

Tony Evers
Governor



Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
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April 23, 2024

ELECTRONIC MAIL

SOD #LY5K11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

Jeff Fremder
N248 County Rd. P
Oconomowoc, WI 53066

C/O Licensee: Normic Enterprises Inc.

Re: My Place of Ixonia I (0017444) AFH, Jefferson County
N8616A North Rd.
Ixonia, WI 53036

Dear Jeff Fremder:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of My Place of Ixonia I, located at N8616A North Rd., Ixonia, WI 53036, 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 04/03/2024, a standard survey was concluded for My Place of Ixonia 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) # for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #LY5K11 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, Southern Regional Office, at DHSDQABALSRO@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 **My Place of Ixonia I:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure the Individual Service Plan (ISP) for each resident is reviewed at least once every 6 months, or when the resident's needs or preferences change substantially, to determine continued appropriateness of the plan and to update the plan as necessary.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall include, at a minimum, the development (or review/revision) of a written procedure to address record keeping processes to ensure:

- Each resident record is developed and maintained in compliance with resident record requirements specified by Wis. Admin. Code § DHS 88.09.

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My Place of Ixonia I (0017444)
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- All resident records are adequately safeguarded against destruction, loss or unauthorized access or use.
- The resident record is retained for at least 7 years after discharge.

All managers and service providers, as appropriate, will receive inservice training regarding the provider's written procedure required by Order #1. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

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

* * *

If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with a long horizontal line extending from the end.

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

Enclosure

KB/SS