

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

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December 18, 2025

ELECTRONIC MAIL
SOD #RFD611

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIREMENTS
NOTICE OF SPECIAL ORDERS

Ronak Patel
4297 123rd St
Pleasant Prairie, WI 53158

C/O Licensee: An Innovative Care LLC

Re: An Innovative Care II, 0017816
12124 43rd Ave
Pleasant Prairie, WI 53158

Dear Ronak Patel:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of An Innovative Care II, located at 12124 43rd Ave, Pleasant Prairie, 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 ch DHS 88.

NOTICE OF VIOLATION

On October 20, 2025, a standard licensing survey was concluded for An Innovative Care 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 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) #RFD611 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #RFD611 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 **An Innovative Care II:**

1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with requirements specified in Wis. Admin. Code § DHS 88.05(4)(d)1. and have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures will address:

- Developing a written fire safety evacuation plan to facilitate a safe and immediate evacuation of all residents on a 24-hour basis. The evacuation plan will ensure access to at least two safe and unobstructed means of exiting the home at all times, in accordance with requirements specified in Wis. Admin. Code § DHS 88.05(4)(c)1.

- Implementing staffing patterns that will be sufficient to facilitate an immediate and safe evacuation of all residents of the home in the event of a fire.

A copy of the written fire safety evacuation plan required by Order #1 will be available to department representatives upon request.

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 Statement of Deficiency RFD611 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or 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,

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

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

Enclosure
KB/ram