



# **Assisted Living Facilities – License and Certification Continuation Process**

Wisconsin Assisted Living Forum  
January 20, 2015

# Assisted Living Facilities – License and Certification Continuation Process

Date the Current  
License /  
Certification  
Period Ends



License /  
Certification Fee and  
Biennial / Annual  
Report Notice Sent

Scott Walker  
Governor



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

Kitty Rhoades  
Secretary

**State of Wisconsin**  
Department of Health Services

Telephone: 920-448-5252  
FAX: 920-448-5253  
TTY: 888-241-9432  
dhs.wisconsin.gov

August 30, 2014

0112233  
CBRF  
CLASS CNA (NONAMBULATORY)  
SURVEYOR ANDERSON  
BUFFALO

TO: John Smith  
225 Forward Ave  
Anytown, WI 54999

FROM: William Gardner, Assisted Living Regional Director  
Division of Quality Assurance

RE: **LICENSE CONTINUATION**

According to our records, your license is scheduled for review by the license continuation date listed below. Please review and complete the enclosed Community Based Residential Facility Biennial Report. **The completed Community Based Residential Facility Biennial Report, license fee, and this page must be submitted to the Regional Office at the above address no later than the payment due date listed below. Failure to submit your Community Based Residential Facility Biennial Report and licensing fee in a timely manner may result in revocation of your license. If you serve individuals eligible for public funding and do not provide proof of your contract agreement, public funding will be removed from your license.**

Pursuant to Wis. Stat. s. 50.037(2)(c), a late fee of \$10.00 per day will be assessed for each day after the payment due date that we have not received your payment and/or biennial report. The postmark on the envelope in which your fee payment and/or biennial report is submitted will

ABC COMMUNITY BASED RESIDENTIAL FACILITY  
158 E. TOWNE ST  
ANYTOWN, WI 54999

License Continuation Date: 10/30/14  
Payment Due Date: 09/30/2014

Based on your present capacity of 10, your fee is \$891.50.

# COMMUNITY BASED RESIDENTIAL FACILITY BIENNIAL REPORT

The Department of Health Services' data system reflects the following information related to the licensed Community Based Residential Facility. Please review this information for accuracy, **document in red** any changes that should be made to the Department's data system, and provide the requested information. **Return this report with your license fee to the regional office.** Please contact the regional office with any questions.

TYPE	CLASS	FACILITY ID	COUNTY
CBRF	CLASS CNA (NONAMBULATORY)	0112233	BUFFALO

<b>Facility:</b> ABC COMMUNITY BASED RESIDENTIAL FACILITY 158 TOWNE ST ANYTOWN, WI 54999 (715)836-9999 Fax: (715)836-9998	<b>Licensee:</b> JOHN SMITH 225 FORWARD AVE ANYTOWN, WI 54999 (715)836-1111
<b>Administrator:</b> JANE JONES	<b>FEIN#:</b> 471122333

**Mailing:** JOHN SMITH  
ABC CBRFLLC  
225 FORWARD AVE  
ANYTOWN, WI 54999  
Email: johnsmith1@google.com

**Resident Capacity:** 10

**Gender:** Both

**Profit/Non-Profit:** For Profit

**Ownership:** LIMITED LIABILITY COMPANY

**Client Groups Served:**

ADVANCED AGED  
IRREVERSIBLE DEMENTIA/ALZHEIMER'S

**Other Licenses/Certifications:**

Does the Community Based Residential Facility have a contract with any agency to serve individuals eligible for public funding?

\_\_\_ YES \_\_\_ NO If yes, what agency? \_\_\_\_\_

If yes, please provide a copy of the page(s) of your agreement/contract that show the following: Agency, Signatures, and the Time Period for which the agreement/contract is in effect.

