

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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December 13, 2023

**ELECTRONIC MAIL**  
SOD #KTEB11

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIREMENTS**

**NOTICE OF SPECIAL ORDERS**

Jessica Applewhite  
2827 E Fieldstone Way Unit 2221  
Sturtevant, WI 53177

C/O Licensee: Jessica Applewhite

**Re:** New Way Adult Family Home #1(0018155)  
1852 Woodland Ave  
Racine, WI 53403

Dear Jessica Applewhite:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of New Way Adult Family Home, located at 1852 Woodland Ave Racine, WI 53403, 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 27, 2023, a survey/complaint was concluded for New Way Adult Family Home 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) #KTEB11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #KTEB11 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 **New Way Adult Family Home #1:**

**1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure all current and prospective service providers will have the necessary skills and training to fulfill job duties. Assigned tasks will be limited to the documented qualifications and demonstrated abilities of the service provider.**

**WITHIN 45 DAYS of receipt of this notice, the licensee shall review the training records for each service provider and ensure the following:**

**- The licensee and each service provider shall complete 8 hours of training related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received; 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.**

**ADDITIONALLY,**

**WITHIN 45 DAYS of receipt of this notice, continuing education requirements must be met for the licensee and all service providers, as appropriate, for calendar year 2023.**

**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

Enclosure  
KB/SL