

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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January 7, 2026

ELECTRONIC MAIL
SOD#K2O911

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIREMENTS
NOTICE OF SPECIAL ORDERS

April Roberts
1525 W. Mario Ln.
Oak Creek, WI 53154

C/O Licensee: Roberts Residence LLC

Re: Roberts Residence LLC (0017761)
2111 N. 38th St.
Milwaukee, WI 53208

Dear April Roberts:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Roberts Residence LLC, located at 2111 N. 38th St., Milwaukee, 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 October 16, 2025, a standard survey and complaint investigation was concluded for Roberts Residence 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) #K2O911 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #K2O911 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, Southeastern Regional Office, at DHSDQABALSERO@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 **Roberts Residence LLC**:

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure that residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) K2O911. The licensee's corrective measures shall ensure the following:

WITHIN 7 DAYS of receipt of this notice, the licensee shall provide Resident 1's legal representative and the case manager (if any) with a copy of SOD K2O911 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. Required evidence will be made available to the department representatives upon request.

WITHIN 45 DAYS of receipt of this notice, the licensee shall:

A. Review the Individual Service Plan (ISP) for each resident with an identified fall risk to ensure the ISP contains at least the following:

- Specific measures to address risks and prevent injuries (such as increased supervision, therapy services, environmental modifications, positioning or other assistive devices, or assistance with ambulation, toileting, bathing).
- Identification of the level of supervision required in the home and community.
- Identification of who will monitor the plan.
- 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 the updated ISP and will provide services in accordance with the plan.

B. Review the training records for each service provider and ensure the following:

- Each service provider employed at least 6 months will have completed all initial training as required by Wis. Admin. Code § DHS 88.04(5)(a); and
- Each service provider who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions prior to assuming duties that may expose the service provider to such material, and annually.

Training will be provided by qualified instructors. Training records will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements.

* * *

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge", with a long horizontal flourish extending to the right.

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

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Roberts Residence LLC
January 7, 2026

Enclosure
KB/jw