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
Fax: 414-227-3903
TTY: 711 or 800-947-3529

April 29, 2025

**ELECTRONIC MAIL**
SOD#WXXX11

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIRMENTS**

**NOTICE OF SPECIAL ORDERS**

Ellen Lichte
1911 W. Puetz Rd.
Oak Creek, WI 53154

C/O Licensee: Oakwood House of Waukesha Corp.

**Re:** Oakwood House of Waukesha Corp. Shepard (0015713)
8860 S. Shepard Ave.
Oak Creek, WI 53154

Dear Ellen Lichte:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Oakwood House of Waukesha Corp. Shepard, located at 8860 S. Shepard Ave., Oak Creek, 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 February 19, 2025, a monitoring survey was concluded for Oakwood House of Waukesha Corp. Shepard 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) #WXXX11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #WXXX11 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 **Oakwood House of Waukesha Corp. Shepard:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., EFFECTIVE IMMEDIATELY, the licensee shall protect and promote each resident's right to have physical and emotional privacy in treatment and living arrangements.

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve the deficiency identified in Statement of Deficiency (SOD) WXXX11. The licensee's corrective measures shall ensure the following:
- Residents will not be required to share their home and living space with residents from other settings.
- The home shall not be used for any business purpose that regularly brings customers to the home so that the residents' use of the home as their residence or the residents' privacy is adversely affected.

- Residents will not be required to leave their residence to accommodate staffing patterns or to accommodate the needs of other residents. Whenever a resident or residents are present in a licensed entity, the licensee will arrange for a qualified service provider to be available in the licensed entity to provide the services and supervision specified in the resident's service plan.
- The assigned staff will be separate and have distinct duties related to the care and services for residents at Oakwood House of Waukesha Corp Shepard located at 8860 S. Shepard Avenue, Oak Creek, WI 53154. The assigned staff will not be shared with other programs.

WITHIN 45 DAYS of receipt of this notice, the licensee will provide training to all service providers on the corrective actions taken to resolve the deficient practice identified in SOD WXXX11. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each current resident with a copy of Statement of Deficiency WXXX11 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.

* * *

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

Sincerely,

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

Enclosure
KB/jw