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
610 GIBSON ST SUITE 1
EAU CLAIRE WI 54701-3687

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

May 21, 2025

ELECTRONIC MAIL
SOD #XK2K13

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIREMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

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NOTICE OF RIGHT TO APPEAL

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Crystal Ulberg
Eagles Rest at Pepin Health Services Inc.
1110 2nd Street
Pepin, WI 54759

C/O Licensee: Eagles Rest at Pepin Health Services Inc.

Re: Eagles Rest at Pepin, 0019052
1110 2nd Street
Pepin, WI 54759

Dear Crystal Ulberg:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Eagles Rest at Pepin, located at 1110 2nd Street in Pepin, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

NOTICE OF VIOLATION

On 04-09-25, a complaint investigation and verification visit were concluded for Eagles Rest at Pepin 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 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of

Deficiency (SOD) #XK2K13 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #XK2K13 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility 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. § 50.03(5g)(cm), 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, Northwestern Regional Office, at DHSDQABALWRO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b)7., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Eagles Rest at Pepin NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in SOD #XK2K13 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. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Eagles Rest at Pepin**:

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency XK2K13. The licensee's corrective measures shall include the development (or review) of written procedures to address the following:

Behavior Management, how the provider will:
(a) identify specific behavior patterns that are or may be harmful to the resident or others (e.g., aggression, elopement, or other behavioral safety risks)
(b) assess and document contributing factors to the behaviors
(c) develop and implement the Individualized Service Plan (ISP) with specific individualized interventions to reduce incidences of these behaviors
(d) identify how staff respond when the identified interventions are not effective
(e) monitor the effectiveness of any behavioral intervention including the use of PRN psychotropic medications
(f) notify the resident's legal representative and physician when there is a significant change in a resident's mental condition.

Medication Management and Administration, including how the provider will:
(a) document medication orders, medication administration, and missed/refused doses
(b) administer medications to ensure residents receive medications at the intervals and dosages prescribed
(c) prevent medication errors
(d) respond to medication errors if they occur
(e) monitor for adverse side effects
(f) ensure medications are securely stored
(g) discontinue and dispose of medications

Health Monitoring, including how the provider will:
(a) monitor and document changes in the resident's health or mental health, and ensure a resident's record includes all elements to satisfy the requirements under Wis. Admin. Code § DHS 83.42(1)
(b) notify the physician, notify the resident's legal representative or family, notify the care manager (if any) when a resident experiences a change of condition, accident, injury, or medical emergency
(c) obtain timely medical care (clinical assessments, prompt medical treatment)
(d) review and revise individualized service plans annually or when there is a change in a resident's needs, abilities or physical or mental condition
(e) provide or arrange prompt and adequate services to address each resident's health care needs

Infection Control
Including how the provider will implement an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infections. The infection control program will include, at a minimum, current

guidance for the prevention, identification, and monitoring of infections, including COVID-19 and influenza, along with Transmission-Based Precautions to be used when caring for residents. Resources are available at: https://www.dhs.wisconsin.gov/covid-19/hc-guidance.htm

Additionally:
All managers and resident care staff (as appropriate) will receive in-service training regarding the provider's written procedures required by Order #1. Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according Stat. § 50.03(5g)(c)1.b., the Department of Health Services may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than $10 or more than $1,000 per day for each violation.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #XK2K13. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $7,170 IS IMPOSED** for the following violations described in SOD #XK2K13.

TAG	DHS Code	Forfeiture Amount
N163	**83.12(4)(a)**	**$ 150**
N169	**83.12(5)(a)**	**$ 900**
N196	**83.14(2)(a)**	**$ 1,000**
N205	**83.14(2)(j)**	**$ 1,000**
N352	**83.32(3)(h)**	**$ 1,020**
N381	**83.35(1)(a)**	**$ 600**
N387	**83.35(3)(b)**	**$ 600**
N389	**83.35(3)(d)**	**$ 1,300**
N431	**83.38(1)(g)**	**$ 600**

Total Forfeiture Due: $7,170

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department are deposited in the State's School Fund.

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD #XK2K13, **AND** any Orders contained in this NOTICE and ORDER, then the Department will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to the Department within ten (10) days of receipt of this NOTICE and ORDER is $4,660.50.

Please make the forfeiture payment payable to "*DHS 639*" and send it to:

QUALITY ASSURANCE ANALYST
DHS / DQA / BAL
PO BOX 2969
MADISON, WI 53701-2969

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. §§ 50.03(5g)(b) and (f), you may request an administrative hearing of the Department's action. To notify the Department 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**. Please note that 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
- ✓ 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.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.03(5g)(cm), if the Department imposes a sanction on, or takes other enforcement action against a community-based residential facility 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 community-based residential facility.

On 04-09-25, a verification visit was concluded for Eagles Rest at Pepin by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #XK2K12 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
Northwestern Regional Office
610 Gibson St., Suite 1
Eau Claire, WI 54701-3687

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 Eagles Rest at Pepin. There are no appeal rights for revisit fees.

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.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

* * *

If you have questions about this letter, please contact William R. Gardner, Assisted Living Regional Director, at (715) 836-4029.

Sincerely,

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

Enclosure

KB/MVL

cc: Aging/Disability Resource Center, Pepin County
Pepin County Human Services
Division of Medicaid Services
Ombudsman, Pepin County
Disability Rights Wisconsin
Waiver Agencies