

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  
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December 7, 2023

**CERTIFIED MAIL**  
7021 1970 0001 2829 8982  
SOD #GBKB11

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIREMENTS**

**ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS**

**NOTICE OF SPECIAL ORDERS**

Jasmine Malone  
2019 Green St Upper  
Racine, WI 53402

C/O Licensee: Jasmine Malone

**Re:** Excel R3, 0016698  
2019 Green St Lower  
Racine, WI 53402

Dear Jasmine Malone:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Excel R3, located at 2019 Green St Lower, Racine, 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 21, 2023, a desk review was concluded for Excel R3 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) #GBKB11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #GBKB11 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 10 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](mailto:DHSDQABALSERO@dhs.wisconsin.gov). The Regional Director will communicate to the licensee a decision on the date of compliance extension.

### **ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS**

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., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS that Excel R3 NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in Statement of Deficiency GBKB11 are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

### **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 Excel R3:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall submit to the licensing agency not less than 30 days prior to the date of expiration of the current license, a completed biennial report form and the licensure fee required under Wis. Stat. § 50.033(2).

**WITHIN 10 DAYS** of receipt of this notice, the licensee for Excel R3 will submit a completed biennial report form and the licensure fee OR notification of the intent to close to the Southeastern Regional Office at 819 N. 6th Street, Milwaukee, WI 53203-1606. Notification of closure will also include the submission of a written notice and surrender of the AFH license.

\* \* \*

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 of the name.

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

Enclosure  
KB/ram

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