Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
PO BOX 2969
MADISON WI 53701-2969

Telephone: 608-264-9888
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September 9, 2025

ELECTRONIC MAIL
SOD #O4KC11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

Ericka Johnson
N92 W 17353 Forst Drive
Menomonee Falls, WI 53051

C/O Licensee: Elizabeths Loving Care LLC

Re: Elizabeth's Loving Care LLC (0018465)
N92 W17353 Forest Drive
Menomonee Falls, WI 53051

Dear Ericka Johnson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Elizabeth's Loving Care LLC, located at N92 W17353 Forest Drive, Menomonee Falls, WI 53051, 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 August 15, 2025, a standard survey was concluded for Elizabeth's Loving Care LLC 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) #O4KC11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #OK4C11 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, Southern Regional Office, at DHSDQABALSRO@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 **Elizabeths Loving Care LLC:**

1. **. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with requirements specified in Wis. Admin. Code § DHS 88.05(4)(d)1. and have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire.**

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures will address:
- Developing a written fire safety evacuation plan to facilitate a safe and immediate evacuation of all residents on a 24-hour basis. The evacuation plan will ensure access to at least two safe and unobstructed means of exiting the home at all times, in accordance with requirements specified in Wis. Admin. Code § DHS 88.05(4)(c)1.
- Implementing staffing patterns that will be sufficient to facilitate an immediate and safe evacuation of all residents of the home in the event of a fire.

A copy of the written fire safety evacuation plan required by Order #1 will be available to department representatives upon request.

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 Resident 1's legal representative and case manager (if any) with a copy of Statement of Deficiency O4KC11 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.

* * *

If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

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

Enclosure

KB/MSE