

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
Fax: 414-227-3903
TTY: 711 or 800-947-3529

March 28, 2025

ELECTRONIC MAIL
SOD#HGX413

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

Sherwoodina Firley
N78 W14573 Appleton Ave. PMB 153
Menomonee Falls, WI 53051

C/O Licensee: T and D Adult Family Home LLC

Re: T and D Adult Family Home (0018031)
5834 North 79th St.
Milwaukee, WI 53218

Dear Sherwoodina Firley:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of T and D Adult Family Home, located at 5834 North 79th St., Milwaukee, 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 March 18, 2025, a verification visit was concluded for T and D Adult Family Home 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) #HGX413 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #HGX413 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 **T and D Adult Family Home**:

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure all service providers protect and promote each resident's right to live in a home that is safe, clean and well-maintained. The licensee shall document the corrective actions that will be (or have been) implemented to resolve each deficiency identified in Statement of Deficiency (SOD) HGX413.

WITHIN 45 days of receipt of this notice, the licensee shall:

- Provide training to all service providers on the corrective actions taken to resolve each deficiency identified in SOD GHX413. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.
 - Provide the legal representative and case manager (if any) for each resident with a copy of SOD HGX413, a copy of this Notice and Order letter, and a written plan to correct each deficiency.
- The licensee shall retain evidence to verify compliance with Order #1. Acceptable

documentation will include signed and dated verification letter or email, or certified mail receipt. Documentation will be made available to department representatives upon request.

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 March 18, 2025, a verification visit was concluded at T and D Adult Family Home by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #HGX412 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
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 T and D Adult Family Home. 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.

Kenneth Brotheridge, Assisted Living Director

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T and D Adult Family Home
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Bureau of Assisted Living
Division of Quality Assurance

Enclosure
KB/jw