

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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June 2, 2025

ELECTRONIC MAIL

SOD #G6WY11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

Ayan Ali
15 Kessel Court Apt. 24
Madison, WI 53711

C/O Licensee: Alia Community Care LLC

Re: Alia Community Care LLC (0019468) AFH, Dane County
2322 Harley Dr.
Madison, WI 53711

Dear Ayan Ali:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Alia Community Care LLC, located at 2322 Harley Dr., Madison, WI 53711, 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 03/31/2025, a complaint investigation was concluded for Alia Community Care 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) #G6WY11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #G6WY11 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 **Alia Community Care:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected, and that their right to live in a home that is clean and well-maintained is respected.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall include, at a minimum, the development (or review) or written procedures to address:

Supervision, including how the facility will:

- develop a plan for supervision of residents at risk for wandering, elopement or vulnerable to predatory behaviors during times when employees have scheduled and unscheduled breaks;

- staff training on each resident's plan for supervision (to include during employee scheduled and unscheduled breaks);

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.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the AFH will provide the funding agency and case manager (if any) for each current resident with a copy of Statement of Deficiency G6WY11 and a copy of this Notice and Order letter. When submitting the facility's written plan of correction, the licensee will submit evidence, acceptable to the Department, to verify compliance with Order #2. Acceptable documentation will be certified mail receipts; or a signed (and dated) verification letter or email from the guardian, case manager and funding agency.

* * *

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 the first name "Kenneth" written in a smaller, more compact script than the last name "Brotheridge", which is larger and more prominent.

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

Enclosure

KB/SS