

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

Telephone: 414-227-2005
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March 26, 2025

ELECTRONIC MAIL
SOD#MC8212

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIREMENTS
NOTICE OF SPECIAL ORDERS
NOTICE OF REVISIT FEE

Beatrice Bell
8162 W. Kathryn Ave.
Milwaukee, WI 53218

C/O Licensee: My Heart Group Home, LLC

Re: My Heart Group Home (0019165)
8162 W. Kathryn Ave.
Milwaukee, WI 53218

Dear Beatrice Bell:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of My Heart Group Home, located at 8162 W. Kathryn Ave., Milwaukee, 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 December 3, 2024, a complaint investigation and verification visit was concluded for My Heart Group Home 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) #MC8212 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #MC8212 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 **My Heart Group Home**:

CONSULTANT REQUIRED

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

The licensee shall develop and implement corrective measures in consultation with a registered nurse (RN) not currently affiliated with the licensee, at the licensee's expense. The RN will have knowledge of assisted living regulations (e.g., Wis. Admin. Code chs. 12, 13 and 88, Wis. Stat. ch. 50) and knowledge of the client groups served by My Heart Group Home. The licensee will provide the consultant with a copy of the Statement of Deficiency MC8212, along with this Notice and Order letter prior to providing consultation services.

Consultation will include the development (or revision) of 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.
- Each resident is comprehensively assessed, and the assessment is documented.
- 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.
- Written orders from the prescribing practitioner are obtained and medications are available to be administered as prescribed.
- 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 day of admission.
- All staff responsible for providing services to a resident will review the service plan and provide services in accordance with the plan.
- Each resident shall have a separate record and include all required information and documentation as specified by Wis. Admin. Code § DHS 88.09(1)(a).

ADDITIONALLY,

The licensee, and each service provider (as appropriate), shall receive training on the admission procedure. Training records will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency MC8212 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.033(3), if the Department takes enforcement action against an adult family home for violation of this subchapter or rules promulgated under it, and the Department

subsequently conducts an onsite inspection to review the facility's action to correct the violation(s), the Department may impose a \$200 inspection fee on the adult family home.

On December 3, 2024, a verification visit was concluded at My Heart Group Home by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #MC8211 were corrected. **Therefore, an inspection fee of \$200 is being assessed.**

Please send a check or money order in the amount of \$200 made payable to "Division of Quality Assurance" and send it to:

Division of Quality Assurance
Bureau of Assisted Living
Southeastern Regional Office
819 North 6th St., Room 609B
Milwaukee, WI 53203-1606

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in additional department action against My Heart Group Home. There are no appeal rights for revisit fees.

* * *

If you have questions about this letter, please contact MaryBeth Hoffman Assisted Living Regional Director, at (414)227-2005.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge", with a long horizontal flourish extending to the right.

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

Enclosure
KB/jw