**Minimum Monthly Rate:** \$4,500.00

**Maximum Monthly Rate:** \$4,800.00

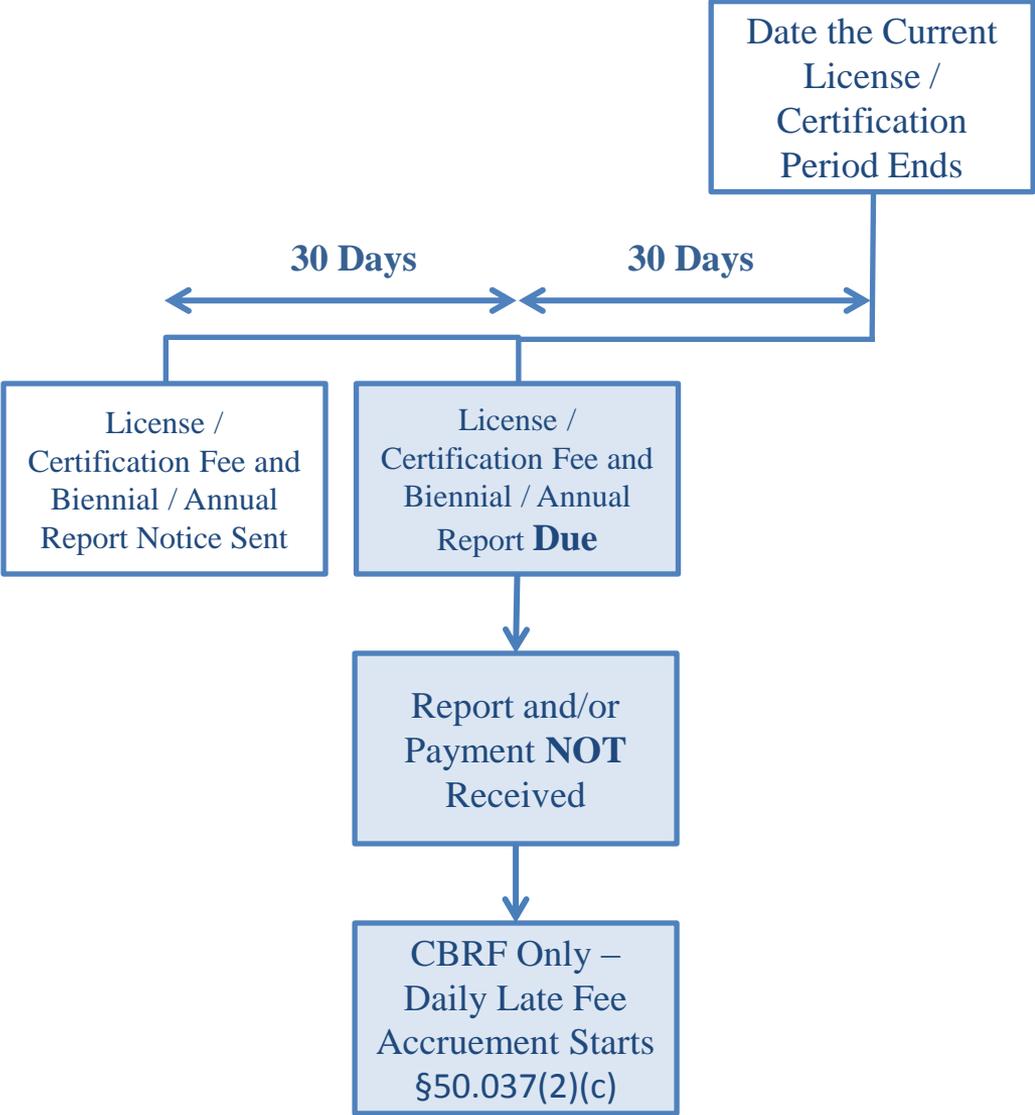
**Monthly Operating Expenses:**

Salary Expenses \_\_\_\_\_

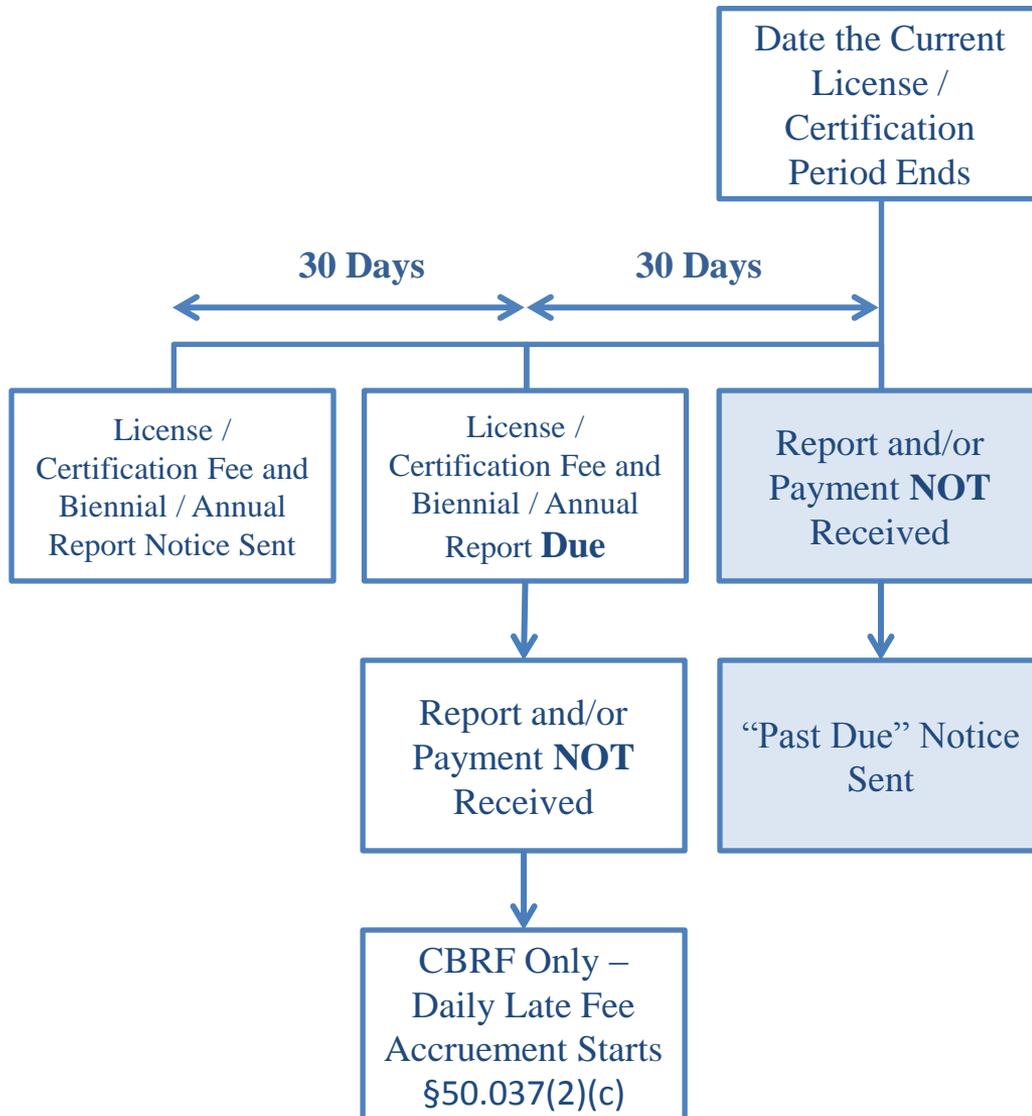
Lease or Mortgage Expenses \_\_\_\_\_

All Other Expenses \_\_\_\_\_

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NORTHEASTERN REGIONAL OFFICE  
200 NORTH JEFFERSON STREET, SUITE 501  
GREEN BAY WI 54301

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dhs.wisconsin.gov

Kitty Rhoades  
Secretary

State of Wisconsin  
Department of Health Services

October 30, 2014

**CERTIFIED MAIL**  
1111 2222 3333 4444 5555

John Smith  
225 Forward Ave  
Anytown, WI 54999

RE: **PAST DUE BIENNIAL REPORT AND/OR FEE PAYMENT**  
**ABC COMMUNITY BASED RESIDENTIAL FACILITY**  
158 E. TOWNE ST  
ANYTOWN, WI 54999

Dear John Smith:

A review of your license must be completed every two years or when a probationary period expires. By letter dated August 30, 2014, you were notified that your license continuation fee and biennial report were due to this office by September 30, 2014. To date, we have not received your license continuation fee payment and/or biennial report.

The biennial licensure fee for a community based residential facility is \$389 plus \$50.25 per resident. Based on your current licensed capacity of 10, your fee is \$891.50 plus late fees due. A late fee of \$10 per day is being assessed for every day after the deadline date established above that we have not received your fee payment and/or biennial report. **The late fee of \$10/day is required pursuant to Wisconsin Stats. § 50.037(2)(c).** The postmark on the envelope in which the fee payment and/or biennial report are received will determine the amount of your late fee.

