

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  
PO BOX 48  
EAU CLAIRE WI 54702

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November 6, 2025

**ELECTRONIC MAIL**  
**SOD #FZI111**

**NOTICE OF NONCOMPLIANCE**  
**COMPLIANCE REQUIREMENT**

Jacquelyn Lato  
2801 County Highway I  
Chippewa Falls, WI 54729

C/O Operator: Chippewa Falls AL LLC

**Re: LakeHouse Chippewa Falls, 0019860**  
**2801 County Highway I**  
**Chippewa Falls, WI 54729**

Dear Jacquelyn Lato:

This letter is a NOTICE of NONCOMPLIANCE on the registrant of LakeHouse Chippewa Falls located at 2801 County Hwy I, Chippewa Falls, WI 54729. 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 11/04/2025, a complaint investigation was concluded for LakeHouse Chippewa Falls 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 89.34 (17), requires a safe environment in which to live.

The facility did not ensure a safe kitchen environment.

On 10/14/2025, the department received a complaint that the kitchen area was full of "mold."

LakeHouse Chippewa Falls

Page 2 of 2

11-06-25

On 11/04/2025, surveyor observed the kitchen. The kitchen had a black substance on and around 3 vents above the coolers in the back of the kitchen. This substance was also on the ceiling adjacent to vents. The substance had appeared to have been painted over at some point. There was a vent above the dishwasher that also contained a black substance. The substance was also on the wall above the vent.

Kitchen Manager A stated that this had been an issue for the past 3 years, as there was not proper ventilation. Kitchen manager A stated they had cleaned the area and repainted, but it continued to come back.

Administrator B stated they were aware of the issue and were working on getting it fixed. Administrator B stated they recently had someone come and inspect the issue. Administrator B stated new vent covers had been ordered.

### **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.

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

\* \* \*

If you have any questions about this letter, please contact the regional office at (715) 836-4790.

Sincerely,



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

Enclosure

KB/MVL