Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

NORTHEASTERN REGIONAL OFFICE
200 NORTH JEFFERSON STREET SUITE 501
GREEN BAY WI 54301

Telephone: 920-448-5252
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TTY: 711 or 800-947-3529

December 5, 2023

ELECTRONIC MAIL
SOD #S4GO11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF IMPOSED FORFEITURE

Ann Coyle
1712 Midway Rd.
Menasha, WI 54952

C/O Licensee: Gardenview Inc.

Re: Gardenview Inc. (410396)
1712 Midway Rd.
Menasha, WI 54952

Dear Ms. Coyle:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Gardenview Inc., located at 1712 Midway Rd., Menasha, WI 54952, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

NOTICE OF VIOLATION

On October 27, 2023, a self-report review, abbreviated survey and complaint investigation were concluded for Gardenview Inc. 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 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of Deficiency (SOD) #S4GO11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #S4GO11 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility 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. § 50.03(5g)(cm), 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, Northeastern Regional Office, at DHSDQABALNERO@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 Wis. Stat. §50.03(5g)(b)7., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Gardenview Inc. NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in Statement of Deficiency (SOD) S4GO11 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. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Gardenview Inc**.:

1. Pursuant to Wis. Stat. §§ 50.03(5g)(b)3. and (b)6., effective immediately, the licensee will comply with the requirements specified by Wis. Stat. 50.09(1)(e). The licensee shall ensure each resident is treated with courtesy, respect and full recognition of the resident's dignity and individuality by all employees of the facility. The licensee will develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) 54GO11.

WITHIN 45 DAYS of receipt of this notice, the licensee shall:
- Provide staff training to address Resident Rights to all current employees will be provided additional resident rights training. Resident rights training will be provided by a qualified professional (ombudsman, clinical social worker, registered nurse, health care administrator) not currently affiliated with the facility, at the licensee's expense.
- The trainer will be provided a copy of Statement of Deficiency S4GO11, and this notice and order letter before providing services.
- Training will be documented in personnel files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

WITHIN 14 DAYS of receipt of this notice, the licensee will retroactively, with available information, document a complete investigation report of the alleged incidents of caregiver misconduct described in Statement of Deficiency S4GO11. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 83 and The Wisconsin Caregiver Program Manual. The licensee will submit a copy of the investigation report to the Department's Office of Caregiver Quality for department review. The Caregiver Manual is available as a reference at: https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf.

ADDITIONALLY:
All managers and resident care staff shall receive training on the corrective actions taken to resolve each deficiency identified in SOD S4GO11. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than $10 or more than $1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #S4GO11. Therefore, pursuant to Wis.

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State's School Fund.

Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $2,900.00 IS IMPOSED** for the following violations described in SOD #S4GO11.

TAG	DHS Code	Forfeiture Amount
N214	**83.15(3)(a)**	
Y3234	**50.09(1)(e)**	
N164	**83.12(4)(b)**	
N239	**83.20(2)(a)-(d)**	
N389	**83.35(3)(d)**	
N481	**83.43(1)**	

Total Forfeiture Due: $2,900.00

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

Please make the forfeiture payment payable to "*DHS 639*" and send it to:

ENFORCEMENT SPECIALIST
DHS / DQA / BAL
PO BOX 2969
MADISON, WI 53701-2969

POSTING OF NOTICES

According to Wis. Admin. Code DHS §§ 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

* * *

If you have questions about this letter, please contact Vicky Wittman, Assisted Living Regional Director, at (920) 448-4800.

Sincerely,

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

Enclosure
KB/clr

cc: Ombudsman, Winnebago County
Aging/Disability Resource Center, Winnebago County
Winnebago County Human Services
Waiver Agencies
Division of Medicaid Services
WCCEAL Associations