

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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May 8, 2025

ELECTRONIC MAIL
SOD #GKIH14

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

Mark A Gill
35189 Via Laguna
Winchester, CA 92596

C/O Licensee: K&D Adult Family Home LLC

Re: K&D Adult Family Homes LLC II, 0013176
3707 10th Ave
Racine, WI 53402

Dear Mark A Gill:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of K&D Adult Family Homes LLC II, located at 3707 10th Ave, 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 February 26, 2025, a standard survey, verification visit, and complaint investigation were concluded for K&D Adult Family Homes LLC II 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) #GKIH14 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #GKIH14 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 **K&D Adult Family Homes LLC II:**

1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 88.04(2)(a) and ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency GKI14. The corrective measures will include, at a minimum, the development (or review) of a written procedure to address:

Admission Process, including how the licensee will ensure:

- Sufficient information is obtained from a prospective resident prior to admission to determine whether the person's needs can be met with the services identified in the home's program statement.
- A comprehensive written assessment and individual service plan are completed and on file for each resident within 30 days after placement.
- Service agreements are given in writing, signed, and dated by the resident or resident's legal representative.
- Written orders from the prescribing practitioner are obtained and medications are available to be administered as prescribed.
- Resident rights, grievance procedure and house rules, if any, are provided and explained.
- Evaluation of resident evacuation limitations, using the department's form, is completed within 3 day of admission.

The procedure will include steps the licensee will take to ensure a department notice of enforcement action, including an Order Not Admit any New or Additional Residents, is communicated to all employees with assigned responsibilities related to admission procedures. The procedure will identify how the licensee will ensure compliance is maintained with an Order Not Admit any New or Additional Residents until the department rescinds the Order in writing.

Additionally,

All employees with assigned responsibilities related to admission procedures will receive training regarding the provider's written procedure required by Order #1. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

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 February 26, 2025, a verification visit was concluded at K&D Adult Family Homes LLC II by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #GKIH13 were corrected. **Therefore, an inspection fee of \$200 is being assessed.**

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K&D Adult Family Homes LLC II
May 8, 2025

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
Southeastern Regional Office
819 North 6th St., Room 609B
Milwaukee, WI 53203-1606

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in additional department action against K&D Adult Family Homes LLC II. There are no appeal rights for revisit fees.

* * *

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