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

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October 17, 2023

ELECTRONIC MAIL

SOD #WV7113

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Leonard Kline
W7704 R/W Townline Rd.
Whitewater, WI 53190

C/O Licensee: Willow Winds Living, LLC

Re: Willow Winds IV (0016312) AFH, Jefferson County
N348 Twinkling Star Rd.
Whitewater, WI 53190

Dear Leonard Kline:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Willow Winds IV, located at N348 Twinkling Star Rd., Whitewater, WI 53190, 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 08/24/2023, a verification visit and complaint investigation was concluded for Willow Winds IV 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) #WV7113 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #WV7113 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, Southern Regional Office, at DHSDQABALSRO@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 **Willow Winds IV:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) WV7113. The licensee will immediately address all potential health or safety hazards.

At a minimum, the licensee's corrective measures shall include the development (or review) of written procedures to address:

Awake Staff for Continuous Care

a) ensure a service provider is present in the licensed entity and awake at all times if any resident is in need of continuous care. Continuous care means the need for supervision, intervention or services on a 24-hour basis to prevent, control, and ameliorate a constant or

intermittent mental or physical condition which may break out or become critical during any time of the day or night.

b) provide a staffing pattern sufficient to meet the personal care needs of residents, to ensure needed supervision, and to provide needed services (e.g., toileting, bathing, medication management, interventions to prevent falls, personal cares, meals).

c) establish notification requirements and duties in the event of service provider absences or emergencies.

All service providers (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1. Training will be documented in personnel records and will include the date/duration of training, an outline of course content and documentation of successful completion of training.

A copy of the written procedures required by Order #1 will be made available to Department representatives upon request.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the facility will provide each resident's legal representative, and case manager (if any) with a copy of Statement of Deficiency (SOD) WV7113 and a copy of this Notice and Order letter. The licensee shall retain evidence, 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. Required evidence will be made available to the Department representatives upon request.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.033(3), if the Department takes enforcement action against an adult family home for violation of this subchapter or rules promulgated under it, and the Department subsequently conducts an onsite inspection to review the facility's action to correct the violation(s), the Department may impose a $200 inspection fee on the adult family home.

On 08/24/2023, a verification visit was concluded at Willow Winds IV by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency **(SOD) #WV7112** were corrected. **Therefore, an inspection fee of $200 is being assessed.** Please send a check or money order in the amount of $200 made payable to "Division of Quality Assurance" and send it to:

Division of Quality Assurance
Bureau of Assisted Living
Southern Regional Office
Room 455
PO Box 2969
Madison, WI 53701-2969

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in the issuance of a subsequent statement of deficiency with additional enforcement sanctions against Willow Winds IV. There are no appeal rights for revisit fees.

* * *

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/SS