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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June 15, 2026

ELECTRONIC MAIL
SOD #LHQ311

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

Allyson Bouie
3669 Erie St
Racine, WI 53402

C/O Licensee: Allysons Adult Family Home LLC

Re: Allysons Adult Home II, 0016469
3600 10th Ave
Racine, WI 53403

Dear Allyson Bouie:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Allysons Adult Home II, located at 3600 10th Ave, Racine, 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 May 6, 2026, a standard survey was concluded for Allysons Adult Home II 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) #LHQ311 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #LHQ311 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 **Allysons Adult Home II:**

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. The licensee's corrective measures shall include the following:

WITHIN 7 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 LHQ311 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 each legal representative and case manager.

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

ADMISSION PROCESS, including how the licensee will ensure:
- Sufficient information is obtained from a prospective resident prior to admission to determine whether the person's needs can be met with the services identified in the home's program statement.
- Each resident receives a health examination by a physician to identify health concerns.
- Written orders 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.
- 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 licensee will obtain a statement of agreement with the plan, dated, and signed by all persons involved in developing the plan.
- Screening for communicable disease, including TB is completed within 90 days before admission or 7 days after admission.
- Written information regarding services available and the charge for those services is provided prior to admission.
- Service agreements are given in writing, signed, and dated by the resident or resident’s legal representative.
- Resident rights, grievance procedure, and house rules, if any, are provided and explained.
- Evaluation of resident evacuation limitations, using the department’s form, is completed within 3 days of admission, and annually.
- All staff responsible for providing services to a resident will review the service plan and provide services in accordance with the plan.

WITHIN 45 DAYS of receipt of this notice, the licensee shall review and update each resident record to ensure all required information is obtained and documented.

All documentation required by Order #1 will be made available to the 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