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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November 28, 2025

ELECTRONIC MAIL
SOD#HCP511

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

Donnie Snow
PO Box 085502
Racine, WI 53408

C/O Licensee: Destiny Adulty Family Home, LLC

Re: Destiny Adult Family Home II (0010067)
1009 Mayfair Dr.
Racine, WI 53402

Dear Donnie Snow:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Destiny Adult Family Home II, located at 1009 Mayfair Dr., 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 July 31, 2025, an abbreviated survey was concluded for Destiny Adult Family Home 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) #HCP511 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #HCP511 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 **Destiny Adult Family Home II:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to ensure that residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) HCP511. The licensee's corrective measures shall ensure the following:

WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for Resident 2 with a copy of SOD HCP511 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager.

WITHIN 14 DAYS of receipt of this notice, the licensee shall retroactively, with available information, document a complete investigation report of the alleged incident of caregiver misconduct issued under Wis. Admin. Code § DHS 88.11(3) Investigation of Abuse or Neglect in SOD HCP511. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 88 and The Wisconsin Background Check and Misconduct Investigation Program Manual. At the conclusion of the investigation, the licensee will review the department's reporting requirements and report this incident if necessary.

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

Misconduct Reporting and Investigations
The procedure shall specify the following:
- For all allegations or incidents of misconduct, the licensee shall immediately take steps to ensure the safety of all residents
- How and to whom staff are to report incidents
- How internal investigations will be completed, documented, and reported
- How staff will be trained on the procedures related to allegations of caregiver misconduct
- How residents will be informed of these procedures

Misconduct investigations will be reviewed in accordance with the department's reporting requirements and reported if necessary. The Wisconsin Background Check and Misconduct Investigation Program Manual is available as a reference at: https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf.

ADDITIONALLY,
All managers and service providers will receive training regarding the provider's written procedure required by Order #1. Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

A copy of the written procedure and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.

* * *

If you have questions about this letter, please contact MaryBeth Hoffman Assisted Living Regional Director, at (414)227-2005.

Sincerely,

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

Enclosure
KB/jw