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
Fax: 414-227-3903
TTY: 711 or 800-947-3529

July 23, 2025

ELECTRONIC MAIL
SOD #RUK013

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Chastity Simpson
PO Box 241974
Milwaukee, WI 53224

C/O Licensee: Compassionate Heart LLC

Re: Compassionate Heart LLC Indigo, 0018010
7810 West Beechwood Avenue
Milwaukee, WI 53223

Dear Chastity Simpson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Compassionate Heart LLC Indigo, located at 7810 West Beechwood Avenue, Milwaukee, 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 7, 2025, a verification visit and three complaint investigations were concluded for Compassionate Heart LLC Indigo 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) #RUK013 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #RUK013 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.

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 **Compassionate Heart LLC Indigo NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in Statement of Deficiency RUK013 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. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Compassionate Heart LLC Indigo:**

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. WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency RUK013. The licensee's corrective measures will address:

Safe and Accessible Exits

- The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside, for all residents of the home.

- Ensure all residents shall be able to easily enter and exit the home, to easily get to their bedrooms, a bathroom, and all common living areas in the home.

- If a resident is not able to walk at all, or able to walk only with difficulty, or only with the assistance of crutches, a cane or walker, or is unable to easily negotiate stairs without assistance, then at least two exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.

- Pending completion of the forgoing requirements, the licensee will implement all necessary measures to ensure the safety of residents.

Medication Management and Administration, including development of a procedure (or review/revision) to address 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; and (g) discontinue and dispose of medications. Refer to: https://www.dhs.wisconsin.gov/regulations/assisted-living/mmi.htm

Misconduct Reporting and Investigations, including development of a procedure (or review/revision) of a procedure which shall specify the following;

- For all allegations or incidents of misconduct, the licensee shall immediately take steps to ensure the safety of all residents

- How and to whom staff are to report incidents

- How internal investigations will be completed, documented, and reported

- How staff will be trained on the procedures related to allegations of caregiver misconduct

- How residents will be informed of these procedures

Misconduct investigations will be reviewed in accordance with the department's reporting requirements and reported if necessary. The Wisconsin Background Check and Misconduct Investigation Program Manual is available as a reference at: https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf.

All managers and service providers will receive training regarding the provider's written procedure required by Order #1. Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

A copy of the written procedure(s) and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.

ADDITIONALLY,

WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of Statement of Deficiency RUK013 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 the legal representative and case manager.

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 issued under Wis. Admin. Code § DHS 13.05(3)(a) Entity Allegations Reporting Requirements in SOD RUK013. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 88 and The Wisconsin Background Check and Misconduct Investigation Program Manual. The licensee will submit a copy of the investigation report to the Department's Office of Caregiver Quality for department review

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.033(3), if the Department takes enforcement action against an adult family home 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 adult family home.

On May 7, 2025, a verification visit was concluded at Compassionate Heart LLC Indigo by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #RUK012 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
Southeastern Regional Office
819 North 6th St., Room 609B
Milwaukee, WI 53203-1606

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 Compassionate Heart LLC Indigo. There are no appeal rights for revisit fees.

* * *

If you have questions about this letter, please contact MaryBeth Hoffman Assisted Living Regional Director, at (414)227-2005.

Sincerely,

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
Department of Corrections