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
GREEN BAY WI 54301

Telephone: 920-448-5252
Fax: 608-224-5704
TTY: 711 or 800-947-3529

May 21, 2025

ELECTRONIC MAIL
SOD#KXCC11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

Valerie Harman
1355 Mendota Heights Road Ste. 260
Mendota Heights, MN 55120

C/O Licensee: Beacon Specialized Living Wisconsin Inc.

Re: 33 Fields (20192)
2520 State Road 33
Port Washington, WI 53074

Dear Valerie Harman:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of 33 Fields, located at 2520 State Road 33, Port Washington, WI 53074, 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 26, 2025, a complaint investigation was concluded for 33 Fields 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) # KXCC11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD # KXCC11 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.

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 **33 Fields:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.

WITHIN 45 DAYS of receipt of this notice, the licensee shall review and update each resident record to ensure:
- A written assessment and individual service plan (ISP) are completed and developed for each resident within 30 days after placement and reviewed at least once every 6 months.
- The ISP and written assessment shall be developed by the placing agency, if any, the licensee, the resident, and the resident's legal representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication.
- The assessment shall identify the resident's needs and abilities in at least the areas of activities of daily living, medications, health, and level of supervision required in the home and community.
- The ISP will include individualized services, approaches, and interventions to meet the resident's assessed needs.

- 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.

Additionally,
Before a licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's record.

* * *

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/clr