

Tony Evers  
Governor



Kristen L. Johnson  
Secretary

**State of Wisconsin  
Department of Health Services**

**DIVISION OF QUALITY ASSURANCE**

BUREAU OF ASSISTED LIVING  
NORTHWESTERN REGIONAL OFFICE  
610 GIBSON ST SUITE 1  
EAU CLAIRE WI 54701-3687

Telephone: 715-836-4790

Fax: 608-224-5705

TTY: 711 or 800-947-3529

November 1, 2024

**ELECTRONIC MAIL**  
**SOD #GBER12**

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIRMENTS**

**NOTICE OF SPECIAL ORDERS**

**NOTICE OF REVISIT FEE**

Karmen Hanson  
N10169 Butter Field Rd  
Hixton, WI 54635

C/O Licensee: Hanson House LLC

**Re:   Hanson House, 0015943  
      N10599 Cty Rd G  
      Osseo, WI 54758**

Dear Karmen Hanson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Hanson House, located at N10599 Cty Rd G, 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 25, 2024, a standard survey & verification visit was concluded for Hanson House 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) #GBER12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #GBER12 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, Northwestern Regional Office, at DHSDQABALWRO@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 **Hanson House:**

**1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure all current and prospective service providers will have the necessary skills and training to fulfill job duties. Assigned tasks will be limited to the documented qualifications and demonstrated abilities of the service provider. Regardless of date of hire, each service provider will be fully trained before assuming the responsibilities of providing direct care without the supervision of a trained service provider.**

**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); and**
- 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.**

**ADDITIONALLY,**

**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.**

**WITHIN 45 DAYS of receipt of this notice, 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.**

**NOTICE OF REVISIT FEE**

According to Wis. Stat. § 50.033(3), if the Department takes enforcement action against an adult family home for violation of this subchapter or rules promulgated under it, and the Department subsequently conducts an onsite inspection to review the facility's action to correct the violation(s), the Department may impose a \$200 inspection fee on the adult family home.

On September 25, 2024, a verification visit was concluded at Hanson House by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #GBER11 were corrected. **Therefore, an inspection fee of \$200 is being assessed.**

Please send a check or money order in the amount of \$200 made payable to "Division of Quality Assurance" and send it to:

Division of Quality Assurance  
Bureau of Assisted Living  
Northwestern Regional Office  
610 Gibson St., Suite 1  
Eau Claire, WI 54701-3687

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in the issuance of a subsequent statement of deficiency with additional enforcement sanctions against Hanson Hosue. There are no appeal rights for revisit fees.

\* \* \*

If you have questions about this letter, please contact William R. Gardner, Assisted Living Regional Director, at (715) 836-4029.

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Hanson House  
November 1, 2024

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

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

Enclosure

KB/JAJ