

Tony Evers
Governor



DIVISION OF QUALITY ASSURANCE
NORTHEASTERN REGIONAL OFFICE
200 NORTH JEFFERSON STREET SUITE 501
GREEN BAY WI 54301

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

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April 22, 2026

ELECTRONIC MAIL

SOD#YO6K11

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIREMENTS
NOTICE OF SPECIAL ORDERS

Maurisha Hudson
1550 N. Edison St. Apt. 619
Milwaukee, WI 53202

C/O Licensee: Compassionate Adult Family Home LLC

Re: Compassionate Adult Family Home (0021227)
523 N. 10th Ave.
West Bend, WI 53090

Dear Maurisha Hudson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Compassionate Adult Family Home, located at 523 N. 10th Ave., West Bend, WI 53090, 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 March 12, 2026, a monitoring visit was concluded for Compassionate Adult Family Home 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) # YO6K11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD # YO6K11 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, Northeastern Regional Office, at DHSDQABALNERO@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 **Compassionate Adult Family Home**:

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 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 (SOD) YO6K11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager.

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve the privacy deficiency identified in SOD YO6K11. 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 Compassionate Adult Family Home located at 523 N. 10th Avenue, West Bend, WI 53090. 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 privacy deficient practice identified in SOD YO6K11. 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.

All documentation required by Order #1 will be made available to the department representatives upon request.

* * *

If you have questions about this letter, please contact Vicky Wittman, Assisted Living Regional Director, at (920) 448-4800.

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/clr