DIVISION OF QUALITY ASSURANCE

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

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

Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

March 18, 2026

ELECTRONIC MAIL

SOD #J1L312

NOTICE and ORDER

NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIRMENTS
NOTICE OF SPECIAL ORDERS
NOTICE OF REVISIT FEE

Ayan Ali
Apt. #24
15 Kessel Ct.
Madison, WI 53711

C/O Licensee: Alia Community Care LLC

Re: Alia Community Care LLC
2322 Harley Dr.
Madison, WI 53711

Dear Ayan Ali:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Alia Community Care LLC, located at 2322 Harley Dr., Madison, 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 § 50.033(2), and Wis. Admin. Code § DHS 88.

NOTICE OF VIOLATION

On 01/30/2026, a standard survey and a verification visit was concluded for Alia Community Care LLC 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) #J1L312 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #J1L312 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.

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 **Alia Community Care LLC:**

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 all caregivers provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee's corrective measures shall ensure the following:

WITHIN 7 DAYS of receipt of this notice, the licensee shall provide Resident 2's legal representative and case manager with a copy of Statement of Deficiency J1L312 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 45 DAYS of receipt of this notice, the licensee shall review the Individual Service Plan (ISP) for each resident to ensure the ISP contains at least the following:

a) A description of the services the licensee will provide to meet assessed need.
b) Identification of the level of supervision required in the home and community.
c) Descriptions of services provided by outside agencies.
d) Identification of who will monitor the plan.
e) A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.

The licensee will ensure all staff responsible for providing services will review each updated ISP and will provide services in accordance with the plan.

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 01/30/2026, a verification visit was concluded at Alia Community Care LLC by the Division of Quality Assurance, Bureau of Assisted Living**, to determine if the violation(s)** contained in Statement of Deficiency **(SOD) #J1L311** 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:

ATTN:LPPA/REVISIT
Division of Quality Assurance
Bureau of Assisted Living
Southern Regional Office
Room E300
201 E. Washington Ave.
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 Alia Community Care LLC. There are no appeal rights for revisit fees.

* * *

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:SS