

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

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May 2, 2025

ELECTRONIC MAIL

SOD #Q1E315

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Matthew Sebuliba
P.O. Box 240494
Milwaukee, WI 53224

C/O Licensee: Community of Brookfield LLC

Re: Community of Brookfield LLC (0018097) AFH, Waukesha County
460 Leamore Lane
Brookfield, WI 53005

Dear Matthew Sebuliba:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Community Living of Brookfield LLC, located at 460 Leamore Lane, Brookfield, WI 53005, 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 02/20/2025, a verification visit was concluded for Community Living of Brookfield 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) #Q1E315 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD # Q1E315 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 **Community Living of Brookfield LLC**:

CONSULTANT REQUIRED

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 by Wis. Admin. Code § DHS 88.04(2)(f). That is, the licensee will not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. The licensee shall 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 in consultation with a registered nurse (RN) not currently affiliated with the licensee, at the licensee's expense. The RN will have knowledge of assisted living regulations (e.g., Wis.

Admin. Code chs. 12,13 and 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Community Living of Brookfield LLC. The licensee will provide the consultant with a copy of the Statement of Deficiency Q1E315, along with this Notice and Order letter prior to providing consultation services.

Consultation will include, at a minimum, the development (or review) of written procedures and training for all managers and service providers to address:

Medication Management

Including how the provider will:

- (a) document medication orders, medication administration, and missed/refused doses;**
- (b) administer medications to ensure residents receive medications at the intervals and dosages prescribed; and**
- (c) respond to medication errors if they occur.**

Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant.

All training records will be maintained in personnel files and include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

All documentation required by Order #1 will be made 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 the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency Q1E315 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.**

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.

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Community Living of Brookfield LLC (0018097)

AFH, Waukesha County

May 2, 2025

On 02/20/2025, a verification visit was concluded at Community Living of Brookfield LLC by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #Q1E314 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 additional department action against Community Living of Brookfield LLC. There are no appeal rights for revisit fees.

* * *

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge", with a stylized flourish at the end.

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

Enclosure
KB/SS