Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
201 East Washington Ave
Room E300
Madison, WI 53703

Telephone: 608-264-9888
Fax: 608-264-9889
TTY: 711 or 800-947-3529

November 11, 2025

ELECTRONIC MAIL
SOD #HT4312

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

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Thomas Ostrom
230 W. Monroe St. Suite 710
Chicago, IL 60606

C/O Licensee: Fitchburg Assisted Living

Re: The Courtyard at Fitchburg-Memory Care (0019471)
5683 Wilshire Drive
Fitchburg, WI 53711

Dear Thomas Ostrom:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of The Courtyard at Fitchburg, located at 5683 Wilshire Drive, Fitchburg, WI 53711, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

NOTICE OF VIOLATION

On October 30, 2025, a standard survey, complaint investigation and verification visit was concluded for The Courtyard at Fitchburg-Memory Care 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 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of Deficiency (SOD) #HT4312 for violations of

Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #HT4312 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility 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. § 50.03(5g)(cm), 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, Southern Regional Office, at DHSDQABALSRO@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. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **The Courtyard at Fitchburg-Memory Care**:

CONSULTANT REQUIRED

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., effective immediately, the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.

WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for Resident 2, Resident 3, Resident 4, Resident 5, Resident 7, Resident 9, Resident 11, Resident 12, and Resident 15 with a copy of Statement of Deficiency (SOD) HT4312 and a copy of this Notice and Order letter. The licensee shall

retain documentation, 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 each legal representative and case manager.

WITHIN 45 DAYS of receipt of this notice, the licensee shall correct all deficiencies identified in SOD HT4312 in consultation with a registered nurse (RN), at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of the client groups served by Courtyard at Fitchburg - Memory Care. The licensee will provide the consultant with a copy of the SOD HT4312 along with this Notice and Order letter prior to providing consultation services.

Consultation will include, at a minimum, the development (or review) of written procedures to address:

Medication Management and Administration
-Including how the provider will: (a) document medication orders, medication administration, and missed/refused doses; (b) administer medications to ensure residents receive medications at the intervals and dosages prescribed; (c) ensure administration and management of insulin meets current standards of practice and manufacture's recommendations; (d) prevent medication errors and how to respond if medication errors occur; (e) monitor for adverse side effects; (f) ensure medications are securely stored; and (g) discontinue and dispose of medications.
Refer to: https://www.dhs.wisconsin.gov/regulations/assisted-living/mmi.htm

Pre-Admission and Ongoing Assessments
- Including how the provider will: (a) complete of an assessment of each resident's needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities, or condition, and at least annually; (b) ensure the assessment, at a minimum, shall include all areas applicable to the resident in accordance with Wis. Admin. Code § DHS 83.35(1)(c); (c) prepare a written report of the results of the assessment and retain the assessment in the resident's record in accordance with Wis. Admin. Code § DHS 83.35(1)(d); and (d) ensure all employees responsible for conducting resident assessments shall successfully complete training in the assessment of residents prior to assuming these job duties.

Individual Service Plans (ISP)
- Including how the provider will: (a) ensure a temporary service plan is prepared, and available for staff to implement, to meet the immediate needs of the resident until the comprehensive Individual Service Plan is developed and implemented; (b) develop a comprehensive ISP within 30 days after admission and based on the assessment required under Wis. Admin. Code § DHS 83.35(1)(a); (c) involve the resident and the resident's legal representative, as appropriate, in developing the individual service plan and the resident or the resident's legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan; (d) review and revise the ISP annually or

when there is a change in a resident's needs, abilities or physical or mental condition, based on the required assessment; (e) ensure all employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties; and (f) make certain all staff responsible for providing services to residents will review the resident's ISP and will provide services in accordance with the plan.

Additionally:
- All managers and resident care staff (as appropriate) will receive in-service training regarding the provider's written procedures 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 an outline of course content.
- Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant.
- A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than $10 or more than $1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #HT4312. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $6550.00 IS IMPOSED** for the following violations described in SOD #HT4312. Some of the forfeitures may accrue daily until compliance is achieved and verified for that cited violation.

TAG	DHS CODE	AMOUNT
N196	83.14(2)(a)	$1000.00
N352	83.32(3)(h)	$1150.00
N353	83.32(3)(i)	$300.00
N381	83.35(1)(a)	$1800.00
N388	83.35(3)(c)	$400.00
N389	83.35(3)(d)	$400.00
N425	83.38(1)(a)	$900.00
N431	83.38(1)(g)	$200.00
N432	83.38(1)(h)	$200.00

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State's School Fund.

Y3234	**50.09(1)(e)**	**$200.00**

Total Forfeiture Due: $6550.00

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD #HT4312, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is $4257.50.

Please make the forfeiture payment payable to "*DHS 639*" and send it to:

ENFORCEMENT SPECIALIST
DHS / DQA / BAL
201 East Washington Ave
Room E300
Madison, WI 53703

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. §§ 50.03(5g)(b) and (f), you may request an administrative hearing of the Department's action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

CBRF APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;

- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

Please note that according to Wis. Stat. § 50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.03(5g)(cm), if the Department imposes a sanction on, or takes other enforcement action against a community-based residential facility 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 community-based residential facility.

On October 30, 2025, a verification visit was concluded at The Courtyard at Fitchburg- Memory Care by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #HT4311 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
Southern Regional Office
201 East Washington Ave
Room E300
Madison, WI 53703

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 The Courtyard at Fitchburg -Memory Care. There are no appeal rights for revisit fees.

POSTING OF NOTICES

According to Wis. Admin. Code DHS §§ 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

* * *

If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

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

Enclosure
KB/MSE