

Tony Evers  
Governor



Kristen L. Johnson  
Secretary

**State of Wisconsin  
Department of Health Services**

**DIVISION OF QUALITY ASSURANCE**

BUREAU OF ASSISTED LIVING  
NORTHWESTERN REGIONAL OFFICE  
PO BOX 48  
EAU CLAIRE WI 54702

Telephone: 715-836-4790  
Fax: 608-224-5705  
TTY: 711 or 800-947-3529

October 29, 2025

**ELECTRONIC MAIL**  
**SOD # USW311**

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIREMENTS**

Steve Campbell  
PO Box 15  
Viroqua, WI 54665

C/O Licensee: Campbell Family Homes LLC

**Re: Center Ave. House Campbell Family Homes LLC, 0015936  
755 N. Center Avenue  
Viroqua, WI 54665**

Dear Steve Campbell:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Center Ave. House Campbell Family Homes LLC, located at 755 N. Center Avenue in Viroqua, 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 October 21, 2025, an abbreviated survey was concluded for Center Ave. House Campbell Family Homes LLC 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) # USW311 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD # USW311 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.

\* \* \*

If you have questions about this letter, please contact the regional office at (715) 836-4790.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge", with a horizontal line extending from the end of the signature.

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

Enclosure

KB/MVL