

Tony Evers
Governor



Kirsten L. Johnson
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State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
SOUTHEASTERN REGIONAL OFFICE
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August 19, 2026

ELECTRONIC MAIL
SOD#ZN0011

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

Ashley Chipley
3845 N. 10th St.
Milwaukee, WI 53206

C/O Licensee: Saved by Grace Faith Adult Family Home LLC

Re: Saved by Grace Faith Adult Family Home LLC, (0018744)
3845 N. 10th St.
Milwaukee, WI 53206

Dear Ashley Chipley:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Saved by Grace Faith Adult Family Home LLC, located at 3845 N. 10th 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 July 23, 2026, a complaint investigation was concluded for Saved by Grace Faith Adult Family Home LLC 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) #ZN0011 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #ZN0011 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 **Saved By Grace Faith Adult Family Home LLC NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all the violations in Statement of Deficiency ZN0011 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 **Saved by Grace Faith Adult Family Home LLC:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure that residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective actions will include, at a minimum, the development (or review) of a written a procedure to address:

Individual Service Plan/Assessment

- Sufficient information is obtained from a prospective resident prior to admission or prior to re-admission to determine whether the person's needs can be met with the services identified in the home's program statement.
- A comprehensive written assessment and individual service plan (ISP) are completed and on file for each resident within 30 days after placement.
- Resident assessments and ISPs will identify services, approaches, and interventions appropriate to meet the needs of the resident.
- The resident's ISP shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. The resident's ISP will be reviewed at least once every 6 months by the licensee, the resident, the resident's legal representative, and the placing agency, if applicable, to determine continued appropriateness of the plan and to update the plan, as necessary. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan will be obtained.
- All staff responsible for providing services to a resident will review the ISP and provide services in accordance with the plan.

All managers, and service providers (as appropriate) will receive training regarding the provider's written procedure required by Order #1.

ADDITIONALLY,

WITHIN 45 DAYS of receipt of this notice, the licensee shall provide training for all managers, and service providers with responsibilities for medication administration and management, regarding the provider's corrective measures to address the medication administration and documentation deficiency identified in Statement of Deficiency ZN0011.

Training required by Order #1 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.

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

* * *

If you have questions about this letter, please contact MaryBeth Hoffman Assisted Living Regional Director, at (414)227-2005.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is fluid and cursive, with a long horizontal line extending from the end.

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

Enclosure
KB/jw

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