

Tony Evers  
Governor



Kristen L. Johnson  
Secretary

**State of Wisconsin**  
Department of Health Services

**DIVISION OF QUALITY ASSURANCE**

BUREAU OF ASSISTED LIVING  
NORTHWESTERN REGIONAL OFFICE  
610 GIBSON ST SUITE 1  
EAU CLAIRE WI 54701-3687

Telephone: 715-836-4790

Fax: 608-224-5705

TTY: 711 or 800-947-3529

January 8, 2024

**ELECTRONIC MAIL**  
**SOD #L2EM11**

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIREMENTS**

**NOTICE OF RIGHT TO APPEAL**

Bethany Friedrich  
Preferred Senior Living LLC  
429 W. Wayne Street  
Ellsworth, WI 54011

C/O Licensee: Preferred Senior Living LLC

**Re: Preferred Senior Living of Ellsworth, 0014905**  
**429 W. Wayne Street**  
**Ellsworth, WI 54011**

Dear Bethany Friedrich:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Preferred Senior Living of Ellsworth, located at 429 W. Wayne Street in Ellsworth, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.03(5g), and Wis. Admin. Code ch. DHS 83.

**NOTICE OF VIOLATION**

On 01-03-24, a standard survey was concluded for Preferred Senior Living of Ellsworth 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 83, or both, which set forth requirements for the administration and operation of a community-based residential facility (CBRF). The Department is issuing Statement of Deficiency (SOD) #L2EM11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #L2EM11 is enclosed.

**ORDER TO COMPLY WITH REQUIREMENTS**

1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee shall comply with the requirements specified by Wis. Stat. ch. 50 and Wis. Admin. Code ch. DHS 83 that establish the standards for the operation of the Community Based Residential Facility 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. § 50.03(5g)(cm), 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, Northwestern Regional Office, at [DHSDQABALWRO@dhs.wisconsin.gov](mailto:DHSDQABALWRO@dhs.wisconsin.gov). The Regional Director will communicate to the licensee a decision on the date of compliance extension.

**NOTICE OF RIGHT TO APPEAL**

According to Wis. Stat. §§ 50.03(5g)(b) and (f), you may request an administrative hearing of the Department's action. To notify the Department 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**. Please note that 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.**

### **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.

Therefore, the license shall immediately post this Notice and Order letter and it shall remain posted until a final determination is made.

\* \* \*

If you have questions about this letter, please contact William R. Gardner, Assisted Living Regional Director, at (715) 836-4029.

Sincerely,



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

Enclosure

KB/MVL