

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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TTY: 711 or 800-947-3529

April 28, 2026

ELECTRONIC MAIL
SOD #RGZV11

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIREMENTS
ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS
NOTICE OF SPECIAL ORDERS

Kamyia LeFlore
10815 W Mill Road
Milwaukee, WI 53210

C/O Licensee: John O Bell

Re: Heavenly Hands – Park Jabez Living Center II, 0012986
2848 N 48th St
Milwaukee, WI 53210

Dear Kamyia LeFlore:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Heavenly Hands – Park Jabez Living Center II, located at 2848 N 48th St, , 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 March 17, 2026, a desk review was concluded for Heavenly Hands – Park Jabez Living Center 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) #RGZV11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #RGZV11 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 10 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.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

Based on the results of the Department's investigation and pursuant to authority provided in Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Heavenly Hands – Park Jabez Living Center II NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until the violation in Statement of Deficiency RGZV11 is 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. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Heavenly Hands – Park Jabez Living Center II:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall submit to the licensing agency not less than 30 days prior to the date of expiration of the current license, a completed biennial report form and the licensure fee required under Wis. Stat. § 50.033(2).

WITHIN 10 DAYS of receipt of this notice, the licensee for Heavenly Hands – Park Jabez Living Center II, will submit a completed biennial report form and the licensure fee OR notification of the intent to close to the to the Southeastern Regional Office at 819 N. 6th St., Room 609B, Milwaukee, WI 53203-1606.

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Heavenly Hands – Park Jabez Living Center II
April 28, 2026

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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". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

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

Enclosure
KB/ram

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