DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
Room E300
201 E. Washington Avenue
Madison, WI 53703

Telephone: 608-264-9888
Fax: 608-264-9889
TTY: 711 or 800-947-3529

Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

ELECTRONIC MAIL

August 21, 2025

SOD #Z88P11

NOTICE and ORDER

NOTICE OF VIOLATION

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ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

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Tiffany Sanchez
217 Wisconsin Ave. Suite 201
Waukesha, WI 53186

C/O Licensee: Broadstep-Wisconsin, Inc.

Re: Clovercrest (0018569) CBRF, Jefferson County
503 Clovercrest Court
Watertown, WI 53094

Dear Tiffany Sanchez:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Clovercrest, located at 503 Clovercrest Court, Watertown, WI 53094, 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 08/15/2025, a standard survey was concluded for Clovercrest 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) #Z88P11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #Z88P11 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, Southern Regional Office, at DHSDQABALSRO@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 Clovercrest NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until all violations in Statement of Deficiency Z88P11 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 **Clovercrest**:

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 5 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 Z88P11 and a copy of this Notice and Order letter. The licensee shall retain documentation, 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 21 DAYS of receipt of this notice, the licensee shall hold a separate care conference for Resident 1, Resident 2, Resident 3, and Resident 4 with their legal representative and case manager (if any), for the purpose of reviewing the resident's assessment for accuracy and revising the Individual Service Plan (ISP). The ISP will include individualized services, approaches, and interventions to meet the resident's assessed needs including any behavioral safety risks and the level of supervision required in the home and community.

The licensee will obtain a statement of agreement with the plan, dated, and signed by all persons involved in developing the plan. All staff responsible for providing services will review the updated ISP and will provide services in accordance with the plan.

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 Z88P11. The licensee's corrective measures shall include the development (or review) of written procedures to address the following:

<u>Medication Management and Administration, including how the provider will:</u>

(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

<u>RN Delegation</u>

The written procedure will ensure non-licensed employees may only administer injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally as delegated nursing acts, pursuant to s. N 6.03(3).

In the supervision and direction of delegated nursing acts an RN shall: a) delegate tasks commensurate with education, preparation, and demonstrated abilities of the person supervised, b) provide direction and assistance to those supervised, c) observe and monitor the activities of those supervised, and d) evaluate the effectiveness of acts performed under supervision.

When assigned, delegated nursing tasks will be addressed in the CBRF employee's job description and personnel file. The employee's file will include a written plan for RN supervision and direction of delegated nursing acts.

******special orders continued on page 4*******

Additionally,

All managers and resident care staff shall receive 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.

A copy of all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according to 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 #Z88P11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF $9,580.00 IS IMPOSED** for the following violations described in SOD #Z88P11.

TAG	DHS CODE	FORFEITURE AMOUNT
N0205	**83.14(2)(j)**	**$1,000.00**
N0352	**83.32(3)(h)**	**$6,730.00**
N0388	**83.35(3)(c)**	**$250.00**
N0396	**83.36(1)(a)**	**$500.00**
N0407	**83.37(1)(h)**	**$200.00**
N0416	**83.37(2)(e)**	**$600.00**
N0499	**83.45(3)**	**$300.00**

Total Forfeiture Due: $9,580.00

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 #Z88P11, **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 $6,227.00.

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

ENFORCEMENT SPECIALIST
DHS / DQA / BAL
201 E. Washington Avenue
Madison, WI 53703

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.

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 Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

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

Enclosure
KB/SS

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