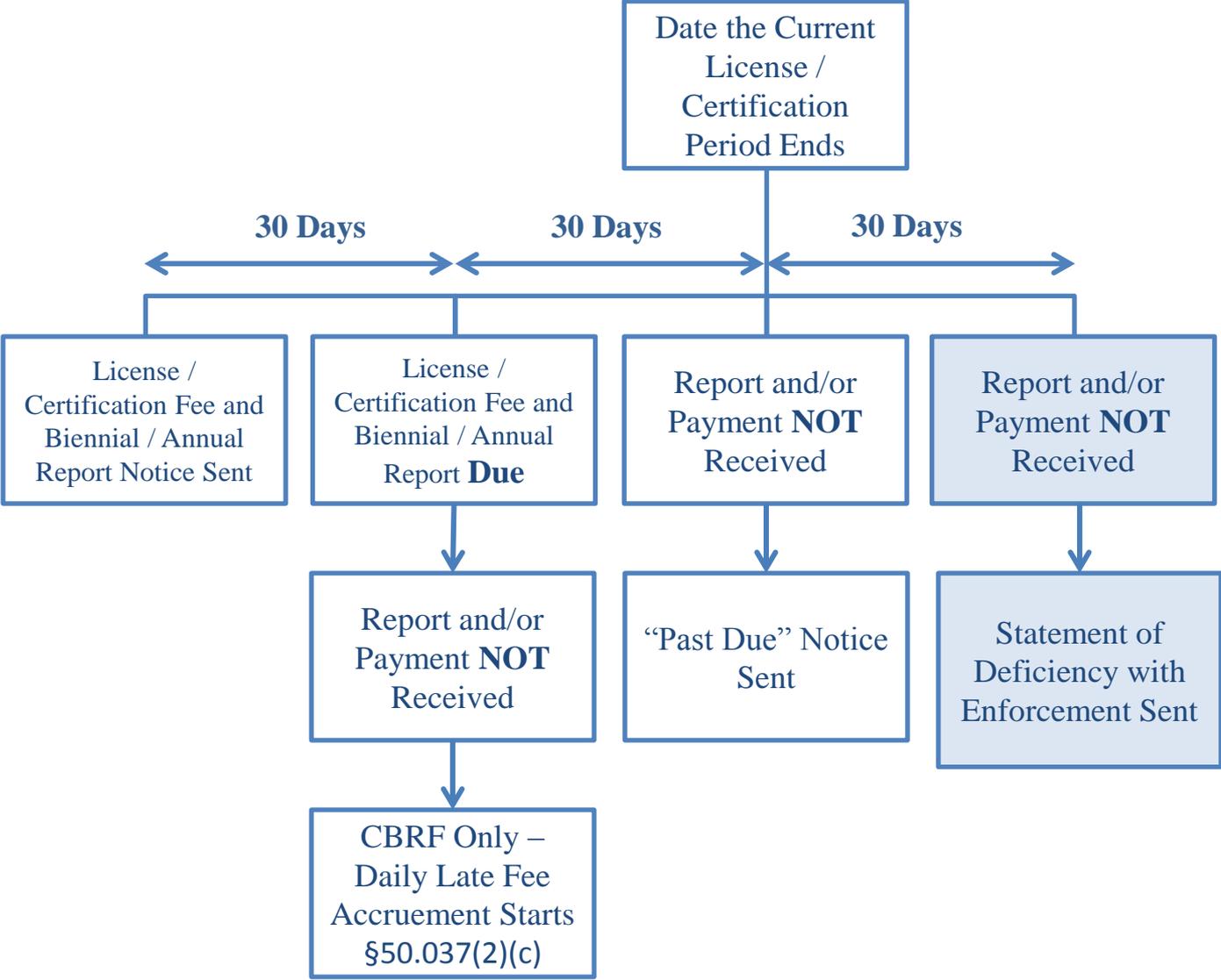
The payment amount should be the license continuation payment of \$891.50 plus the late fee of **\$10 per day calculated from September 30, 2014 to the date of postmark on your payment envelope.** Send your completed biennial report with a check or money order payable to "DQA" to:

Bureau of Assisted Living  
Northeastern Regional Office  
200 North Jefferson, Suite 501  
Green Bay, WI 54301  
(920) 448-5252

