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
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November 14, 2023

ELECTRONIC MAIL
SOD #QE3711

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

Sheree Kind
4487 N Morris Blvd
Shorewood, WI 53211

C/O Licensee: House of Hope Residential Living Home LLC

Re: House of Hope Residential Living Home LLC, 0018429
4944 N 38th Street
Milwaukee, WI 53209

Dear Sheree Kind:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of House of Hope Residential Living Home LLC, located at 4944 N 38th Street, Milwaukee, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat § 50.033(2), and Wis. Admin. Code § DHS 88.

NOTICE OF VIOLATION

On August 2, 2023, a complaint investigation was concluded for House of Hope Residential Living Home 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) #QE3711 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #QE3711 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. 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 **House of Hope Residential Living Home LLC:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., **WITHIN 45 DAYS** of receipt of this notice, the licensee shall hold a separate care conference for Resident 1 and Resident 2, their legal representative, and case manager (if any), for the purpose of reviewing and revising each resident's individual service plan (ISP). The ISP will include individualized services, approaches, and interventions to address individual needs, choices and preferences.

The licensee will obtain a statement of agreement with the plan, dated and signed by all persons involved in developing the plan. All staff responsible for providing services will review the updated ISP and will provide services in accordance with the plan.

Additionally, **WITHIN 7 DAYS** of receipt of this notice, the licensee shall provide each resident's legal representative and case manager (if any) with a copy of Statement of Deficiency

(SOD) QE3711 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance. Acceptable documentation will be a signed, certified mail receipt or a verification letter or an email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request.

* * *

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/ram