

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
201 East Washington Ave
Room E300
Madison, WI 53703

Telephone: 608-264-9888
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June 30, 2026

ELECTRONIC MAIL
SOD #WVHJ11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

Abdala Aden
14 Mount Vernon Ct
Madison, WI 53719

C/O Licensee: Good Neighborhood Home Care LLC

Re: Good Neighborhood Home Care LLC (0019427)
14 Mount Vernon Ct.
Madison, WI 53719

Dear Abdala Aden:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Good Neighborhood Home Care LLC, located at 14 Mount Vernon Ct, Madison, WI 53719, 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 June 25, 2026, a standard survey was attempted for Good Neighborhood Home Care 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) #WVHJ11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #WVHJ11 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, 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.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

Based on the results of the Department's investigation and pursuant to authority provided in Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Good Neighborhood Home Care LLC NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until the violation in Statement of Deficiency WVHJ11 are corrected, compliance is verified by the Department, and this Order is rescinded in writing.

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 Good Neighborhood Home Care LLC:

1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., EFFECTIVE IMMEDIATELY, the licensee shall comply with requirements specified by Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b). That is, the licensee shall permit the licensing agency and service coordinator, at any time and without notice, to visit a home and to evaluate the status of resident health, safety, or welfare or to determine if the home continues to comply with requirements for licensure.

The licensee shall ensure all resident records will be maintained in a secure location within the home in a manner that prevents unauthorized access, in accordance with Wis. Admin. Code § DHS 88.09(1)(a). Service provider and licensee records will be available in the home, in accordance with Wis. Admin. Code § DHS 88.09(2)(c).

WITHIN TWO (2) business days of receipt of this notice, the licensee will contact the Assisted Living Regional Director at the Southern Regional Office at DHSDQABALSRO@dhs.wisconsin.gov to provide the following information:

- Telephone number where licensee may be reached in a timely manner; and
- Measures the licensee will take to ensure the licensing agency representative may, without notice, conduct a licensing survey in accordance with Wis. Admin. Code §§ DHS 88.03(8)(a) and (8)(b), and respond timely to requests for information; OR notification of the intent to close and make arrangements to return the AFH license to the Southern Regional Office at 201 E. Washington Avenue, Room E300, Madison, WI 53703.

* * *

If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

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.

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