

Tony Evers
Governor



DIVISION OF QUALITY ASSURANCE
BUREAU OF ASSISTED LIVING
WESTERN REGIONAL OFFICE
610 GIBSON STREET, SUITE 1
EAU CLAIRE, WI 54701-3687

Andrea Palm
Secretary

State of Wisconsin
Department of Health Services

Telephone: 715-836-4790
FAX: 608-224-5705
TTY: 711 or 800-947-3529

April 16, 2020

ELECTRONIC MAIL
SOD #PZKO11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO SUBMIT A PLAN OF CORRECTION

NOTICE OF IMPOSED FORFEITURE

NOTICE OF RIGHT TO APPEAL

Robert Simonson
2850 Monarch Court
Altoona, WI 54720

Dear Robert Simonson:

Re: Springbrook Community Assisted Living Inc.
861 Critter Court
Onalaska, WI 54650

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Springbrook Community Assisted Living Inc., located at 2850 Monarch Court, and sets forth appeal rights, if any. 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 VIOLATION

On 1/13/2020, a complaint investigation was conducted at Springbrook Community Assisted Living Inc. 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 89, or both, which set forth requirements for the administration and operation of a residential care apartment complex (RCAC). The Department is issuing Statement of Deficiency (SOD) #PZKO11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 89, which establish the grounds for this action. SOD #PZKO11 is attached.

Robert Simonson
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ORDER TO SUBMIT A PLAN OF CORRECTION

According to Wis. Admin. Code § DHS 89.56(2), you must submit a Plan of Correction with proposed completion dates. You have elected to receive SODs and provide Plans of Corrections (POCs) electronically. Document your plans of correction and completion dates on the POC form (F-00344) as instructed in the email by which you received this notice.

Please return the completed POC form (F-00344) via email to the Bureau of Assisted Living Western Regional Office at DHSDQABALWRO@dhs.wisconsin.gov within **ten (10)** days of receipt of this NOTICE and ORDER.

Your **PLAN OF CORRECTION** must address all of the following:

1. What corrective action and system changes will be made to ensure violations are corrected and regulatory compliance is maintained?
2. Who is responsible for monitoring for continued regulatory compliance?
3. Department Orders, if applicable. Submit documentation, if requested.
4. Date of completion for each corrective action (Violation, Order).

Failure to submit a PLAN OF CORRECTION will result in additional enforcement action against Springbrook Community Assisted Living Inc.

NOTICE OF IMPOSED FORFEITURE

According to Wis. Stat. § 50.034(2)(e), and Wis. Admin. Code § DHS 89.56(4), the Department of Health Services may impose a forfeiture for violations of the applicable statutory provisions or administrative rules governing RCACs. 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 there are violations of state statutes or administrative code provisions, or both, as identified in the enclosed SOD #PZKO11. Therefore, pursuant to Wis. Stat. § 50.03(5g)(c), **IT IS HEREBY ORDERED** that a total **FORFEITURE OF \$300 IS IMPOSED** for the following violations described in SOD #PZKO11. Some of the forfeitures may accrue daily until compliance is achieved and verified for that cited violation.

* 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.

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<u>TAG</u>	<u>DHS Code</u>	<u>Forfeiture Amount</u>
U238	89.29(3)(c)1.a.	\$ 300

Total Forfeiture Due: \$300

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 #PZKO11, **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 \$195.

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

QUALITY ASSURANCE ANALYST
DHS / DQA / BAL
PO BOX 2969
MADISON, WI 53707-7940

NOTICE OF RIGHT TO APPEAL

According to Wis. Stat. § 50.034(8)(c) and Wis. Admin. Code § DHS 89.59, you may request an administrative hearing of the Department’s action. Your written request for a hearing must be filed so that it is **RECEIVED** by the Department of Administration’s Division of Hearings and Appeals, at P.O. Box 7875, Madison, WI 53707-7875, within ten (10) days after the date of receipt of this NOTICE and ORDER.

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Additionally, according to Wis. Admin. Code § HA 1.04(2), your written request must include all of the following:

- ✓ The name and address of the facility;
- ✓ A description of the action being appealed (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 and address of any person who may be expected to appear on behalf of the facility.

YOUR APPEAL MAY BE DENIED OR DISMISSED IF YOUR REQUEST IS INCOMPLETE OR NOT TIMELY FILED.

Also, 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 ten (10) days after you receive the final decision in the case after exhaustion of administrative review.

* * *

If you have questions about this letter, please contact William R. Gardner, Assisted Living Regional Director, at (715) 836-4029.

Sincerely,



Alfred C. Johnson, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure

ACJ:MVL