

Tony Evers  
Governor



Kristen L. Johnson  
Secretary

**State of Wisconsin  
Department of Health Services**

**DIVISION OF QUALITY ASSURANCE**

BUREAU OF ASSISTED LIVING  
NORTHWESTERN REGIONAL OFFICE  
610 GIBSON ST SUITE 1  
EAU CLAIRE WI 54701-3687

Telephone: 715-836-4790

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September 27, 2024

**ELECTRONIC MAIL**  
**SOD #JYPQ11**

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIREMENTS**

**NOTICE OF SPECIAL ORDERS**

**NOTICE OF IMPOSED FORFEITURE**

**NOTICE OF RIGHT TO APPEAL**

Rochelle Langlois  
1614 Golf Course Road  
Grand Rapids, MN 55744

C/O Licensee: Scandia Capital Partners LLC

**Re: Vitacare Living – Hayward II, 0018751  
15497 Pinewood Drive  
Hayward, WI 54843**

Dear Rochelle Langlois:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Vitacare Living – Hayward II, located at 15497 Pinewood Drive in Hayward, 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 08-28-24, a complaint investigation and self-report investigation were concluded for Vitacare Living – Hayward II 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) #JYPQ11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #JYPQ11 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, Northwestern Regional Office, at DHSDQABALWRO@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 **Vitacare Living – Hayward II**:

**1. Pursuant to Wis. Stat. §§ 50.03(5g)(b)3. and 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee will comply with requirements specified by Wis. Admin. Code §§ DHS 83.15(3)(a) and 83.38(1)(g). That is, the licensee shall ensure the administrator supervises daily operation and ensures the provision of services to meet residents' physical and mental health needs. The licensee will develop (or review/revise) written procedures and staff training (as appropriate) to address:**

#### **Assessment and Care Planning**

**Procedures to ensure the timely development, completion and revision of comprehensive, individualized services plans that identify the resident's needs and desired outcomes; detail the program services, frequency and approaches the CBRF will provide; establish measurable goals with specific time limits for attainment, and; specify methods for delivering needed care and who is responsible for delivering the care.**

**Behavior Management**

The procedure shall include, but is not limited to: (a) identifying specific behavior patterns that are or may be harmful to the resident or others, (b) assessing and documenting contributing factors to the behaviors, (c) developing and implementing the Individualized Service Plan (ISP) with specific individualized interventions to reduce incidences of these behaviors, (d) staff response when the identified interventions are not effective, (e) monitoring the effectiveness of any behavioral intervention including the use of PRN psychotropic medications, and (f) notifying the resident's legal representative and physician when there is a significant change in a resident's mental condition.

A copy of the procedure required by Order #1 will be made available to department representatives upon request.

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.

**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 #JYPQ11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$3,330 IS IMPOSED** for the following violations described in SOD #JYPQ11.

| <b><u>TAG</u></b> | <b><u>DHS Code</u></b> | <b><u>Forfeiture Amount</u></b> |
|-------------------|------------------------|---------------------------------|
| N214              | 83.15(3)(a)            | \$ 500                          |
| N352              | 83.32(3)(h)            | \$ 480                          |
| N381              | 83.35(1)(a)            | \$ 300                          |
| N385              | 83.35(2)               | \$ 300                          |
| N389              | 83.35(3)(d)            | \$ 900                          |
| N426              | 83.38(1)(b)            | \$ 700                          |
| N427              | 83.38(1)(c)            | \$ 150                          |

**Total Forfeiture Due: \$3,330**

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

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\* 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.

**REDUCED FORFEITURE OPTION**

If you choose not to appeal the forfeiture, any of the violations in SOD #JYPQ11, **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 \$2,164.50.

Please make the forfeiture payment payable to “DHS 639” and send it to:

QUALITY ASSURANCE ANALYST  
DHS / DQA / BAL  
PO BOX 2969  
MADISON, WI 53701-2969

**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.

**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 William R. Gardner, Assisted Living Regional Director, at (715) 836-4029.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge", with a stylized flourish at the end.

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

Enclosure

KB/MVL