Tony Evers
Governor

Kristen L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
NORTHWESTERN REGIONAL OFFICE
610 GIBSON ST SUITE 1
EAU CLAIRE WI 54701-3687

Telephone: 715-836-4790
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October 14, 2024

ELECTRONIC MAIL
SOD #M1BV11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

Lisa Olson
4033 123rd St STE A
Chippewa Falls, WI 54729

C/O Licensee: REM Wisconsin INC

Re: Declaration REM Wisconsin III INC, 0016590
61148 Hillside LN
Ashland, WI 54806

Dear Lisa Olson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Declaration REM Wisconsin III INC, located at 61148 Hillside LN, 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 11, 2024, a standard survey was concluded for Declaration REM Wisconsin III INC 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) #M1BV11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #M1BV11 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, Northwestern Regional Office, at DHSDQABALWRO@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 **Declaration REM Wisconsin III INC:**

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 adequate services to meet their needs; all service providers protect and promote each resident's right to live in a home that is safe, clean, and well-maintained; and resident records are maintained. The licensee's corrective measures shall include, at minimum, a written plan to resolve each deficiency identified in Statement of Deficiency (SOD) M1BV11.

WITHIN 45 days of receipt of this notice, the licensee shall:
- Provide training to all service providers on the corrective actions taken to resolve each deficiency identified in SOD M1BV11. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.
- Provide the legal representative and case manager (if any) for each resident with a copy of SOD M1BV11, a copy of this Notice and Order letter, and a written plan to correct each

deficiency. The licensee shall retain evidence to verify compliance with Order #1. Acceptable documentation will include signed and dated verification letter or email, or certified mail receipt. Documentation will be made available to department representatives upon request.

* * *

If you have questions about this letter, please contact William R. Gardner, Assisted Living Regional Director, at (715) 836-4029.

Sincerely,

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

Enclosure

KB/JAJ