



Tony Evers  
Governor

Kirsten L. Johnson  
Secretary

**State of Wisconsin**  
Department of Health Services

**DIVISION OF QUALITY ASSURANCE**

BUREAU OF ASSISTED LIVING  
MADISON/SOUTHERN REGIONAL OFFICE  
Room 455  
PO BOX 2969  
MADISON WI 53701-2969

Telephone: 608-264-9888  
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TTY: 711 or 800-947-3529

November 13, 2023

**ELECTRONIC MAIL**

SOD #61OL11

**NOTICE and ORDER**

**NOTICE OF VIOLATION**

**ORDER TO COMPLY WITH REQUIREMENTS**

**ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS**

**NOTICE OF SPECIAL ORDERS**

**NOTICE OF IMPOSED FORFEITURE**

**NOTICE OF RIGHT TO APPEAL**

Robert Turner  
W5057 Farm Village Lane  
Elkhorn, WI 53121

C/O Licensee: PTB Properties

**Re:** Sunset Ridge Jefferson (0016540) CBRF, Jefferson County  
826 Reinel St.  
Jefferson, WI 53549

Dear Robert Turner:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Sunset Ridge Jefferson, located at 826 Reinel St., Jefferson, WI 53549, 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 08/17/2023, four complaint investigations were concluded for Sunset Ridge Jefferson 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) #61OL11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD #61OL11 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, Southern Regional Office, at DHSDQABALSRO@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**

**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 Sunset Ridge Jefferson NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until all violations in Statement of Deficiency (SOD) 61OL11 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. § 50.03(5g)(b), **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER**, the Department of Health Services **HEREBY ORDERS** that **Sunset Ridge Jefferson:**

- 1. Pursuant to Wis. Stat. §§ 50.03(5g)(b)3. And (b)6., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 83.14(2)(a) and ensure that the CBRF and its operation comply with this chapter**

**and with all other laws governing the CBRF and its operation. The licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) 61OL11.**

**WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall include the development (or review/revision) of written procedures to address, at a minimum:**

**Adequate and Qualified Staff:**

- At least one qualified resident care staff will be present in the CBRF when one or more residents are present in the CBRF. "Qualified resident care staff" means an employee who has successfully completed all of the applicable training and orientation required by Wis. Admin. Code ch. DHS 83.**
- Documentation of training will be maintained in personnel records and will include the date(s)/duration of training, the signature/qualifications of the instructor, and an outline of course content.**
- Staffing patterns will be sufficient to meet the personal care needs of residents, to ensure needed supervision, to provide needed services (e.g., toileting, bathing, medication management, interventions to prevent falls, personal cares, meals), and to facilitate a safe evacuation of the building in the event of an emergency.**
- When a resident or residents (as a group) require the assistance of two or more staff members to address care and service needs, to provide supervision, or to evacuate the building in an emergency, the licensee will ensure sufficient, qualified staff members are on duty, present and available to assist residents at all times.**
- Written staff schedules will be current and shall include each employee's full name, job assignment and time worked. Records will be amended, as necessary, to ensure an accurate and complete record of time worked by all facility employees, and/or employees of contract agencies providing routine services to facility residents.**

**Additionally:**

- All managers and resident care staff (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1.**
- Training will be documented in employee files and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.**
- A copy of the written procedures and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request.**

**2. Pursuant to Wis. Stat. § 50.03(5g)(b)6., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each current resident with a copy of Statement of Deficiency (SOD) 61OL11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the Department, to verify compliance with Order #2. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the Department representatives upon request.**

**NOTICE OF FORFEITURE\***

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according to Stat. § 50.03(5g)(c)1.b., the Department of Health Services 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.

The Department has determined that you violated state statutes or administrative code provisions, or both, as identified in the enclosed SOD #61OL11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$3,460.00 IS IMPOSED** for the following violations described in SOD #61OL11.

<b><u>TAG</u></b>	<b><u>DHS Code</u></b>	<b><u>Forfeiture Amount</u></b>
N196	83.14(2)(a)	\$1,000.00
N163	83.12(4)(a)	\$150.00
N169	83.12(5)(a)	\$150.00
N239	83.20(2)(a-d)	\$400.00
N251	83.23	\$860.00
N383	83.35(1)(c)	\$300.00
N426	83.38(1)(b)	\$600.00

**Total Forfeiture Due: \$3,460.00**

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

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\* According to Art. X, §2 of the Wisconsin Constitution and Wis. Stat. § 50.03(5g)(c)1.c., all forfeitures collected by the Department 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 #61OL11, **AND** any Orders contained in this NOTICE and ORDER, then the Department 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 the Department within ten (10) days of receipt of this NOTICE and ORDER is \$2,249.00.

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

**ENFORCEMENT SPECIALIST  
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 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.**

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.

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 Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth Brotheridge". The signature is written in a cursive style with a long, sweeping underline that extends to the left.

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

Enclosure  
KB/SS

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

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Sunset Ridge Jefferson (0016540)  
CBRF, Jefferson County  
November 13, 2023

Disability Rights Wisconsin