

Tony Evers
Governor



Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
Room 455
PO BOX 2969
MADISON WI 53701-2969

Telephone: 608-264-9888
Fax: 608-264-9889
TTY: 711 or 800-947-3529

May 22, 2024

ELECTRONIC MAIL
SOD #RIX111

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

Abdilaziz Wehelie
3010 Maple Valley Drive
Madison, WI 53719

C/O Licensee: Horizon Care Network Corp

Re: Horizon Care Network Maple Valley (0018707)
3010 Maple Valley Drive
Madison, WI 53719

Dear Abdilaziz Wehelie:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Horizon Care Network Maple Valley, located at 3010 Maple Valley Drive, Madison, WI 53719, 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 April 15, 2024, a standard survey was concluded for Horizon Care Network Maple Valley 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) #RIX111 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #RIX111 is enclosed.

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 **Horizon Care Network Maple Valley**:

1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 88.04(2)(a), and ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. The licensee shall ensure each resident admitted or retained has an ambulatory status that is consistent with the ambulation designation issued on the adult family home license by the department.

WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for Resident 3 with a copy of Statement of Deficiency RIX111 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #1. 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.

WITHIN 21 DAYS of receipt of this notice, the licensee shall hold an individual care conference for Resident 3, with their legal representative and case manager (if any), for the purpose of developing a plan of correction to resolve the deficiency issued under Wis. Admin. Code § DHS 88.04(2)(a), as identified in Statement of Deficiency RIX111.

The licensee will obtain a statement of agreement with the plan, dated, and signed by all persons involved in developing the plan. A copy of the statement of agreement will be made available to department representatives upon request.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure all current and prospective service providers will have the necessary skills and training to fulfill job duties. Assigned tasks will be limited to the documented qualifications and demonstrated abilities of the service provider.

WITHIN 45 DAYS of receipt of this notice, the licensee shall review the training records for each service provider and ensure the following:

- The licensee and each service provider shall complete 8 hours of training related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received; and**
- Each service provider who may be exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training**

in standard precautions prior to assuming duties that may expose the service provider to such material, and annually.

ADDITIONALLY,

WITHIN 45 DAYS of receipt of this notice, continuing education requirements must be met for the licensee and all service providers, as appropriate, for calendar year 2023.

Training will be provided by qualified instructors. Training records will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements.

* * *

If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

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

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

Enclosure

KB/MSE