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
221 West Madison Street, STE 205
EAU CLAIRE WI 54703

Telephone: 715-836-4790
Fax: 608-224-5705
TTY: 711 or 800-947-3529

June 09, 2026

ELECTRONIC MAIL
SOD #N69J11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED

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Chia Yang
3908 Circle Drive
Holmen, WI 54636

C/O Licensee: Hope Stay INC

Re: Hope Stay Memory Care, 0018289
3908 Circle Drive
Holmen, WI 54636

Dear Chia Yang:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Hope Stay Memory Care, located at 3908 Circle Drive, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

NOTICE OF VIOLATION

On May 20, 2026, a complaint investigation was concluded for Hope Stay Memory Care 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 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of Deficiency (SOD) #N69J11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #N69J11 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility 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. § 50.03(5g)(cm), 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.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS – EXTENDED

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b)7., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services hereby extends the order issued on February 4, 2026, with Statement of Deficiency J0PF15 that Hope Stay Memory Care Not Admit any New or Additional Residents until all violations in Statement of Deficiency N69J11 are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

SPECIAL ORDERS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Hope Stay Memory Care**:

CONSULTANT REQUIRED

1. **Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs. For medical and health monitoring related violations identified in Statement of**

Deficiency (SOD) N69J11, the licensee shall develop and implement corrective measures in consultation with a registered nurse (RN) not currently affiliated with the provider. The RN will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of the client groups served by Hope Stay Memory Care. Consultation will include the development (or revision) of written procedures and staff training (as appropriate) to address:

- **Caregiver Misconduct**
  - **A written procedure to address recognizing, investigating, documenting, and reporting allegations of abuse, neglect, misappropriation of property, and injuries of unknown origin. The procedure will address requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code chs. DHS 13 and 83. The procedure will incorporate steps to ensure that residents are protected while a determination on the matter of caregiver misconduct is pending during an investigation. Links to reporting regulations and resource materials can be found at: https://www.dhs.wisconsin.gov/misconduct/index.htm**

- **Pressure Injury Prevention, including how the provider will:**
  a) **Assess risk factors contributing to skin integrity concerns including pressure injuries;**
  b) **Implement pressure injury prevention and treatment;**
  c) **Monitor and document changes in a resident's health;**
  d) **Notify the physician, notify the resident's legal representative or family, notify the care manager (if any) when a resident experiences a change in health status or medical emergency;**
  e) **Ensure timely medical assessments and emergency medical care;**
  f) **Review and revise individualized service plans annually or when there is a change in a resident's needs, abilities or physical or mental condition; and**
  g) **Implement standards of practice for medical records to ensure each resident's record is accurate, current, and complete.**

- **Diabetes Management:**
  - **Including standards of practice for the assessment, care planning, and provision of services for residents with diabetes. Additional information and resources addressing diabetes can be located on the department website: https://www.dhs.wisconsin.gov/diabetes/index.htm**

The licensee will provide the RN with a copy of SOD N69J11, along with this Notice and Order letter prior to providing consultation services.

Additionally:

- **All managers and resident care staff (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1.**

- **Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.**
- **Consultation activities, including dates of consultation, will be documented, signed and dated by the consultant.**
- **A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.**

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than $10 or more than $1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #N69J11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $9370 IS IMPOSED** for the following violations described in SOD #N69J11.

TAG	DHS Code	Forfeiture Amount
N 158	**83.12(2)(a)**	**$1800**
N 161	**83.12(3)(a)**	**$300**
N 165	**83.12(4)(c)**	**$150**
N 169	**83.12(5)(a)**	**$150**
N 352	**83.32(3)(h)**	**$3320**
N 389	**83.35(3)(d)**	**$1200**
N 425	**83.38(1)(a)**	**$800**
N 431	**83.38(1)(g)**	**$150**
N 481	**83.43(1)**	**$300**
Y 3244	**50.09(1)(L)**	**$1200**

Total Forfeiture Due: $9370

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State's School Fund.

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD #N69J11, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is $6090.50.

Please make the forfeiture payment payable to "*DHS 639*" and send it to:

QUALITY ASSURANCE ANALYST
DHS / DQA / BAL
PO BOX 2969
MADISON, WI 53701-2969

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. §§ 50.03(5g)(b) and (f), you may request an administrative hearing of the Department's action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

CBRF APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

Please note that according to Wis. Stat. § 50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

POSTING OF NOTICES

According to Wis. Admin. Code DHS §§ 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

* * *

If you have questions about this letter, please contact Kelly Haugen, Assisted Living Regional Director, at (715) 836-4965.

Sincerely,

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

Enclosure

KB/JAK

cc: Aging/Disability Resource Center, Lacrosse County
Lacrosse County Human Services
Division of Medicaid Services
Ombudsman, Lacrosse County
Waiver Agencies