

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

May 8, 2025

**ELECTRONIC MAIL**  
SOD #N6IY11

**NOTICE and ORDER**  
**NOTICE OF VIOLATION**  
**ORDER TO COMPLY WITH REQUIREMENTS**  
**NOTICE OF SPECIAL ORDERS**  
**NOTICE OF IMPOSED FORFEITURE**  
**NOTICE OF RIGHT TO APPEAL**

Erin Varga  
1800 Granite Lane  
Port Washington, WI 53074

C/O Licensee: EH Port Washington LLC

**Re:** High Point Residence Port Washington (0019671)  
1800 Granite Lane  
Port Washington, WI 53074

Dear Erin Varga:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of High Point Residence Port Washington, located at 1800 Granite Lane, Port Washington, WI 53074, 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 January 21, 2025, a complaint investigation was concluded for High Point Residence Port Washington 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) # N6IY11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 83, which establish the grounds for this action. SOD # N6IY11 is enclosed.

[www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

**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, Northeastern Regional Office, at [DHSDQABALNERO@dhs.wisconsin.gov](mailto:DHSDQABALNERO@dhs.wisconsin.gov). The Regional Director will communicate to the licensee a decision on the date of compliance extension.

**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 **High Point Residence Port Washington**:

1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., effective immediately, the licensee shall develop and implement corrective measures to ensure all residents receive adequate personal care services to meet their needs.

WITHIN 45 DAYS of receipt of this notice, the licensee shall:

- Provide training to all managers and resident care staff on the corrective actions taken to resolve the deficiency identified in Statement of Deficiency N6IY11. 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.

**NOTICE OF FORFEITURE\***

In addition to other sanctions enumerated in Wis. Stat. § 50.03(5g)(b)1. to 8., according 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 # N6IY11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$1,600.00 IS IMPOSED** for the following violations described in SOD # N6IY11.

<u>TAG</u>	<u>DHS Code</u>	<u>Forfeiture Amount</u>
N239	83.20(2)(a-d)	\$800.00
N389	83.35(3)(d)	\$600.00
Y3244	50.09(1)(L)	\$200.00

**Total Forfeiture Due: \$1,600.00**

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

**REDUCED FORFEITURE OPTION**

If you choose not to appeal the forfeiture, any of the violations in SOD # N6IY11, **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 \$1,040.00.

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

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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.

### **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.

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High Point Residence Port Washington  
May 8, 2025

\* \* \*

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 horizontal line extending to the right from the end of the name.

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

Enclosure  
KB/clr