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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November 22, 2024

ELECTRONIC MAIL
SOD #ZEZF13

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

Kelly Winfrey
5847 North 92nd Street
Milwaukee, WI 53225

C/O Licensee: Flagg Street Manor III LLC

Re: Flagg Street Manor III, 0016521
8608 West Bender Road
Milwaukee, WI 53224

Dear Kelly Winfrey:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Flagg Street Manor III, located at 8608 West Bender Road, 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 September 26, 2024, a verification visit and a complaint investigation were concluded for Flagg Street Manor III 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) #ZEZF13 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #ZEZF13 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.

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 Flagg Street Manor III NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in Statement of Deficiency ZEZF13 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 **Flagg Street Manor III:**

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 in Wis. Admin. Code § DHS 88.05(4)(d)1.

and have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures will address:

- Developing a written fire safety evacuation plan to facilitate a safe and immediate evacuation of all residents on a 24-hour basis. The evacuation plan will ensure access to at least two safe and unobstructed means of exiting the home at all times, in accordance with requirements specified in Wis. Admin. Code § DHS 88.05(4)(c)1.

- Implementing staffing patterns that will be sufficient to facilitate an immediate and safe evacuation of all residents of the home in the event of a fire.

Pending full compliance with the fire evacuation requirements, the licensee will implement measures to ensure the safety of residents in the event of a fire emergency. Any resident who cannot be immediately and safely evacuated in a fire and is identified as a "point of rescue," shall be evaluated for discharge.

A copy of the written fire safety evacuation plan required by Order #1 will be 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 ZEZF13 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 September 26, 2024, a verification visit was concluded at Flagg Street Manor III by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #ZEZF12 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 Flagg Street Manor III. There are no appeal rights for revisit fees.

* * *

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/ram

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