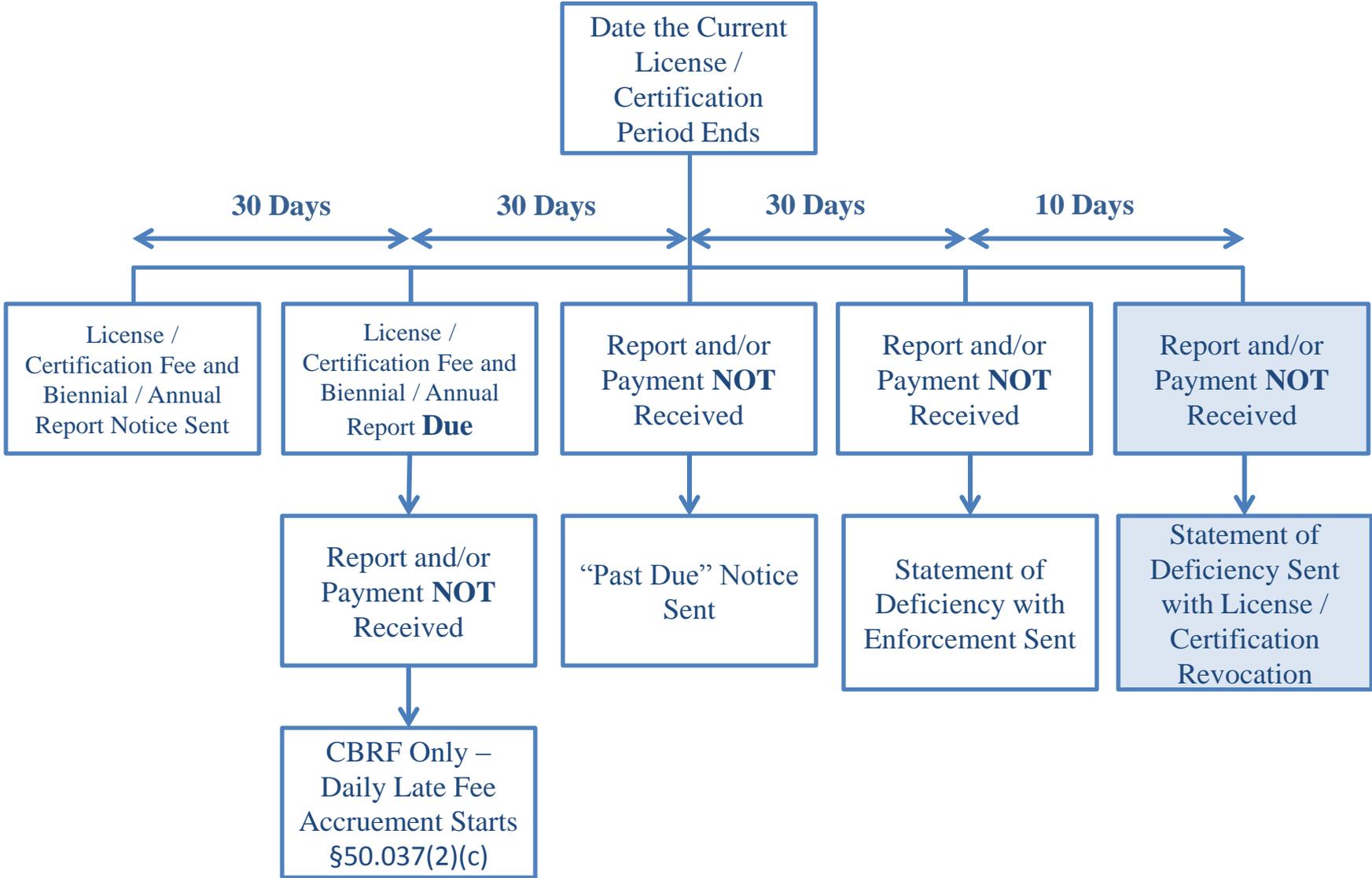
If the biennial report, license continuation fee, and late fees are not received by November 30, 2014, the Division of Quality Assurance will proceed with enforcement action which may include license revocation pursuant to Wisconsin Stats. §50.03(4)(c)1.

If you have any questions regarding this information, please contact us at the number listed

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