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

October 8, 2026

ELECTRONIC MAIL
SOD #N69J12

NOTICE and ORDER

NOTICE OF VIOLATION

NOTICE OF LICENSE REVOCATION

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS - EXTENDED

NOTICE OF IMPOSED FORFEITURE

NOTICE OF RIGHT TO APPEAL

NOTICE OF REVISIT FEE

Pa Zong Thao
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 Pa Zong Thao:

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 September 29, 2026, a complaint investigation & verification visit were 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) #N69J12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #N69J12 is enclosed.

NOTICE OF LICENSE REVOCATION

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(d), and (e), **EFFECTIVE UPON RECEIPT OF THIS NOTICE,** the Department of Health Services hereby **REVOKES THE LICENSE** of **Hope Stay Memory Care.**

This action is being taken under the following statutory provisions:

> Wis. Stat. § 50.03(5g)(d)2., whereby the licensee or a person under the supervision of the licensee has substantially violated a provision of licensure applicable to a community-based residential facility under Wis. Stat. § 50.03(4) or an administrative rule promulgated under Wis. Stat. ch. 50, subchapter I; and
>
> Wis. Stat. § 50.03(5g)(d)3., whereby the licensee or a person under the supervision of the licensee has acted in relation to or has created a condition relating to the operation or maintenance of the community-based residential facility that directly threatens the health, safety or welfare of a resident of the community-based residential facility.

Within 3 days of receipt of this notice, return the CBRF license for Hope Stay Memory Care, located at 3908 Circle Drive to the Assisted Living Regional Director at 221 West Madison Street, STE 205, Eau Claire, WI 54703.

RELOCATION PLAN REQUIRED

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee will submit a Resident Relocation Plan to the Department in accordance with Wis. Stat. § 50.03(14) [Closing of a Facility]. In addition, discharge planning for residents will meet the requirements specified by Wis. Admin. Code ch. DHS 83. Refer to the following guidance and requirements:
Resident Relocation Manual: https://www.dhs.wisconsin.gov/publications/p01440.pdf
Relocation Stress/Syndrome:
https://longtermcare.wi.gov/Documents/LIBRARY_site%20download%20files/WI-BOA_OP-Relocation-Awareness-Brochure_WEB_10-19-21_v01.pdf

Furthermore, within 10 days of receipt of this notice, the licensee will submit the following to Assisted Living Regional Director at the Northwestern Regional Office at DHSDQABALWRO@dhs.wisconsin.gov:

- **The names of residents currently living in the CBRF;**
- **The names, addresses and telephone numbers of residents' legal guardians or an involved family member;**
- **The names, addresses, and telephone numbers for residents' case managers and funding agencies; and**

A preliminary discharge plan that includes:

- **A timetable for planning and implementation of resident relocations;**
- **Measures the facility will take to comply with this order and facilitate supportive, safe, and orderly relocations for residents.**

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 (SOD) J0PF15 and extended on June 6, 2026, with SOD N69J11, that Hope Stay Memory Care Not Admit any New or Additional Residents.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according to 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 # N69J12. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $5100 IS IMPOSED** for the following violations described in SOD # N69J12.

TAG	DHS Code	Forfeiture Amount
N 196	**83.14(2)(a)**	**$1000**
N 386	**83.35(3)(d)**	**$2500**
N 431	**83.38(1)(g)**	**$1600**

Total Forfeiture Due: $5100

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 # N69J12, **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 $3315.

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

QUALITY ASSURANCE ANALYST
DHS / DQA / BAL
201 EAST WASHINGTON AVE
ROOM E300
MADISON, WI 53703

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.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.03(5g)(cm), if the Department imposes a sanction on, or takes other enforcement action against a community-based residential facility 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 community-based residential facility.

On September 29, 2026, a verification visit was concluded at Hope Stay Memory Care by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) # N69J11 & J0PF15 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
Northwestern Regional Office
221 West Madison Street, STE 205
Eau Claire, WI 54703

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in the issuance of a subsequent statement of deficiency with additional enforcement sanctions against Hope Stay Memory Care. There are no appeal rights for revisit fees.

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