

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
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November 30, 2023

ELECTRONIC MAIL
SOD #S5YY11

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIRMENTS
NOTICE OF SPECIAL ORDERS

Adriane Nelson
PO Box 532
Burlington, WI 53105

C/O Licensee: Olive Branch Communities LLC

Re: Edgewood I, 0018293
584 Edgewood Drive
Burlington, WI 53105

Dear Adriane Nelson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Edgewood I, located at 584 Edgewood Drive, Burlington, 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 September 5, 2023, a standard licensing survey and two complaint investigations were concluded for Edgewood I 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) #S5YY11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #S5YY11 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.

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 **Edgewood I:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall ensure each resident's right to make decisions related to care, activities, daily routines, and other aspects of life which support the resident's autonomy and decision-making. Residents will not be required to share their home and living space with residents from other settings; and will not be required to leave their residence to accommodate staffing patterns or to accommodate the needs of other residents.

WITHIN 45 DAYS of receipt of this notice, the licensee shall hold a care conference for Resident 1, their legal representative, and case manager (if any), for the purpose of reviewing and revising the resident's individual service plan (ISP). The ISP will include individualized services, approaches, and interventions to address individual needs, choices, and preferences.

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The licensee will obtain a statement of agreement with the plan, dated, and signed by all persons involved in developing the plan. All staff responsible for providing services will review the updated ISP and will provide services in accordance with the plan.

* * *

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

Sincerely,

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 of the name.

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

Enclosure
KB/ram