DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
MADISON/SOUTHERN REGIONAL OFFICE
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201 E Washington Ave
MADISON WI 53703

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Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

January 27, 2026

ELECTRONIC MAIL

SOD #JORL11

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

Quiana Robinson
7148 Grantosa Ct.
Milwaukee, WI 53218

C/O Licensee: At Home Residential Services LLC

Re: At Home Residential Care Mesa Ct. (0020112) AFH, Waukesha County
W152N5713 Mesa Ct.
Menomonee Falls, WI 53051

Dear Quiana Robinson:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of At Home Residential Care Mesa Ct., located at W152N5713 Mesa Ct., Menomonee Falls, WI 53051, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat § 50.033(2), and Wis. Admin. Code § DHS 88.

NOTICE OF VIOLATION

On 11/10/2025, a standard survey was concluded for At Home Residential Care Mesa Ct. 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 88, or both, which set forth requirements for the administration and operation of an adult family home (AFH). The Department is issuing Statement of Deficiency (SOD) #JORL11 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #JORL11 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request.

The Department may, without notice, conduct an inspection to verify the licensee's corrective action at any time after the date of compliance. Pursuant to Wis. Stat. § 50.033(3), the department may impose a $200 inspection fee for an on-site inspection to review compliance of violations resulting in enforcement action.

ADDITIONALLY:

WITHIN 10 DAYS of receipt of this notice, the licensee may request an extension for the date of compliance. The request for an extension must be submitted to the Assisted Living Regional Director, Southern Regional Office, at DHSDQABALSRO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

SPECIAL ORDERS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **At Home Residential Services Mesa Ct.:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to ensure that residents receive proper care and treatment, that their health and safety are protected and promoted and that their right to have physical and emotional privacy in treatment and living arrangements is respected.

WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and the case manager (if any) for each resident with a copy of Statement of Deficiency (SOD) JORL11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager. Required evidence will be made available to the department representatives upon request.

SPECIAL ORDERS CONTINUED PAGE 3*

WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to resolve each deficiency identified in SOD JORL11.

The licensee's corrective measures shall ensure the following:

- Residents will not be required to share their home and living space with residents from other settings.

- The home shall not be used for any business purpose that regularly brings customers to the home so that the residents' use of the home as their residence or the residents' privacy is adversely affected.

- Residents will not be required to leave their residence to accommodate staffing patterns or to accommodate the needs of other residents. Whenever a resident or residents are present in a licensed entity, the licensee will arrange for a qualified service provider to be available in the licensed entity to provide the services and supervision specified in the resident's service plan.

- The assigned staff will be separate and have distinct duties related to the care and services for residents at At Home Residential Services Mesa Court located at W152N5713 Mesa Court, Menomonee Falls, WI 53051. The assigned staff will not be shared with other programs.

WITHIN 45 DAYS of receipt of this notice, all managers and service providers will receive training on the corrective actions taken to resolve each deficient practice identified in SOD JORL11. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

* * *

If you have questions about this letter, please contact Hillary Holman, Assisted Living Regional Director, at (608) 266-8339.

Sincerely,

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

Enclosure

KB/SS