

Scott Walker
Governor

Linda Seemeyer
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE
BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
P.O. Box 7940
MADISON WI 53707-7940

Telephone: 608-264-9888
FAX: 608-264-9889
dhs.wisconsin.gov

July 2, 2018

CERTIFIED MAIL
7016 0910 0001 8736 7697
SOD # MZ9H13

NOTICE and ORDER

NOTICE OF VIOLATION

NOTICE OF LICENSE REVOCATION

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF IMPOSED FORFEITURE

NOTICE OF RIGHT TO APPEAL

Rachel Baehr
35 Tower Drive
Sun Prairie, WI 53590

**Re: Faith Gardens [0014913]
35 Tower Drive
Sun Prairie, WI 53590**

Dear Ms. Baehr:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Faith Gardens, located at 35 Tower Drive in Sun Prairie, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (DHS) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code DHS ch. 83.

NOTICE OF VIOLATION

On 5/21/2018, a complaint investigation and verification visit was conducted at Faith Gardens 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 DHS ch. 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). DHS is issuing Statement of Deficiency (SOD) #MZ9H13 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code DHS ch. 83, which establish the grounds for this action. SOD #MZ9H13 is enclosed.

NOTICE OF LICENSE REVOCATION

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(d), and (e), EFFECTIVE UPON RECEIPT OF THIS NOTICE, the Department of Health Services hereby REVOKES THE LICENSE of Faith Gardens.

This action is being taken under the following statutory provisions:

Wis. Stat. § 50.03(5g)(d)2., whereby the licensee or a person under the supervision of the licensee has substantially violated a provision of licensure applicable to a community-based residential facility under Wis. Stat. § 50.03(4) or an administrative rule promulgated under Wis. Stat. ch. 50, subchapter I; and

Wis. Stat. § 50.03(5g)(d)3., whereby the licensee or a person under the supervision of the licensee has acted in relation to or has created a condition relating to the operation or maintenance of the community-based residential facility that directly threatens the health, safety or welfare of a resident of the community-based residential facility.

Within 3 days of receipt of this notice, return the Community Based Residential Facility license for Faith Gardens, 35 Tower Drive, Sun Prairie, WI. to the Southern Regional Office, PO Box 7940, Madison, WI 53707-7940.

ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b)7., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Faith Gardens NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS.**

SPECIAL ORDERS

RELOCATION PLAN REQUIRED

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., the licensee will submit a Resident Relocation Plan to the Department in accordance with Wis. Stat. § 50.03(14) [Closing of a Facility]. In addition, discharge planning for residents will meet the requirements specified by Wis. Admin. Code ch. DHS 83. Refer to the following guidance and requirements:

Resident Relocation Manual:

<https://www.dhs.wisconsin.gov/relocation/relocationmanual.pdf>

Relocation Stress/Syndrome:

<http://longtermcare.wi.gov/docview.asp?docid=21549&locid=123>

Furthermore, within 10 days of receipt of this notice, the licensee will submit the following to the Southern Regional Office, PO Box 7940, Madison, WI 53707:

- The names of residents currently living in the CBRF;
- The names, addresses and telephone numbers of residents' legal guardians or an involved family member;
- The names, addresses, and telephone numbers for residents' case managers and funding agencies.
- A preliminary discharge plan that includes:
 - A timetable for planning and implementation of resident relocations;
 - Measures the facility will take to comply with this order and facilitate supportive, safe and orderly relocations for residents.

NOTICE OF FORFEITURE*

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according to Wis. Stat. § 50.03(5g)(c)1.b., DHS may impose a forfeiture on a licensee or any other person who violates the applicable statutory provisions or administrative rules governing CBRFs. If imposed, the forfeiture amount may not be less than \$10 or more than \$1,000 per day for each violation.

DHS has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #MZ9H13. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$7,650 IS IMPOSED** for the following violations described in SOD #MZ9H13. Some of the forfeitures may accrue daily until compliance is achieved and verified for that cited violation.

<u>TAG</u>	<u>DHS Code</u>	<u>Forfeiture Amount(\$)</u>
N169	83.12(5)(a)	\$ 600
N352	83.32(3)(h)	\$ 6,350
N353	83.32(3)(i)	\$ 500
N415	83.37(2)(d)	\$ 200

Total Forfeiture Due: \$7,650

You must pay the Total Forfeiture amount within ten (10) days of receipt of this NOTICE and ORDER.

* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by DHS are deposited in the State's School Fund.

REDUCED FORFEITURE OPTION

If you choose not to appeal the forfeiture, any of the violations in SOD #MZ9H13, **AND** any Orders contained in this NOTICE and ORDER, then DHS will reduce the total forfeiture due by 35%.

This 35% reduced forfeiture option also applies to any accruing forfeiture. Final calculation of any accruing forfeiture due will be based on a verified date of compliance.

At this time, the reduced forfeiture amount due to DHS within ten (10) days of receipt of this NOTICE and ORDER is \$4,972.50.

Please make the forfeiture payment payable to “*DHS 639*” and send it to:

RESEARCH ANALYST
DHS / DQA / BAL
PO BOX 2969
MADISON, WI 53701-2969

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. § 50.03(5g)(b) and (f), you may request an administrative hearing of DHS’s action. To notify DHS of your request for a hearing, your written request **must be filed with (served upon) the Division of Hearings and Appeals (DHA) within ten (10) days after receipt of this NOTICE.**

According to Wis. Admin. Code § HA 1.03(3)(a), materials **mailed** to DHA are **considered filed on the date of the postmark.** Send your request for a hearing to:

CBRF APPEAL
DHA
P.O. BOX 7875
MADISON, WI 53707-7875

Include in your written request for a hearing **ALL** of the following:

- ✓ The name and address of the facility;
- ✓ What you are appealing (attach a copy of this NOTICE to your appeal);
- ✓ The effective date of the action;
- ✓ A concise statement of the reasons for objecting to the action;
- ✓ What type of relief you are seeking; and
- ✓ The name, address and telephone number of any person who may be expected to appear on behalf of the facility

YOUR APPEAL MAY BE DENIED OR DISMISSED IF THE REQUEST IS INCOMPLETE OR NOT FILED WITH DHA WITHIN THE 10-DAY APPEAL TIME.

Rachel Baehr
Faith Gardens
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Please note that according to Wis. Stat. §50.03(5g)(c)1.c., if you file an appeal, then payment of any forfeiture is due within 10 days after you receive the final decision in the case after exhaustion of administrative review.

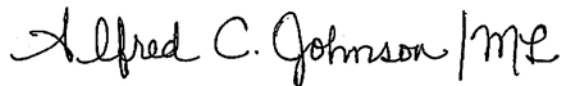
POSTING OF NOTICES

According to Wis. Admin. Code DHS §§ 83.13(3)(a) and 83.14(2)(h), each facility shall immediately upon receipt post next to its CBRF license, and in a public area that is visually and physically available, any citation/statement of deficiency, notice of revocation, notice of non-renewal, and any other notice of enforcement action. Citations and statements of deficiency shall remain posted for ninety (90) days following receipt. Notices of revocation, non-renewal, and other notices of enforcement action shall remain posted until a final determination is made.

* * *

If you have questions about this letter, please contact Linda Boswell, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

A handwritten signature in black ink that reads "Alfred C. Johnson" followed by a stylized monogram "ME".

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

Enclosure

cc: Aging/Disability Resource Center, Dane County
Bureau of Assisted Living Enforcement
Dane County Human Services
Ombudsman, Dane County
Disability Rights Wisconsin
IRIS Consultant Agencies
Waiver Agencies