



Tony Evers
Governor

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Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE
BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
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November 19, 2019

ELECTRONIC DELIVERY
SOD ID #ZMET11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO SUBMIT A PLAN OF CORRECTION

NOTICE OF SPECIAL ORDERS

Gigi Davidson
1516 Avon Way
Honolulu, HI 96822

Re: ALOHA COMMUNITY PLATTEVILLE, (0016380)
7692 Bunker Ridge Rd
Platteville, WI 53818

Dear Ms. Davidson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Aloha Community Platteville, located at 7692 Bunker Ridge Rd, Platteville, WI 53818, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (DHS) pursuant to Wis. Stat. § 50.033(2), and Wis. Admin. Code ch. DHS 88.

NOTICE OF VIOLATION

August 22, 2019, a standard licensure survey was conducted at Aloha Community Platteville by the Division of Quality Assurance (DQA), Bureau of Assisted Living (BAL), 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). DHS is issuing Statement of Deficiency (SOD) ID #ZMET11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD ID #ZMET11 is attached.

ORDER TO SUBMIT A PLAN OF CORRECTION

According to Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.c., you must submit a Plan of Correction (POC) with proposed completion dates. Document your plans of correction and completion dates on the POC form provided (F-00344). Please return the completed POC form F-00344 via email to the Bureau of Assisted Living Southern Regional Office at DHSDQABALSRO@dhs.wisconsin.gov within **Ten (10)** days of receipt of this NOTICE and ORDER.

Your **PLAN OF CORRECTION** must address all of the following:

1. What corrective action and system changes will be made to ensure violations are corrected and regulatory compliance is maintained?
2. Who is responsible for monitoring for continued regulatory compliance?
3. Department Orders, if applicable. Submit documentation, if requested.
4. Date of completion for each corrective action (Violation, Order).

SPECIAL ORDERS

Based on the results of DQA's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.b., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, DHS HEREBY ORDERS that Aloha Community Platteville:**

1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee will comply with the requirements specified by Wis. Admin. Code ch. DHS 88. The licensee's written plan of correction (POC) will incorporate the development of record-keeping systems, routine monitoring, and written policies and procedures to ensure on-going regulatory compliance with this chapter and with all other laws governing the home and its operation. At a minimum, the written POC will include:

- **How the licensee will ensure all current and prospective caregivers have the necessary skills and training to fulfill job duties, and satisfy the requirements identified in Wis. Admin. Codes §§ DHS 88.04(5)(a) and 88.04(5)(b). All training will be provided by qualified instructors. Training records will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content. Regardless of date of hire, each caregiver will be fully trained before assuming the responsibilities of providing direct care without the supervision of a fully qualified service provider.**
- **How the licensee will ensure each resident is evaluated immediately following placement, and annually thereafter, using a form provided by the department to determine each resident's evacuation needs and abilities. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes.**

- How each deficient practice identified in SOD # ZMET11 will be, or has been resolved, AND system changes to ensure continued compliance with applicable rules. All potential health or safety hazards will be addressed immediately.

ADDITIONALLY:

- **WITHIN 30 DAYS** of receipt of this notice, records for all current residents will be updated to include all required information and documentation required by Wis. Admin. Code § DHS 88.09, including: a fire evacuation evaluation; written authorization from the resident or resident's guardian to control the resident's funds, and; a health examination communicable disease screen (including a screening for tuberculosis).
- **WITHIN 30 DAYS** of receipt of this notice, documentation of a current and successful water test conducted by the state laboratory of hygiene or other laboratory approved under ch. HSS 165, will be on file at the facility, and available to Department representatives, on request.

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If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 264-9888.

Sincerely,



Alfred C. Johnson, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure

ACJ: MSE

cc: Ombudsman, Grant County
Aging/Disability Resource Center, Grant County
Grant County Human Services
Waiver Agencies
IRIS Consultant Agencies
Disability Rights Wisconsin