

Tony Evers
Governor



DIVISION OF QUALITY ASSURANCE
NORTHEASTERN REGIONAL OFFICE
200 NORTH JEFFERSON STREET SUITE 501
GREEN BAY WI 54301

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

Telephone: 920-448-5252
Fax: 608-224-5704
TTY: 711 or 800-947-3529

April 17, 2026

ELECTRONIC MAIL
SOD #R1F014

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIREMENTS
ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS
NOTICE OF SPECIAL ORDERS
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Bright Amudoaghan
N9520 Silver Court
Appleton, WI 54915

C/O Licensee: BA Israel LLC

Re: Bethel Menasha II (0017959)
1650 Century Oaks Court
Menasha, WI 54952

Dear Bright Amudoaghan:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Bethel Menasha II, located at 1650 Century Oaks Court, Menasha, WI 54952, 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 February 3, 2026, a verification visit and complaint investigation were concluded for Bethel Menasha II 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

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community-based residential facility (CBRF). The Department is issuing Statement of Deficiency (SOD) # R1F014 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD # R1F014 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, Northeastern Regional Office, at DHSDQABALNERO@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 **Bethel Menasha II NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in Statement of Deficiency R1F014 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 **Bethel Menasha II:**

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.

WITHIN 5 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 (SOD) R1F014 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 each legal representative and case manager. Required evidence will be made available to the department representatives upon request.

WITHIN 14 DAYS of receipt of this notice, the licensee shall, retroactively, with available information, document a complete investigation report of the alleged incident of caregiver misconduct described in SOD R1F014. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 83 and The Wisconsin Background Check and Misconduct Investigation Program Manual. The licensee shall submit a copy of the investigation report to the Department's Office of Caregiver Quality for review. Links to reporting regulations and resource materials can be found at:

<https://www.dhs.wisconsin.gov/misconduct/index.htm>

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures in consultation with a registered nurse (RN) for the resident care and medication administration deficiencies issued under the following: Wis. Admin. Code §§ DHS 83.12(2)(a) Caregiver: Investigating Abuse & Neglect, 83.32(3)(h) Rights Of Residents: Receive Medication, 83.37(1)(j) Proof-Of-Use Record , 83.37(2)(c) Documentation Of Medication Administration, 83.38(1)(g) Health Monitoring, 83.38 (1)(h) Medication Administration, and Wis. Stat. § 50.09(1)(L) Care, as identified in SOD R1F014. The RN 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 Bethel Menasha II. The licensee will provide the RN with a copy of SOD R1F014 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 to address:

Misconduct Reporting and Investigations, and shall specify the following:

- (a) for all allegations or incidents of misconduct, the licensee shall immediately take steps to ensure the safety of all residents
- (b) how and to whom staff are to report incidents
- (c) how internal investigations will be completed, documented, and reported
- (d) how staff will be trained on the procedures related to allegations of caregiver misconduct
- (e) how residents will be informed of these procedures

The Wisconsin Background Check and Misconduct Investigation Program Manual is available as a reference at: <https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf>.

Health Monitoring, including how the provider will:

(a) monitor and document changes in the resident's physical or mental health; (b) notify the resident's legal representative and care manager (if any) when a resident experiences a change of condition, accident, injury, or medical emergency; (c) obtain timely medical care (clinical assessments, medications, prompt medical treatment); and (d) provide or arrange services to address each resident's health care needs.

Medication Management and Administration, 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; (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) discontinue and dispose of medications; and (h) document and maintain proof of use record for schedule II drugs.

Additionally:

- All managers, and resident care staff, as appropriate, will receive training regarding the provider's written procedures required by Order #1.
- 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.
- Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant.
- All documentation as evidence of meeting the requirements in Order #1 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 # R1F014. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$9,040.00 IS IMPOSED** for the following violations described in SOD # R1F014.

TAG
N158

DHS Code
83.12(2)(a)

Forfeiture Amount
\$700.00

* 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.

N196	83.14(2)(a)	\$500.00
N214	83.15(3)(a)	\$500.00
N352	83.32(3)(h)	\$1,890.00
N389	83.35(3)(d)	\$1,200.00
N409	83.37(1)(j)	\$200.00
N415	83.37(2)(d)	\$300.00
N427	83.38(1)(c)	\$300.00
N431	83.38(1)(g)	\$700.00
N432	83.38(1)(h)	\$500.00
N448	83.41(2)(a)	\$500.00
N452	83.41(3)(b)	\$300.00
N481	83.43(1)	\$150.00
N499	83.45(3)	\$300.00
Y3244	50.09(1)(L)	\$1,000.00

Total Forfeiture Due: \$9,040.00

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

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD # R1F014, **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 \$5,876.00.

Please make the forfeiture payment payable to “DHS 639” and send it to:

ENFORCEMENT SPECIALIST
DHS / DQA / BAL
201 East Washington Ave
Room E300
Madison, WI 53703

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.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.03(5g)(cm), if the Department imposes a sanction on, or takes other enforcement action against a community-based residential facility 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 community-based residential facility.

On February 3, 2026, a verification visit was concluded at Bethel Menasha II by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #R1F013 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
Northeastern Regional Office

200 North Jefferson Street, Suite 501
Green Bay, WI 54301

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 Bethel Menasha II. There are no appeal rights for revisit fees.

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 Vicky Wittman, Assisted Living Regional Director, at (920) 448-4800.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge", with a long horizontal line extending from the end of the signature.

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

Enclosure
KB/clr

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