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
Fax: 414-227-3903
TTY: 711 or 800-947-3529

May 19, 2025

ELECTRONIC MAIL
SOD #KFFV12

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

LaTanya Jones
PO Box 091218
Milwaukee, WI 53209

C/O Licensee: Georgia's Paradise Assisted Living, LLC

Re: Georgias Paradise Assisted Living LLC III, 0014904
4453 N 85th Street
Milwaukee, WI 53225

Dear LaTanya Jones:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Georgias Paradise Assisted Living LLC III, located at 4453 N 85th Street, 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 March 25, 2025, a verification visit and a self-report investigation were concluded for Georgias Paradise Assisted Living LLC III 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) #KFFV12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #KFFV12 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.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS – EXTENDED

Based on the results of the Department's investigation, and pursuant to 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 EXTENDS** the **ORDER i**ssued on December 3, 2024 with Statement of Deficiency (SOD) KFFV11 that Georgia's Paradise Assisted Living III **Not Admit any New or Additional Residents** until all violations in SOD KFFV12 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 **Georgias Paradise Assisted Living LLC III:**

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 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 KFFV12. The licensee's corrective measures shall ensure the following:

WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of Statement of Deficiency KFFV12 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 14 DAYS of receipt of this notice, the licensee shall hold a separate care conference for Resident 1, Resident 2, and Resident 3 with their legal representative and case manager (if any), for the purpose of reviewing the resident's assessment for accuracy and revising the individual service plan (ISP). The ISP will include individualized services, approaches, and interventions to meet the resident's assessed needs including any behavioral safety risks.

The licensee will obtain a statement of agreement with the plan, dated, and signed by all persons involved in developing the plan. All staff responsible for providing services will review the updated ISP and will provide services in accordance with the plan.

WITHIN 45 DAYS of receipt of this notice, the licensee shall development (or review) a written procedure to address:

<u>Adequate Staffing</u>

- Establish notification requirements and duties in the event of management or service provider absences or emergencies.

- Ensure staffing patterns will be sufficient to meet the personal care needs of residents, to ensure needed supervision, to provide needed services (e.g., toileting, bathing, medication management, interventions to prevent falls, personal cares, meals, leisure time activities), and to facilitate a safe evacuation of the building in the event of an emergency.

- Ensure assigned staff will be separate and have distinct duties related to the care and services for residents at Georgia's Paradise Assisted Living III. The assigned staff will not be shared with other programs.

Additionally:
- All managers and service providers will receive training regarding the provider's written procedure required by Order #1.

- Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

A copy of the written procedure and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.

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 March 25, 2025, a verification visit was concluded at Georgias Paradise Assisted Living LLC III by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #KFFV11 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:

Division of Quality Assurance
Bureau of Assisted Living
Southeastern Regional Office
819 North 6th St., Room 609B
Milwaukee, WI 53203-1606

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 Georgias Paradise Assisted Living LLC III. There are no appeal rights for revisit fees.

* * *

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

Sincerely,

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

Enclosure
KB/ram

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