

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

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October 16, 2024

ELECTRONIC MAIL
SOD #K1LK11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

Lisa Olson
4033 123rd St, STE A
Chippewa Falls, WI 54729

C/O Licensee: REM Wisconsin INC

**Re: REM Wisconsin III INC Redwood, 0015387
S7935 Redwood Drive
Eau Claire, WI 54703**

Dear Lisa Olson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of REM Wisconsin III INC Redwood, located at S7935 Redwood Drive, 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 September 04, 2024, a standard survey, complaint & self-report investigation was concluded for REM Wisconsin III INC Redwood 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) #K1LK11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #K1LK11 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

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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, 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. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **REM Wisconsin III INC Redwood:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure all service providers protect and promote each resident's right to live in a home that is safe, clean, and well-maintained.

WITHIN 45 DAYS of receipt of this notice, the licensee will provide training to all service providers on the corrective actions taken to resolve each environmental deficiency identified in Statement of Deficiency K1LK11. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the facility will provide Resident 1's legal representative, and case manager (if any) with a copy of Statement of Deficiency (SOD) K1LK11 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.

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REM Wisconsin III INC Redwood
October 16, 2024

* * *

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". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

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

Enclosure

KB/IAJ