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

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May 29, 2025

ELECTRONIC MAIL
SOD #L9RR11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

Maxine Cook
1500 S 79th St
West Allis, WI 53214

C/O Licensee: Have A Heart Adult Family Home LLC

Re: Have A Heart Adult Family Home LLC, 0017067
1500 S 79th St
West Allis, WI 53214

Dear Maxine Cook:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Have A Heart Adult Family Home LLC, located at 1500 S 79th St, West Allis, 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 14, 2025, a standard licensing survey and three complaint investigations were concluded for Have A Heart Adult Family Home 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) #L9RR11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #L9RR11 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

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 **Have A Heart Adult Family Home LLC NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in Statement of Deficiency L9RR11 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 **Have A Heart Adult Family Home LLC:**

1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 88.04(2)(a) and ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency L9RR11. The licensee's corrective measures will include the development of procedures to address:

Service Provider Records, how the provider will ensure a separate record for each employee is maintained, kept current, and includes the following information, at a minimum:
a) Written job description including duties, responsibilities and qualifications required for the employee.
b) Beginning date of employment.
c) Completed caregiver background check following procedures under Wis. Stat. § 50.065, Stats., and Wis. Admin. Code ch. DHS 12.
d) Documentation of all required training, or exemption verification.
e) Documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating the employee has been screened for clinically apparent communicable disease including tuberculosis.

Adequate Staffing
a) Establish notification requirements and duties in the event of management or service provider absences or emergencies.
b) 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.
c) Ensure assigned staff will be separate and have distinct duties related to the care and services for residents at Have a Heart Adult Family Home LLC. The assigned staff will not be shared with other programs.

Training, how the provider will ensure:
- 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).
- 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.
- 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.

A copy of each procedure required by Order #1 will be made available to department representatives upon request.

* * *

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
Department of Corrections