Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

NORTHEASTERN REGIONAL OFFICE
200 NORTH JEFFERSON STREET SUITE 501
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November 29, 2023

ELECTRONIC MAIL
SOD#ZYJY11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

Cloetta Sanders
PO Box 91292
Milwaukee, WI 53209

C/O Licensee: A Dream Come True AFH LLC

Re: Miracles House (0019517)
443 S 5th Avenue
West Bend, WI 53095

Dear Cloetta Sanders:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Miracles House, located at 443 S 5th Avenue, West Bend, WI 53095, 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 October 13, 2023, a Complaint Investigation and Standard Survey were concluded for Miracles House 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) # ZYJY11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD # ZYJY11 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, Northeastern Regional Office, at DHSDQABALNERO@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 **Miracles House NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS** until all violations in SOD # ZYJY11 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 **Miracles House:**

CONSULTANT REQUIRED
1. Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 88.04(2)(a), and ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation.

The licensee will correct the deficiencies specified under Wis. Admin. Code § DHS 88.04(2)(a) identified in SOD ZYJY11 in consultation with a qualified professional (e.g., registered nurse, health care administrator), not currently affiliated with the licensee, at the licensee's expense. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 88, Wis. Stat. ch. 50) and knowledge of the client groups served by Madison Creative Care LLC. The licensee will provide the consultant with a copy of the SOD ZYJY11, along with this Notice and Order letter prior to providing consultation services.

Consultation will include the development (or revision) of written procedures to address:

Individual Service Plan/Assessment
- 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.
- Each 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. The resident will be participating in a manner appropriate for the resident's level of understanding and method of communication. This review is 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.

Health Monitoring
-Including how the facility will: (a) monitor and document changes in the resident's physical or mental health; (b) notify the resident's legal representative and care manager (if any) when a resident experiences a change of condition, accident, injury, or medical emergency; (c) obtain timely medical care (clinical assessments, medications, prompt medical treatment), and (d) provide or arrange services to address each resident's health care needs.

Resident Rights
-Including how the provider will ensure each resident's right to be treated as an adult with dignity, respect, and individuality in a homelike environment. In the absence of a documented treatment plan, based on clinical or therapeutic indications, no restriction on a resident's freedom of choice (e.g., restricted access to food or beverages) will be arbitrarily imposed. The written procedures will include:
(a) Measures the licensee will take to ensure all caregivers protect and promote each resident's right to make decisions related to care, activities, daily routines and other aspects of life which enhance the resident's self-reliance and support the resident's autonomy and decision-making.
(b) Identified alternatives to locked refrigerators, cabinets, and food storage (e.g., staff supervision, individualized service plans), as feasible, to achieve a homelike environment that promotes the individual needs and capabilities of residents. (c) Resident rights training for all employees. Documentation of training will be maintained in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

WITHIN 45 DAYS of receipt of this notice, the licensee shall:
- Provide training to all managers and service providers on the corrective actions taken to resolve each deficiency identified in SOD ZYJY11. Training 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.
- Provide the legal representative and case manager (if any) for each resident with a copy of SOD ZYJY11, and a copy of this Notice and Order letter. The licensee shall retain evidence to verify compliance with Order #1. Acceptable documentation will include signed and dated verification letter or email, or certified mail receipt. Documentation will be made available to department representatives upon request.

* * *

If you have questions about this letter, please contact Vicky Wittman, Assisted Living Regional Director, at (920) 448-4800.

Sincerely,

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

Enclosure
KB/CC

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