

Tony Evers
Governor



DIVISION OF QUALITY ASSURANCE
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June 17, 2025

ELECTRONIC MAIL
SOD #5DHE11

NOTICE OF NONCOMPLIANCE
COMPLIANCE REQUIREMENT

Michael Davis
1231 Eisner Avenue
Sheboygan, WI 53083

C/O Operator: Sheboygan AL LLC

Re: LakeHouse Sheboygan (0019859)
1231 Eisner Avenue
Sheboygan, WI 53083

Dear Michael Davis:

This letter is a NOTICE of NONCOMPLIANCE on the registrant of LakeHouse Sheboygan located at 1231 Eisner Avenue, Sheboygan, WI 53083. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat. § 50.034, and Wis. Admin. Code ch. DHS 89.

NOTICE OF NONCOMPLIANCE

On May 22, 2025, a compliance visit was concluded for LakeHouse Sheboygan by the Division of Quality Assurance, Bureau of Assisted Living, to verify that the above-referenced facility was in compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 89, or both, which set forth requirements for the administration and operation of a registered residential care apartment complex (RCAC). The Statements of Noncompliance are as follows:

Statement of Noncompliance #1:

Wis. Admin. Code § DHS 89.23(3)(c) Services, requires that Services to meet both scheduled and unscheduled care needs shall be provided in a timely manner.

This Rule is not met as evidenced by: Based on record review and interview, the Residential Care Apartment Complex (RCAC) did not ensure unscheduled needs were provided in a timely manner for Tenant 1.

Findings Include: On 12/18/2024, the department received a complaint alleging the activated power of attorney was not notified immediately of a fall which required emergency services.

On 05/20/2025, at 10:00AM, Surveyor interviewed Director of Health and Wellness B (DHW-B). DHW-B confirmed Tenant 1 had an activated power of attorney (POA). DHW-B recalled the fall Tenant 1 experienced. DHW-B reported the incident happened late at night. When the caregivers checked on Tenant 1, s/he was adamant about not going to the emergency department and reported no pain at that time. DHW-B advised the RCAC's protocol required caregivers to notify a tenant's emergency contact at the time of the incident. DHW-B confirmed s/he provided re-education to caregivers on the protocol after the incident occurred.

On 05/20/2025, at approximately 10:57AM, Surveyor reviewed Tenant 1's record. The record contained the document titled, "Power of Attorney for Health Care Statement," dated 05/15/2020. The document was signed by 2 physician's designating Health Care Power of Attorney C (HPOA-C) as the activated health care power of attorney for Tenant 1.

On 05/20/2025, at approximately 11:10AM, Surveyor reviewed Tenant 1's Service Description dated 08/26/2024. Administrative Specialist D confirmed the Service Description is the assessment/service agreement. The Service Description identified Tenant 1 was at risk for falls, uses a walker and has a diagnosis of dementia.

On 05/20/2025, at approximately 11:55AM, Surveyor reviewed the RCAC's fall policy dated, 06/10/2024. The policy noted the following: "6. The Director of health and Wellness or designee will notify the resident's family and/or responsible party immediately, providing information about the Community's response to the resident's [sic] fall ..."

On 05/20/2025, at approximately 12:00PM, Surveyor reviewed the RCAC's incident report completed by Caregiver D, for Tenant 1 dated, 12/04/2024. The incident report noted Tenant 1 required assistance of 2 caregivers to get up from the floor after the fall. The incident report further noted Caregiver D would notify the POA in the morning.

On 05/20/2025, Surveyor reviewed Tenant 1's emergency department notes from Aurora Medical Center dated, 12/04/2024. The notes confirmed Tenant 1 was diagnosed with a closed fracture of the 12th thoracic vertebra due to the fall. Tenant 1 was admitted to the hospital and discharged on 12/06/2024, to a skilled nursing facility for rehabilitation.

On 05/22/2025, approximately 10:30AM DHW-B provided documentation dated 12/05/2024, regarding caregiver education about notifications to family or emergency contact at the time of the incident. On 05/22/2025, at approximately 10:50AM, Executive Director A acknowledged the findings and added Caregiver D no longer works for the RCAC.

COMPLIANCE REQUIREMENT

According to Wis. Admin. Code § DHS 89.43(3), at any time, you shall be able to verify compliance with the applicable provisions of Wis. Stat. ch. 50, and Wis. Admin. Code ch. DHS 89. Various areas of noncompliance have been identified in this NOTICE, consequently, you should review the Statements of Noncompliance and make the necessary changes to your operation to ensure full compliance.

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Please note the Statements of Noncompliance in this NOTICE do not affect the registration of LakeHouse Sheboygan at this time; however, continued noncompliance may result in additional action, including registration revocation, jeopardizing the status of LakeHouse Sheboygan as a registered RCAC.

* * *

If you have any 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.

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

Enclosure
KB/CC