

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

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August 12, 2024

ELECTRONIC MAIL
SOD# FHT811

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

Iyana Henderson
1908 N. 28th St.
Milwaukee, WI 53208

C/O Licensee: Helping Hands Haven, LLC

Re: Helping Hands Haven (0017981)
2205 W. Burnham St.
Milwaukee, WI 53204

Dear Iyana Henderson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Helping Hands Haven, located at 2205 W. Burnham St. Milwaukee, 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 May 22, 2024, a standard licensing survey and three complaint investigation was concluded for Helping Hands Haven 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) # FHT811 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD # FHT811 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. 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 **Helping Hands Haven:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., **EFFECTIVE IMMEDIATELY**, the licensee shall ensure the home and its operation comply with this chapter and with all other laws governing the home and its operation. The licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) FHT811. The licensee's corrective measures shall include the following:

WITHIN 45 DAYS of receipt of this notice, the licensee shall review the training records for each service provider and ensure the following:

- Each service provider employed at least 6 months will have completed all initial training as required by Wis. Admin. Code § DHS 88.04(5)(a).
- Each service provider who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard

precautions prior to assuming duties that may expose the service provider to such material, and annually.

- The licensee and each service provider shall complete 8 hours of training related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. Continuing education requirements must be met for the licensee and all service providers, as appropriate, for calendar year 2023.
- Training will be provided by qualified instructors. Training records will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements.

WITHIN 45 DAYS of receipt of this notice, the licensee will 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) or hallways that lead to resident rooms.

- The use of electronic video monitoring or filming equipment, in locations identified to infringe upon resident privacy rights, shall be discontinued and the equipment from those areas removed to promote a homelike environment.

ADDITIONALLY,

WITHIN 14 DAYS of receipt of this notice, the licensee shall, retroactively, with available information, document and submit a complete investigation report of the alleged incident of caregiver misconduct described in SOD FHT811. The investigation will conform to requirements and guidelines specified by Wis. Admin. Code ch. DHS 13, and The Wisconsin Caregiver Program Manual. Additional information can be found at:

<https://www.dhs.wisconsin.gov/misconduct/index.htm>

* * *

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.

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

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Helping Hands Haven
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Enclosure
KB/jw