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
Room 455
PO BOX 2969
MADISON WI 53701-2969

Telephone: 608-264-9888
Fax: 608-264-9889
TTY: 711 or 800-947-3529

October 9, 2023

ELECTRONIC MAIL
SOD #OP7B12

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Monique Winters
3603 North 13th Street
Milwaukee, WI 53206

C/O Licensee: Walk by Faith AFH

Re: Walk by Faith AFH Christians Home (0018432)
412 South Bird Street
Sun Prairie, WI 53590

Dear Monique Winters:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Walk By Faith AFH Christians Home, located at 412 South Bird Street, Sun Prairie, WI 53590, 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 8, 2023, a verification visit was concluded for Walk by Faith AFH Christians Home 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) #OP7B12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #OP7B12 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 **Walk By Faith AFH Christians Home:**

SUBMIT EVIDENCE OF FINANCIAL STABILITY

1. **1. Pursuant to authority provided in Wis. Admin. Code § DHS 88.03(6)(g)2.e and in accordance with Wis. Admin. Code § DHS 88.04(3), WITHIN 10 DAYS OF RECEIPT OF THIS NOTICE, you are to PROVIDE the Department with EVIDENCE OF FINANCIAL STABILITY to permit operation, for at least 60 days. Your evidence of financial stability must address the licensed entity operated by Walk by Faith AFH. Therefore, submit evidence of financial stability to ensure operation for 60 days for:**

Walk by Faith AFH Christians Home, 412 South Bird Street, Sun Prairie, WI 53590

To comply with this order, you must provide, at a minimum, all of the following documentation:

Most current Balance Sheet.

Financial documentation showing cash reserves or lines of credit to operate for 60 days.

Financial documentation showing that all utility accounts (gas, electricity, telephone) are current.

Financial documentation showing that business, homeowners, unemployment, worker's compensation and vehicle insurance premiums are current.

Financial documentation showing the status of all current debts (monies owed) and loans (written or otherwise).

Financial documentation of all accounts that could be accessed for the operation of the facility (checking, savings, etc.). Include balances and debts.

Financial documentation showing that staff payroll is current.

Copies of fully executed county contractual agreements, if any.

Lease agreements, if any.

Contracts or agreements to ensure needed services are available for residents, i.e., food contracts, medical supply or service contracts, pharmacy agreement, etc.

Financial documentation showing that all property, income, and employee withholding taxes are current.

Any other relevant documentation to determine financial stability and permit operation of the facility for at least 60 days.

Submit all financial documentation, in one mailing or delivery, in one envelope. Send your evidence of financial stability within ten (10) days of receipt of this letter to:

Hillary Holman, Assisted Living Regional Director
Southern Regional Office
1 West Wilson St., Room 455
PO Box 2969
Madison, WI 53701-2969
Fax: 608-264-9889
Email: dhsdqabalsro@dhs.wisconsin.gov

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure all residents receive adequate services to meet their needs; all service providers protect and promote each resident's right to live in a home that is safe, clean, and well-maintained; and resident records are maintained. The licensee's corrective measures shall include, at minimum, a written plan to resolve each deficiency identified in Statement of Deficiency (SOD) OP7B12.

WITHIN 45 days of receipt of this notice, the licensee shall:
- Provide training to all service providers on the corrective actions taken to resolve each deficiency identified in SOD OP7B12. Training will documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.
- Provide the legal representative and case manager (if any) for each resident with a copy of SOD OP7B12, a copy of this Notice and Order letter, and a written plan to correct each deficiency. The licensee shall retain evidence to verify compliance with Order #2.

Acceptable documentation will include signed and dated verification letter or email, or certified mail receipt. Documentation will be made available to department representatives upon request.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.033(3), if the Department takes enforcement action against an adult family home 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 adult family home.

On August 8, 2023, a verification visit was concluded at Walk By Faith Christians Home by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #OP7B11 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
Southern Regional Office
Room 455
PO Box 2969
Madison, WI 53701-2969

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 Walk By Faith AFH Christians Home. There are no appeal rights for revisit fees.

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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

Enclosure

KB/MSE