

Scott Walker  
Governor



State of Wisconsin  
Department of Health Services

Linda Seemeyer  
Secretary

DIVISION OF QUALITY ASSURANCE  
BUREAU OF ASSISTED LIVING  
SOUTHEASTERN REGIONAL OFFICE  
819 N. SIXTH STREET, Rm. 609B  
MILWAUKEE, WI 53203-1606

Telephone: 414-227-2005  
FAX: 414-227-3903  
TTY: 711 or 800-947-3529  
dhs.wisconsin.gov

June 19, 2018

**CERTIFIED MAIL**  
7012 1640 0002 5147 3717  
SOD ID WOCK11

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO SUBMIT A PLAN OF CORRECTION**

**NOTICE OF RIGHT TO APPEAL**

Toni Howard  
A Place for Miracles Living Center III LLC  
5100 N 42<sup>nd</sup> St  
Milwaukee, WI 53209

Re: A Place for Miracles Living Center III  
3927 W Roosevelt Dr.  
Milwaukee, WI 53216

Dear Toni Howard:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of A Place for Miracles Living Center III, located at 3927 W Roosevelt Dr. Milwaukee, WI, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (DHS) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code DHS ch. 83.

**NOTICE OF VIOLATION**

05/01/2018, a standard survey and complaint survey was conducted at A Place for Miracles Living Center III by the Division of Quality Assurance (DQA), Bureau of Assisted Living (BAL), to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code DHS ch. 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). DHS is issuing Statement of Deficiency (SOD) ID WOCK11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code DHS ch. 83, which establish the grounds for this action. SOD ID WOCK11 is enclosed.

**ORDER TO SUBMIT A PLAN OF CORRECTION**

According to Wis. Stat. § 50.03(5g)(b)4., and Wis. Admin. Code § DHS 83.07(10)(a), you must submit a Plan of Correction with proposed completion dates. Document your plans of correction and completion dates on the **original SOD**.

Sign and date the **original SOD** and return it to: Michelle Crockett, Assisted Living Regional Director, Southeastern Regional Office, Bureau of Assisted Living, 819 North 6th Street, Room 609-B, Milwaukee, WI 53203, within ten (10) days of receipt of this NOTICE and ORDER.

Your **PLAN OF CORRECTION** must address all of the following:

1. What corrective action and system changes will be made to ensure violations are corrected and regulatory compliance is maintained?
2. Who is responsible for monitoring for continued regulatory compliance?
3. Department Orders, if applicable. Submit documentation, if requested.
4. Date of completion for each corrective action (Violation, Order).

**NOTICE OF RIGHT TO APPEAL**

According to Wis. Stat. § 50.03(5g)(b) and (f), you may request an administrative hearing of DHS's action. To notify DHS 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**

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

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- ✓ 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.

\* \* \*

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

Sincerely,

*Alfred C. Johnson*

Alfred C. Johnson, Assisted Living Director  
Bureau of Assisted Living  
Division of Quality Assurance

ACJ: RH

cc: Ombudsman, Milwaukee County  
Aging/Disability Resource Center, Milwaukee County  
Milwaukee County Human Services  
Waiver Agencies  
IRIS Consultant Agencies  
Disability Rights Wisconsin  
Bureau of Assisted Living Enforcement