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

July 31 ,2025

ELECTRONIC MAIL
SOD #S51W13

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF IMPOSED FORFEITURE

NOTICE OF RIGHT TO APPEAL

Naftali Weiss
4 Brighton Rd. Suite 204
Clifton, NJ 07012

C/O Licensee: Madison 3 OPC LLC

Re: Raymond House (0020255)
825 Southbound Drive
Deforest, WI 53532

Dear Naftali Weiss:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Raymond House, located at 825 Southbound Drive, Deforest, WI 53532, 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 July 29, 2025, a complaint investigation and verification visit was concluded for Raymond House 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) #S51W13 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #S51W13 is enclosed.

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 Raymond House NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS.

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 **Raymond House**:

RELOCATION PLAN REQUIRED

1. **Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee will submit a Resident Relocation Plan to the Department in accordance with Wis. Stat. § 50.03(14) [Closing of a Facility]. In addition, discharge planning for residents will meet the requirements specified by Wis. Admin. Code ch. DHS 83. Refer to the following guidance and requirements:**
Resident Relocation Manual: https://www.dhs.wisconsin.gov/publications/p01440.pdf
Relocation Stress/Syndrome:
https://longtermcare.wi.gov/Documents/LIBRARY_site%20download%20files/WI-BOA_OP-Relocation-Awareness-Brochure_WEB_10-19-21_v01.pdf

Furthermore, within 2 days of receipt of this notice, the licensee will submit the following to Assisted Living Regional Director at the Southern Regional Office at DHSDQABALSRO@dhs.wisconsin.gov:
• The names of residents currently living in the CBRF;
• The names, addresses and telephone numbers of residents' legal guardians or an involved family member;
• The names, addresses, and telephone numbers for residents' case managers and funding agencies; and
• A preliminary discharge plan that includes:
- A timetable for planning and implementation of resident relocations;
- Measures the facility will take to comply with this order and facilitate supportive, safe, and orderly relocations for residents.

2. Pursuant to Wis. Stat. § 50.03(5g)(b)6., within 7 days of receipt of this notice, the licensee shall provide Resident 1's and Resident 2's legal representative and case manager (if any), with a copy of Statement of Deficiency S5IW13 and a copy of this Notice and Order letter.

The licensee shall retain documentation, acceptable to the department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. The documentation required by Order #2 will be available to department representatives upon request.

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 #S51W13. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $1550.00 IS IMPOSED** for the following violations described in SOD #S51W13. Some of the forfeitures may accrue daily until compliance is achieved and verified for that cited violation.

TAG	DHS CODE	AMOUNT($)
N196	**83.14(2)(a)**	**$500.00**
N389	**83.35(3)(d)**	**$600.00**
N435	**83.38(1)(k)**	**$300.00**
Y3234	**50.09(1)(e)**	**$150.00**

Total Forfeiture Due: $1550.00

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

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD #S51W13, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

* 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.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is $1007.50.

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

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. §§ 50.03(5g)(b) and (f), you may request an administrative hearing of the Department's action. To notify the Department of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE**. Please note that according to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark**. Send your request for a hearing to:

CBRF APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

Please note that according to Wis. Stat. § 50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

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 Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

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

Enclosure
KB/MSE

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