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
TTY: 711 or 800-947-3529

November 17, 2025

ELECTRONIC MAIL
SOD# QAVZ11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF IMPOSED FORFEITURE

NOTICE OF RIGHT TO APPEAL

Mario Kimbrough
11118 W. Meinecke Ave. Apt. #6
Wauwatosa, WI 53226

C/O Licensee: Heritage on Hampton Assisted Living Facility LLC

Re: Heritage on Hampton Assisted Living Facility (0020768)
4615 W. Hampton Ave.
Milwaukee, WI 53218

Dear Mario Kimbrough:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Heritage on Hampton Assisted Living Facility, located at 4615 W. Hampton Ave, Milwaukee, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

NOTICE OF VIOLATION

On September 30, 2025, a standard survey and two complaint investigations were concluded for Heritage on Hampton Assisted Living Facility 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 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of Deficiency (SOD) #QAVZ11 for violations of Wis. Stat. ch. 50 or Wis.

Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #QAVZ11 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility 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. § 50.03(5g)(cm), 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. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b)7., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Heritage on Hampton Assisted Living Facility NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in Statement of Deficiency (SOD) QAVZ11 are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

SPECIAL ORDERS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Heritage on Hampton Assisted Living Facility**:

PROBATIONARY LICENSE:

1. Based on the results of the Department's investigation, and pursuant to Wis. Stat. §§ 50.03(5g)(b)3. and (b)6., the licensee will correct all violations identified in SOD QAVZ11 and will achieve substantial compliance with all laws and administrative rules governing the facility and its operation prior to expiration of the facility's Probationary License. IF the licensee has not achieved substantial compliance with all laws and administrative rules governing the facility and its operation AND IF the violations identified in SOD QAVZ11 remain substantially uncorrected, the PROBATIONARY LICENSE for Heritage on Hampton Assisted Living Facility may be INVALID and the Department may NOT ISSUE A REGULAR LICENSE for Heritage on Hampton Assisted Living Facility LLC, 4615 W. Hampton Ave., Milwaukee, WI 53218.

This NOTICE is provided in accordance with:

- Wis. Stat. § 50.03(4m)(b), whereby, if the applicant for licensure as a community-based residential facility has not been previously licensed under this subchapter or if the community-based residential facility is not in operation at the time application is made, the department shall issue a probationary license. Prior to the expiration of a probationary license, the department shall evaluate the community-based residential facility. In evaluating the community-based residential facility, the department may conduct an inspection of the community-based residential facility. If, after the department evaluates the community-based residential facility, the department finds that the community-based residential facility meets the applicable requirements for licensure, the department shall issue a regular license under sub. (4)(a)1.b. If the department finds that the community-based residential facility does not meet the requirements for licensure, the department may not issue a regular license under sub. (4)(a)1.b.
- Wis. Admin. Code § DHS 83.08(2), whereby the Department shall deny a probationary license or regular license to any applicant who does not substantially comply with any provision of Wis. Admin. Code ch. DHS 83 or Wis. Stat. ch. 50.

CONSULTANT REQUIRED

2. Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs. The licensee will correct identified deficiencies in consultation with a Registered Nurse, not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of the client groups served by Heritage on Hampton Assisted Living Facility.

WITHIN 45 DAYS of receipt of this notice, in collaboration with the RN consultant, the licensee will, at a minimum, develop (or review/revise) procedures to address:

Medication Management and Administration

-Including how the facility 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; (c) prevent medication errors; (d) respond to medication errors if they occur; (e) monitor for adverse side effects; (f) ensure medications are securely stored; g) monitor for adverse side effects; (h) discontinue and dispose of medications; and (i) document and maintain proof of use record for schedule II drugs. Refer to:
https://www.dhs.wisconsin.gov/regulations/assisted-living/mmi.htm

Assessment and Service Plan

-All required written resident assessments will be retained in resident records, in accordance with Wis. Admin. Code § DHS 83.35(1)(d).
-All staff responsible for assisting in resident assessment will be trained on assessment procedures.
- The timely development, completion and revision of individualized services plans. The ISP review process shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or legal representative shall sign the ISP acknowledging their involvement in, understanding of and agreement with the ISP.
- All staff responsible for providing services to residents will review the resident's individualized service plan and will provide services in accordance with the plan.

Homelike Environment

- All potential health or safety hazards will be addressed immediately. Fixtures, furnishings, and trim boards that cannot be properly cleaned or repaired will be replaced.
- Timely repairs and scheduled maintenance of the facility; and Scheduled and 'as needed' housekeeping to maintain a safe, clean, homelike environment.
- Safe food handling, including proper food storage, cleaning, and sanitizing the kitchen and appliances.

The licensee will provide the RN with a copy of the SOD QAVZ11, along with this Notice and Order letter prior to providing consultation services. The licensee shall obtain a signed and dated statement from the RN to verify participation in the development (or review) of the facility's written procedures required by Order #2.

WITHIN 21 DAYS of receipt of this notice, the licensee shall hold a separate care conference for Resident 1, Resident 3, and Resident 5; with their legal representative, and case manager (if any), for the purpose of discussing the resident's mobility needs and the resident's access to the facility and within the facility.

Additionally:

- All managers and service providers (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #2.

- Training will be documented in employee files 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 and all documentation as evidence of meeting the requirements in Order #2 will be made available to department representatives upon request.
-Consultation activities will be documented and will include the dates of consultation, and the resulting recommendations in writing, signed and dated by the consultant. Records will be maintained at the facility and will be made available to department representatives upon request.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than $10 or more than $1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #QAVZ11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $5,900.00 IS IMPOSED** for the following violations described in SOD #QAVZ11.

TAG	DHS Code	Forfeiture Amount
N196	**83.14(2)(a)**	**$500.00**
N230	**83.19**	**$600.00**
N328	**83.31(4)(c)**	**$200.00**
N352	**83.32(3)(h)**	**$2,100.00**
N381	**83.35(1)(a)**	**$900.00**
N386	**83.35(3)(a)**	**$1,200.00**
Y3244	**50.09(1)(L)**	**$400.00**

Total Forfeiture Due: $5,900.00

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

REDUCED FORFEITURE OPTION

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State's School Fund.

If you choose not to appeal the forfeiture, any of the violations in SOD #QAVZ11, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is $3,835.

Please make the forfeiture payment payable to "*DHS 639*" and send it to:

ENFORCEMENT SPECIALIST
DHS / DQA / BAL
PO BOX 2969
MADISON, WI 53701-2969

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. § 50.03(5g)(b) and (f), you may request an administrative hearing of the Department's action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

CBRF APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

Please note that according to Wis. Stat. § 50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

POSTING OF NOTICES

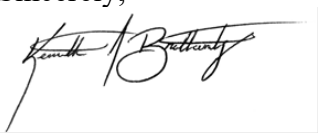
According to Wis. Admin. Code DHS § 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

* * *

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

Sincerely,



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

Enclosure
KB/jw

cc: Ombudsman, Milwaukee County
Aging/Disability Resource Center, Milwaukee County
Milwaukee County Human Services
Waiver Agencies
Division of Medicaid Services
Disability Rights Wisconsin
Department of Corrections