

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  
Fax: 414-227-3903  
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June 9, 2026

**ELECTRONIC MAIL**  
SOD #Q4UZ12

**NOTICE and ORDER**  
**NOTICE OF VIOLATION**  
**ORDER TO COMPLY WITH REQUIREMENTS**  
**NOTICE OF SPECIAL ORDERS**  
**NOTICE OF REVISIT FEE**

Latasha Robinson  
1250 S Sunnyslope Road  
Brookfield, WI 53005

C/O Licensee: Homes For Independent Living of WI LLC

**Re:** HIL Vienna, 0016910  
10136 W Vienna Ave  
Wauwatosa, WI 53222

Dear Latasha Robinson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of HIL Vienna, located at 10136 W Vienna Ave, Wauwatosa, 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 May 22, 2026, a complaint investigation, verification visit, and a standard survey were concluded for HIL Vienna 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) #Q4UZ12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #Q4UZ12 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](mailto:DHSDQABALSERO@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 **HIL Vienna**:

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 (SOD) Q4UZ12. The licensee's corrective measures shall ensure the following:

**WITHIN 7 DAYS** of receipt of this notice, the licensee shall provide Resident 2's legal representative and case manager (if any) with a copy of SOD Q4UZ12 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 the legal representative and case manager.

**WITHIN 45 DAYS** of receipt of this notice, the licensee's corrective measures shall include the development (or review) of a written procedure to address:

Misconduct Reporting and Investigations and shall specify the following:

- For all allegations or incidents of misconduct, the licensee shall immediately take steps to ensure the safety of all residents
- How and to whom staff are to report incidents
- How internal investigations will be completed, documented, and reported
- How staff will be trained on the procedures related to allegations of caregiver misconduct
- How residents will be informed of these procedures

Misconduct investigations will be reviewed in accordance with the department's reporting requirements. All incidents, suspected incidents, allegations, and occurrences of caregiver misconduct must be reported to DQA within 7 calendar days from the date the entity knew or should have known about the misconduct. The entity must report the incident to DQA using the Misconduct Reporting System. The Wisconsin Background Check and Misconduct Investigation Program Manual is available as a reference at:

<https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf>.

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 evidence of successful completion of the training.

All documentation as evidence of meeting the requirements in Order #1 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 May 22, 2026, a verification visit was concluded at HIL Vienna by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #Q4UZ11 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

Southeastern Regional Office  
819 North 6<sup>th</sup> St., Room 609B  
Milwaukee, WI 53203-1606

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 HIL Vienna. There are no appeal rights for revisit fees.

\* \* \*

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

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 of the name.

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

Enclosure  
KB/ram