

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
201 East Washington Ave
Room E300
Madison, WI 53703

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November 3, 2025

ELECTRONIC MAIL
SOD #HDLY11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

Maryan Salim
W5990 Friedel Rd.
Fort Atkinson, WI 53538

C/O Licensee: Lancaster AFH LLC

Re: Lancaster AFH LLC (0021439)
W5990 Friedel Rd.
Fort Atkinson, WI 53538

Dear Maryan Salim:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Lancaster AFH LLC, located at W5990 Friedel Rd, 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 September 30, 2025, complaint investigations were concluded for Lancaster AFH LLC 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) #F3SB11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #F3SB11 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.

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 **Lancaster AFH LLC**:

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 the home and its operation comply with this chapter and with all other laws governing the home and its operation. The licensee's corrective measures shall ensure the following:

WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency F3SB11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager.

WITHIN 45 DAYS of receipt of this notice, the licensee shall provide training to all service providers on the corrective actions taken to resolve the deficiencies documented in Statement of Deficiency F3SB11. Training will be documented in personnel records and

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will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

* * *

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