman Assisted Living Regional Director, at (414)227-2005.

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 of the name.

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

Enclosure  
KB/jw