

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
Room 455
PO BOX 2969
MADISON WI 53701-2969

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

February 5, 2025

ELECTRONIC MAIL

SOD #IY5D11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

Darcie Wilson
1204 Monroe St.
Fort Atkinson, WI 53538

C/O Licensee: Buckaroos Adult Family Home LLC

Re: Buckaroos AFH 3B (0020150) AFH, Jefferson County
1318 Wakoka St.
Watertown, WI 53094

Dear Darcie Wilson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Buckaroos AFH 3B, located at 1318 Wakoka St., Watertown, WI 53094, 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 01/06/2025, a complaint investigation was concluded for Buckaroos AFH 3B 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) #IY5D11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #IY5D11 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, Southern Regional Office, at DHSDQABALSRO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

Based on the results of the Department's investigation and pursuant to authority provided in Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Buckaroos AFH NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until all violations in Statement of Deficiency IY5D11 are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

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 **Buckaroos AFH 3B:**

CONSULTANT REQUIRED

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 will correct the deficiencies identified in Statement of Deficiency (SOD) IY5D11 in consultation with a qualified professional (e.g., registered nurse, health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Buckaroos AFH. The licensee will provide the consultant with a copy of the SOD IY5D11, along with this Notice and Order letter prior to providing consultation services.

Consultation will include the development (or revision) of written procedures to address:

Type of Individual Served

A 30 day written notice of any change in the type of individuals served shall be provided to the Department, each resident and each resident's guardian, designated representative, service coordinator, placing agency and third party payee. Should the licensee request from the Department a change to the type of individual served, the licensee will:

- identify the type of individuals the AFH intends to serve;**
- include a revised program statement and all documentation necessary for the department to make a determination regarding the client groups for which Buckaroos AFH will be licensed to serve;**
- detail a plan for notification of all required parties of any approved change by the department;**
- document a plan to obtain training for the licensee and each service provider on the treatment appropriate to any new type of individual served.**

Individual Service Plan/Assessment

- A comprehensive written assessment and individual service plan (ISP) are completed and on file for each resident within 30 days after placement.**
- Resident assessments and ISPs will identify services, approaches and interventions appropriate to meet the needs of the resident.**
- Each resident's ISP will be reviewed at least once every 6 months by the licensee, the resident, the resident's legal representative, and the placing agency, if applicable.**

The resident will be participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan will be obtained.

-All staff responsible for providing services to a resident will review the ISP and provide services in accordance with the plan.

Resident Rights

Including how the provider will ensure each resident's right to be treated as an adult with dignity, respect, and individuality in a homelike environment. In the absence of a documented treatment plan, based on clinical or therapeutic indications, no restriction on a resident's freedom of choice (e.g., restricted access to food or beverages) will be arbitrarily imposed. The written procedures will include: (a) Measures the licensee will take to ensure all caregivers protect and promote each resident's right to make decisions related to care, activities, daily routines and other aspects of life which enhance the resident's self-reliance and support the resident's autonomy and decision-making. (b) Identified alternatives to locked refrigerators, cabinets, and food storage (e.g., staff supervision, individualized service plans), as feasible, to achieve a homelike environment that promotes the individual needs and capabilities of residents. (c) Resident rights training for all employees. Documentation of training will be maintained 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.

Copies of all written procedures required by Order #1 will be made available to department representatives upon request.

All training records will be maintained in personnel files and include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency IY5D11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request.

Page 5 of 5
Buckaroos AFH 3B (0020150)
AFH, Jefferson County
February 5, 2025

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with a large initial "K" and "B".

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

Enclosure
KB:SS

cc: Ombudsman, Jefferson County
Aging/Disability Resource Center, Jefferson County
Jefferson County Human Services
Waiver Agencies
Division of Medicaid Services
Disability Rights Wisconsin