

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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May 7, 2026

ELECTRONIC MAIL
SOD#ZPO611

NOTICE and ORDER
NOTICE OF VIOLATION
ORDER TO COMPLY WITH REQUIREMENTS
NOTICE OF SPECIAL ORDERS

Jeff & Bobbie Smith
8322 N. 111th St.
Milwaukee, WI 53224

C/O Licensee: Smiths Loving Hands LLC

Re: Smiths Loving Hands LLC (0014854)
5538 N. 40th St.
Milwaukee, WI 53209

Dear Jeff & Bobbie Smith:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Smiths Loving Hands LLC, located at 5538 N. 40th 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 March 26, 2026, an abbreviated survey was concluded for Smiths Loving Hands 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) #ZPO611 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #ZPO611 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 **Smiths Loving Hands LLC**:

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure a background check has been completed for all service providers.

WITHIN 45 DAYS of receipt of this notice, the licensee shall review the personnel file for each employee and ensure the personnel files contain a completed criminal record check from the Department of Justice, a complete Background Information Disclosure form (BID), a Governmental Findings Report AND 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). At least every four years, the entity shall request updated criminal background information as specified by Wis. Stat. § 50.065(3).

* * *

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Smiths Loving Hands LLC
May 7, 2026

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 of the name.

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

Enclosure
KB/jw