Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

NORTHEASTERN REGIONAL OFFICE
200 NORTH JEFFERSON STREET SUITE 501
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April 8, 2026

ELECTRONIC MAIL
SOD #KRTH11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

Rebekah Helsius
6785 Ellman Lane
Oconto, WI 54153

C/O Licensee: Helsius, Rebekah

Re: Ziesmer AFH (0019439)
6785 Ellman Lane
Oconto, WI 54153

Dear Rebekah Helsius:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Ziesmer AFH, located at 6785 Ellman Lane, Oconto, WI 54153, 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 January 15, 2026, a Standard Survey was concluded for Ziesmer AFH 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) # KRTH11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD # KRTH11 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, Northeastern Regional Office, at DHSDQABALNERO@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

Based on the results of the Department's investigation and pursuant to authority provided in 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 ORDERS** that **Ziesmer AFH NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in SOD # KRTH11 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 **Ziesmer AFH:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) KRTH11. The licensee will immediately address all potential health or safety hazards.

At a minimum, the licensee's corrective measures shall include the development (or review) of written procedures to address:

Awake Staff for Continuous Care
a) ensure a service provider is present in the licensed entity and awake at all times if any resident is in need of continuous care. Continuous care means the need for supervision, intervention or services on a 24-hour basis to prevent, control, and ameliorate a constant or intermittent mental or physical condition which may break out or become critical during any time of the day or night.
b) provide a staffing pattern sufficient to meet the personal care needs of residents, to ensure needed supervision, and to provide needed services (e.g., toileting, bathing, medication management, interventions to prevent falls, personal cares, meals).
c) establish notification requirements and duties in the event of service provider absences or emergencies.
Restrictive measures, a procedure to ensure:
a) Each resident's right to be free from restrictive measures (restraint or isolation) except for emergency situations or when isolation or restraint is a part of an approved treatment program. Isolation or restraint may be used only when less restrictive measures are ineffective or not feasible and shall be used for the shortest time possible.
b) A comprehensive assessment of individual resident needs is completed and documented to include behavioral safety risks or other harmful behavioral patterns (e.g. aggression, elopement, self-injuries behaviors, sexual aggression.)
c) The Individual Service Plan (ISP) is developed with input from all required parties and implemented with resident specific interventions to reduce incidences of behaviors that are challenging or dangerous and may place the resident or staff at significant risk of harm or jeopardize their safety.
d) Department written approval is obtained prior to the use of a restrictive measure, with the exception of a defined emergency situation.
e) All staff are adequately trained to implement an approved restrictive measure.
f) The use of a restrictive measure is monitored and reassessed to determine continued appropriateness and need.

All service providers (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1. Training will be documented in personnel records and will include the date/duration of training, an outline of course content and documentation of successful completion of training.
A copy of the written procedures required by Order #1 will be made available to Department representatives upon request.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each current resident with a copy of Statement of Deficiency KRTH11 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.

* * *

If you have questions about this letter, please contact Vicky Wittman, Assisted Living Regional Director, at (920) 448-4800.

Sincerely,

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

Enclosure
KB/CC

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