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
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January 22, 2026

ELECTRONIC MAIL
SOD#YZVQ12

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Regina Sellers
4721 N. 74th St.
Milwaukee, WI 53218

C/O Licensee: Sellers Serenity Adult Family Home

Re: Sellers Serenity Adult Family Home (0017315)
8319 N. Celina St.
Milwaukee, WI 53224

Dear Regina Sellers:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Sellers Serenity Adult Family Home, located at 8319 N. Celina St., Milwaukee, 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 October 8, 2025, a standard survey, complaint investigation and verification visit was concluded for Sellers Serenity 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) #YZVQ12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #YZVQ12 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 **Sellers Serenity Adult Family Home:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to ensure the home and its operation comply with this chapter and with all other laws governing the home and its operation. The licensee's corrective measures shall ensure the following:

WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each resident with a copy of Statement of Deficiency (SOD) YZVQ12 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 review each employee record and ensure the record includes the following information, at a minimum:

a) A completed caregiver background check including a Background Information Disclosure form (BID), a response from the Department of Justice (DOJ), and a Governmental Findings Report (previously "IBIS letter"). The personnel file shall also include all other background information specified by Wis. Stat. §§ 50.065(2)(b), 50.065(2)(bm), 50.065(3)(b), and 50.065(4m)(c).
b) Documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service.

WITHIN 45 DAYS of receipt of this notice, the licensee shall review each resident record and ensure the record contains the following information, at a minimum:

a) Evidence the fire safety evacuation plan is reviewed with each new resident immediately following placement and each resident is evaluated using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes.
b) Documentation each new resident receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.
c) An individual service plan developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any, and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. The ISP shall contain a statement of agreement with the plan, dated and signed by all persons involved in developing the plan.

WITHIN 45 DAYS of receipt of this notice, the licensee will develop (or revise) and implement a written procedure for routine monitoring of hot water temperatures. The written procedure will include specific measures the provider will take if recorded water temperatures exceed safe levels. Monitoring will be documented, and records will be made available to department representatives upon request. All employees with assigned responsibilities to monitor hot water temperatures will receive training on the written procedure. 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.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures will ensure the use of electronic video monitoring or filming equipment, in locations identified to infringe upon resident privacy rights, is discontinued and the equipment from those areas is removed to promote a homelike environment.

Additional resources can be found at: https://www.dhs.wisconsin.gov/regulations/assisted-living/technology-guidance.htm

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 October 8, 2025, a verification visit was concluded at Sellers Serenity Adult Family Home by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #YZVQ11 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
Southeastern Regional Office
819 North 6th St., Room 609B
Milwaukee, WI 53203-1606

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in additional department action against Sellers Serenity Adult Family Home. There are no appeal rights for revisit fees.

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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