

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
201 East Washington Ave
Room E300
Madison, WI 53703

Telephone: 608-264-9888
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January 14, 2026

ELECTRONIC MAIL
SOD #RUNE12

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Abdi Haile
5813 Williamsburg Way
Fitchburg, WI 53719

C/O Licensee: Happy Live Care LLC

Re: Williamsburg Home 2 (0019447)
5815 Williamsburg Way
Fitchburg, WI 53719

Dear Abdi Haile:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Williamsburg Home 2, located at 5815 Williamsburg Way, Fitchburg, 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 November 5, 2025, a verification visit was concluded for 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) #RUNE12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #RUNE12 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, Southern Regional Office, at DHSDQABALSRO@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 **Williamsburg Home 2:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., EFFECTIVE IMMEDIATELY, the licensee shall ensure that the home and its operation comply with Wis. Admin. Code ch. DHS 88 and with all other laws governing the home and its operation. The adult family home shall be safe, well-maintained and physically accessible to all residents of the home.

The licensee shall develop and implement corrective measures to resolve the environmental deficiencies identified in Statement of Deficiency (SOD) RUNE12. Pending full compliance with requirements, the licensee will implement all necessary measures to ensure the safety of residents. These measures will be detailed in a written procedure.

For information about the approval process for delayed egress installation, refer to: <https://www.dhs.wisconsin.gov/regulations/waiver-variance-assisted-living.htm>

WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each resident with a copy of Statement of Deficiency (SOD) RUNE12 and a copy of this Notice and Order letter. The licensee shall retain

evidence, acceptable to the Department, to verify compliance. 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 45 DAYS of receipt of this notice, the licensee shall provide training to all service providers on the corrective actions taken to resolve each environmental deficiencies identified in SOD RUNE12. Training will documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

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 November 5, 2025, a verification visit was concluded at Williamsburg Home 2 by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #RUNE11 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
Southern Regional Office
201 East Washington Ave
Room E300
Madison, WI 53703

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in the issuance of a subsequent statement of deficiency with additional enforcement sanctions against Williamsburg Home 2. There are no appeal rights for revisit fees.

* * *

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

Sincerely,

Page 4 of 4
Williamsburg Home 2
January 14, 2026

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.

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

Enclosure

KB/MSE