Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018887	A. BUILDING: _____ B. WING _____	C 08/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AT HOME RESIDENTIAL SERVICES LLC	2385 N CALHOUN RD BROOKFIELD, WI 53005

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	INITIAL COMMENTS On 08/25/2026, Surveyor conducted a complaint investigation and abbreviated survey at At Home Residential Services LLC. One deficiency was identified. The complaint was unsubstantiated. Census: 4	M 000		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.	Z 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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Z 012	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a good faith effort was made to obtain background check information for 1 of 1 applicable employees reviewed that resided in other states within the 3 years preceding their employment with the provider. Findings include: On 08/25/2026, at approximately 9:00 a.m., Surveyor interviewed Licensee A. Licensee A reported that staff records were not located within the home and only s/he had access to them. Licensee A reported that s/he would send Surveyor a list of staff and anything in their records. On 08/25/2026, at 10:00 a.m., Surveyor e-mailed Licensee A and requested complete background checks, which included background information disclosures (BIDs), Department of Justice (DOJ) reports, Department of Health Services (DHS) reports, for Caregiver B. On 08/25/2026, at 10:47 a.m., Licensee A provided Caregiver B's BID, DOJ and DHS report for Wisconsin. Surveyor noted that On Caregiver B's BID, s/he indicated s/he lived in Arkansas from 06/2019-09/2025. Surveyor requested Caregiver B's out of state background check. On 08/25/2026, at 5:26 p.m., Licensee A stated, "I did not complete a further background check due to the Arkansas judiciary case search having no criminal listings."	Z 012		

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Z 012	Continued From page 2 There was no evidence provided of an out-of-state background check either made or attempted for Caregiver B. On 08/27/2026, at approximately 1:00 p.m., Surveyor interviewed Licensee A. Licensee A reported understanding of Surveyor's concerns that there was no documentation of out-of-state background checks either obtained or efforts made to obtain them for Caregiver B. Licensee A stated s/he will adjust his/her procedures when hiring staff who have lived out of state.	Z 012		