

Tony Evers
Governor



Kristen L. Johnson
Secretary

**State of Wisconsin
Department of Health Services**

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
NORTHWESTERN REGIONAL OFFICE
221 West Madison St., STE 205
EAU CLAIRE WI 54703

Telephone: 715-836-4790
Fax: 608-224-5705
TTY: 711 or 800-947-3529

June 17, 2026

ELECTRONIC MAIL
SOD #RCTV11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

Kathi Bennett
21562 Agate Road
Frederic, WI 54837

C/O Licensee: Bennett, Kathi and Bryan

**Re: Bethany Home I, 590177
21856 Agate Rd.
Frederic, WI 54837**

Dear Kathi Bennett:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Bethany Home I, located at 21856 Agate Rd, 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 14, 2026, an abbreviated survey was concluded for Bethany Home I 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) #RCTV11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #RCTV11 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

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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, Northwestern Regional Office, at DHSDQABALWRO@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 **Bethany I:**

1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee will comply with the requirements specified by Wis. Admin. Code § DHS 88.10(3)(L), and provide a safe environment in which to live. The licensee will immediately address the safety hazard identified in Statement of Deficiency RCTV11.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 5 days of receipt of this notice, the licensee shall provide Resident 1's and Resident 2's legal representative and case manager (if any) with a copy of Statement of Deficiency (SOD) RCTV11 and a copy of this Notice and Order letter. The licensee shall retain evidence to verify compliance with Order #2. Acceptable documentation will include signed and dated verification letter or email, or certified mail receipt. Documentation will be made available to department representatives upon request.

* * *

If you have questions about this letter, please contact Kelly Haugen, Assisted Living Regional Director, at (715) 836-4965.

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Bethany Home I
June 17, 2026

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

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

Enclosure

KB/JAK