

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 St., STE 205
EAU CLAIRE WI 54703

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July 22, 2026

ELECTRONIC MAIL
SOD #PL4I11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

Lisa Olson
4033 123rd St., STE A
Chippewa Falls, WI 54729

C/O Licensee: REM Wisconsin INC

**Re: REM Wisconsin III INC – 31st Street, 0010812
1406 North 31st Street
Superior, WI 54880**

Dear Lisa Olson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of REM Wisconsin III INC – 31st Street, located at 1406 North 31st Street, 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 June 04, 2026, an abbreviated survey & self-report investigation was concluded for REM Wisconsin III INC – 31st Street 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) #PL4I11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #PL4I11 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

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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, Northwestern Regional Office, at DHSDQABALWRO@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 **REM Wisconsin III INC – 31st Street:**

1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee will comply with the requirements specified by Wis. Admin. Code § DHS 88.10(3)(L), and provide a safe environment in which to live. The licensee will immediately address the safety hazard identified in Statement of Deficiency PL4I11.

The licensee will develop (or review/revise) written procedures and staff training to address Transportation. Each resident will be transported or accompanied to appointments in accordance with Wis. Admin. Code § DHS 88.07(2)(b).

Training will be documented in personnel records 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 procedures required by Order #1 will be maintained at the facility for use by facility staff and will be available to department representatives upon request.

* * *

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REM Wisconsin III INC – 31st Street
July 22, 2026

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with a long horizontal line extending from the end.

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

Enclosure

KB/JAK