

Tony Evers  
Governor



**DIVISION OF QUALITY ASSURANCE**  
NORTHEASTERN REGIONAL OFFICE  
200 NORTH JEFFERSON STREET SUITE 501  
GREEN BAY WI 54301

Kirsten L. Johnson  
Secretary

**State of Wisconsin**  
Department of Health Services

Telephone: 920-448-5252  
Fax: 608-224-5704  
TTY: 711 or 800-947-3529

April 30, 2025

**ELECTRONIC MAIL**  
SOD #7QTX11

**NOTICE and ORDER**  
**NOTICE OF VIOLATION**  
**ORDER TO COMPLY WITH REQUIREMENTS**

Ryan Calmes  
3701 East Evergreen Drive Ste. 280  
Appleton, WI 54913

C/O Licensee: Helens House LLC

**Re:** Helens House Kimberly (0018548)  
206 River Edge Drive  
Kimberly, WI 54136

Dear Ryan Calmes:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Helens House Kimberly, located at 206 River Edge Drive, Kimberly, WI 54136, 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 5, 2025, a standard survey was concluded for Helens House Kimberly 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) #7QTX11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #7QTX11 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.

\* \* \*

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

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/clr