

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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October 23, 2023

**ELECTRONIC MAIL**  
SOD #I8XP11

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIREMENTS**

Vonda Brown  
141 Ohio Street  
Racine, WI 53405

C/O Licensee: Vondecair Brown

**Re:** Excel, 0012795  
2220 Summit Avenue  
Racine, WI 53404

Dear Vonda Brown:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Excel, located at 2220 Summit Avenue, 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 August 17, 2023, a standard survey and complaint investigation were concluded for Excel 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 #I8XP11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #I8XP11 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.

\* \* \*

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is stylized with a large, looped "B" and a long horizontal stroke extending to the right.

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

Enclosure

KB/ram