

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
Fax: 414-227-3903
TTY: 711 or 800-947-3529

October 16, 2025

ELECTRONIC MAIL
SOD#G4I411

NOTICE and ORDER
NOTICE OF VIOLATION
NOTICE OF LICENSE REVOCATION
ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED
NOTICE OF RIGHT TO APPEAL

Moeneek Cannaday
2423 W. Custer Ave.
Milwaukee, WI 53209

C/O Licensee: Serenity Garden Adult Family Home, LLC

Re: Serenity Garden Adult Family Home (0019385)
2423 W. Custer Ave.
Milwaukee, WI 53209

Dear Moeneek Cannaday:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Serenity Garden Adult Family Home, located at 2423 W. Custer Ave., 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 October 7, 2025, a complaint investigation was concluded for Serenity Garden 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) #G4I411 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #G4I411 is enclosed.

NOTICE OF LICENSE REVOCATION

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(d), **EFFECTIVE UPON RECEIPT OF THIS NOTICE**, the Department of Health Services hereby **REVOKES THE LICENSE** of **Serenity Gardens Adult Family Home**.

This action is being taken under the following provisions:

Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(d), whereby the adult family home has intentionally and substantially violated a requirement of Wis. Admin. Code ch. DHS 88 or has failed to meet the minimum requirements for licensure.

WITHIN 3 DAYS of receipt of this notice, return the Adult Family Home license for Serenity Garden Adult Family Home 2423 W. Custer Ave, Milwaukee, WI 53209 to the Southeastern Regional Office at 819 N. 6th St., Room 609B, Milwaukee, WI 53203-1606.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS – EXTENDED

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., the Department of Health Services hereby extends the order issued on January 7, 2025, with Statement of Deficiency (SOD) QW9V12; and August 20, 2025 with SOD IF9711 that **Serenity Garden Adult Family Home Not Admit any New or Additional Residents**.

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(7), you may request a hearing of the Department's action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

AFH APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;

- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

* * *

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

Enclosure
KB/jw

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