

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

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December 17, 2024

ELECTRONIC MAIL
SOD #YQ4613

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Heather Riel
W11474 US Hwy 8
Hawkins, WI 54530

C/O Licensee: Miller JR, Matthew

**Re: Bruce Assisted Living, 0018616
405 Bruce Lake Rd
Bruce, WI 54819**

Dear Heather Reil:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Bruce Assisted Living, located at 405 Bruce Lake Rd, 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 November 13, 2024, a verification visit & complaint investigation was concluded for Bruce Assisted Living 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) #YQ4613 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #YQ4613 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, 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 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 Bruce Assisted Living NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until all violations in Statement of Deficiency YQ4613 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 **Bruce Assisted Living:**

CONSULTANT REQUIRED

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 88.04(2)(f). That is, the licensee will not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at

substantial risk of harm. The licensee shall ensure that residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.

The licensee shall develop and implement corrective measures in consultation with a registered nurse (RN) not currently affiliated with the licensee. The RN will have knowledge of assisted living regulations (e.g., Wis. Admin. Code chs. 12, 13 and 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Bruce Assisted Living. The licensee will provide the consultant with a copy of the Statement of Deficiency YQ4613, along with this Notice and Order letter prior to providing consultation services.

Consultation will include, at a minimum, the development (or review) of written procedures and training for all managers and service providers to address:

Health Monitoring, including how the staff will:

a) monitor and document changes in the resident's physical or mental health; b) notify the resident's legal representative and care manager (if any) when a resident experiences a change of condition, accident, injury, or medical emergency; c) obtain timely medical care (clinical assessments, medications, prompt medical treatment), and d) provide or arrange services to address each resident's health care needs.

Employee and Contractor Background Checks, how the licensee will ensure:

a) A background check is obtained pursuant to Wis. Stat. § 50.065, Stats., and Wis. Admin. Code ch. DHS 12, for any person who is, or is expected to be, an employee or contractor of the adult family home.

Home Environment, how the licensee will ensure:

**a) Timely repairs and scheduled maintenance of the home; and
b) Scheduled and 'as needed' housekeeping to maintain a safe, clean, homelike environment.**

Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant.

All training records will be maintained in personnel files and include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

All documentation 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 licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency YQ4613 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 November 13, 2024, a verification visit was concluded at Bruce Assisted Living by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #YQ4612 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 Bruce Assisted Living. There are no appeal rights for revisit fees.

* * *

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

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge", written over a horizontal line.

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

Enclosure

KB/IAJ

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