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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August 15, 2025

ELECTRONIC MAIL
SOD#NGXC11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

Lakesha Luckett
2330 E. Chestnut Dr.
Oak Creek, WI 53154

C/O Licensee: The People's Place LLC

Re: People's Place (The) (0020376)
2330 E. Chestnut Dr.
Oak Creek, WI 53154

Dear Lakesha Luckett:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of The People's Place, located at 2330 E. Chestnut Dr., Oak Creek, 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 July 31, 2025, a two complaint investigation was concluded for The People's Place 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) #NGXC11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #NGXC11 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.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

Based on the results of the Department's investigation and pursuant to authority provided in Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **The People's Place NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in Statement of Deficiency NGXC11 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. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **The People's Place:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to 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 to resolve each deficiency identified in Statement of Deficiency NGXC11. The licensee's corrective measures shall ensure the following:

WITHIN 3 DAYS of receipt of this notice, the licensee shall provide the designated representative (if any), the placing agency (if any), the service coordinator (if any), and case manager (if any) for each resident with a copy of Statement of Deficiency NGXC11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each individual receiving these documents.

WITHIN 14 DAYS of receipt of this notice, the licensee shall hold a care conference with Resident 1, their designated representative (if any), the placing agency (if any), the service coordinator (if any), and the licensee, for the purpose of reviewing the resident's assessment for accuracy and revising the individual service plan (ISP). The ISP will include individualized services, approaches, and interventions to meet the resident's assessed needs including the areas of level of supervision required in the home and community, vocational, recreational, social and transportation.

The licensee will obtain a statement of agreement with the plan, dated, and signed by all persons involved in developing the plan. All staff responsible for providing services will review the updated ISP and will provide services in accordance with the plan.

WITHIN 45 DAYS of receipt of this notice, the licensee shall development (or review) a written procedure to address:

Misconduct Reporting and Investigations, including the following:

- How the licensee will ensure the safety of all residents and protect from possible subsequent incidents of misconduct or injury.
- How and to whom staff are to report incidents, including the observation of injuries to a resident
- How internal investigations will be completed, documented, and reported
- How the licensee will ensure any person investigating the facts of an allegation shall not have had any involvement in the issue leading to the allegation
- How staff will be trained on the procedure related to allegations of caregiver misconduct and injuries of unknown source
- How residents will be informed of these procedures

Misconduct investigations will be reviewed in accordance with the department's reporting requirements and reported if necessary. The Wisconsin Background Check and Misconduct Investigation Program Manual is available as a reference at: https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf.

Additionally,

All managers and service providers will receive training regarding the provider's written procedure 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.

A copy of the written procedure and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall protect and promote each resident's right to physical and emotional privacy in treatment, living arrangements, and in caring for personal needs. The licensee will develop and implement corrective measures to ensure electronic monitoring that transmits or records images or sounds of residents receiving care and treatment, engaged in activities of daily living, addressing personal needs, or visiting with guests, staff, or other residents will not be used in living areas (space used for daily activities such as dining, recreation, sleeping, hosting visitors, etc.) or hallways that lead to resident rooms.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures will ensure the use of electronic video monitoring or filming equipment, in locations identified to infringe upon resident privacy rights, is discontinued and the equipment from those areas is removed to promote a homelike environment.

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

Sincerely,

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

Enclosure
KB/jw

cc: Ombudsman, Milwaukee County
Aging/Disability Resource Center, Milwaukee County

Milwaukee County Human Services
Waiver Agencies
Division of Medicaid Services
Disability Rights Wisconsin