

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
PO BOX 48
EAU CLAIRE WI 54702

Telephone: 715-836-4790

Fax: 608-224-5705

TTY: 711 or 800-947-3529

October 29, 2025

ELECTRONIC MAIL
SOD # MRBJ11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

Steven Campbell
PO Box 15
Viroqua, WI 54665

C/O Licensee: Campbell Family Homes LLC

**Re: Campbell Family Homes Fairview Dr., 0013495
431 Fairview Drive
Viroqua, WI 54665**

Dear Steven Campbell:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Campbell Family Homes Fairview Drive in Viroqua, located at 431 Fairview Drive in Viroqua, 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 October 21, 2025, a standard survey was concluded for Campbell Family Homes Fairview Drive 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) # MRBJ11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD # MRBJ11 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.

* * *

If you have questions about this letter, please contact the regional office at (715) 836-4790.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with the first name "Kenneth" and last name "Brotheridge" clearly distinguishable.

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

Enclosure

KB/MVL