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M 000	INITIAL COMMENTS On 11/04/2025, with information gathered through 11/10/2025, Surveyors conducted a standard licensure survey at At Home Residential Services Mesa Ct. Nine deficiencies were identified. Census: 4	M 000		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation, interview and record review, the licensee permitted a condition of risk which placed the health, safety, and welfare of residents at substantial risk of harm. Resident 4's assessment determined s/he was not to have access to sharp items due to suicidal ideations. Surveyors found a knife in the kitchen drawer. Findings include: The provider was licensed to serve up to 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Terminally Ill, Physically Disabled, irreversible dementia/Alzheimer's and Developmentally Disabled. On 11/04/2025, Surveyors reviewed Resident 4's record. When Surveyors opened up Resident 4's	M 230		

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

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M 230	Continued From page 1	M 230		

binder there was a document in large print taped to the inside of the binder that stated, 'No Sharp Objects.'

Resident 4 moved into the home 09/03/2025 with diagnoses including attention-deficit hyperactivity disorder and intellectual disability.

Resident 4's pre-admission assessment, dated 09/03/2025, documented:
"Impaired Decision-making: failure to perform usual ADLs (activities of daily living), inability to appropriately stop activities, jeopardizes safety throughout actions, or fails to choose correct clothing for the season."
"Wandering"

On 11/04/2025, at approximately 9:45 AM, Surveyors toured the kitchen and found a sharp knife in an unsecured kitchen drawer.

On 11/04/2025, at approximately 10:35 AM, Surveyors interviewed Caregiver D. Surveyors asked Caregiver D if s/he was aware of Resident 4's requirement of not having access to sharp items. Caregiver D stated s/he was not a regular caregiver in the home but had read the note on the inside of Resident 4's binder.

On 11/04/2025, at approximately 2:00 PM, Surveyors interviewed Licensee A. Surveyors discussed their observation of the knife. Licensee A stated that was unacceptable and stated s/he would immediately update staff about ensuring knifes are locked away.

On 11/06/2025, Surveyor reviewed Resident 4's managed care organization (MCO) documentation submitted by his/her MCO provider which stated:

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M 230	Continued From page 2 "Past ideation(s) or attempt(s) to harm others: Per hospital record in wishing [sic] member was arrested after threats to harm family member and was in possession of knife, blade and handcuffs." Cross Reference: M0424 88.06(3)(f) Review of ISP	M 230		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation that 1 of 2 staff (Caregiver C) had been screened for communicable disease, including tuberculosis (TB), from a physician, a registered nurse or a physician's assistant within 90 days before the start of providing service. Findings include: On 11/04/2025, Surveyor reviewed Caregiver C's employee file, including the health screen and	M 232		

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M 232	Continued From page 3 screening for TB. Caregiver C was hired on 11/30/2024. Caregiver C's record contained a TB test dated 01/02/2024 which did not contain the results. On 11/10/2025 at 5:19 AM, Surveyor interviewed Licensee A requesting a current TB test for Caregiver C. On 11/10/2025 at 8:44 AM, Licensee A emailed Surveyor the TB form again that stated the TB test was negative on 04/07/2023. The documents stated a test was completed on 01/02/2024 but there were no test results submitted. If the test was completed 01/02/2024, Caregiver C was hired 11/30/2024. On 11/10/2025 at 3:30 PM, Surveyors interviewed Licensee A. Surveyors reviewed the TB test with Licensee A and Licensee A stated s/he would have Caregiver C get a current TB test.	M 232		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the home was a safe environment and that residents were safeguarded	M 278		

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M 278	Continued From page 4 from environmental hazards. Toxic chemicals were not securely stored. Findings include: The provider was licensed to serve up to 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Terminally Ill, Physically Disabled, irreversible dementia/Alzheimer's and Developmentally Disabled. On 11/04/2025, at approximately 9:30 AM, Surveyors toured the home and observed: -Sitting on the staff desk, in the common room, was a 32-ounce bottle of fabric refresher and (2) spray cans of disinfectant spray - country scent. -In the resident bathroom there was a sign that read, "No Cleaning Products in Cabinets." On 11/04/2025, Surveyors reviewed Resident 4's record. Resident 4 moved into the home 09/03/2025 with diagnoses including attention-deficit hyperactivity disorder, suicidal ideation, and intellectual disability. Resident 4's pre-admission assessment, dated 09/03/2025, documented: "Impaired Decision-making: failure to perform usual ADLs (activities of daily living), inability to appropriately stop activities, jeopardizes safety throughout actions." "Wandering" On 11/06/2025, Surveyor reviewed Resident 4's managed care organization (MCO) documentation submitted by his/her MCO	M 278		

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M 278	Continued From page 5 provider which stated: 09/17/2025: Past ideation(s) or attempt(s) to harm others: Per hospital record in wishing [sic] member was arrested after threats to harm family member and was in possession of knife, blade and handcuffs. Requires constant supervision to assess frequency. Requires supervision, must be in small groups (1:2 or 1:3 staffing). 09/30/2025: Active Problems & Conditions - ADHD, depression, anxiety, intellectual disabilities, obsessive compulsive disorder, suicidal ideation. On 11/10/2025 at 3:30 PM, Surveyors interviewed Licensee A. Surveyors explained that when a provider has vulnerable residents in the home, such as Resident 4 who has suicidal ideations, the provider should ensure toxic chemicals are securely stored. Licensee A stated s/he was not aware Resident 4 was suicidal as s/he has been with the provider for a short amount of time.	M 278		
M 330	88.05(3)(o) HOME NOT BE USED FOR OTHER BUSINESS 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 resident's privacy is adversely affected. This Rule is not met as evidenced by: Based on observation, record review and interview, Licensee A did not ensure the provider's home was not used for another business purpose that regularly brought	M 330		

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M 330	Continued From page 6	M 330		

customers to the home, adversely affecting the residents' use of their home and privacy.

Person E, Person F, and Person G were taken to the current home when staff were not available in their home, the sister facility.

Findings include:

The provider was licensed to serve up to 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Terminally Ill, Physically Disabled, irreversible dementia/Alzheimer's and Developmentally Disabled.

On 11/04/2025 at 9:13 AM, Surveyor spoke with Licensee A via telephone. Surveyor discussed that s/he was unable to access a provider home. Licensee A stated one of the resident's had a medical appointment, so staff accompanied them to their appointment and Licensee A had driven the 3 remaining residents to a sister facility, Mesa Court, because they were not allowed to be unsupervised in the home.

On 11/04/2025, at approximately 9:20 AM, Surveyors arrived at Mesa Court and observed Person E, Person F and Person G sitting on the couch. Surveyors interviewed Caregiver D. Surveyors asked for clarification on how many residents were currently in the home. Caregiver D explained that 4 residents lived in the home who did not participate in a day program. With the 3 residents brought from the sister facility, there were currently 7 residents in the home.

On 11/04/2025 Surveyors reviewed Person E's, Person F's and Person G's individual service plans (ISPs).

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M 330	Continued From page 7 Person E's ISP, dated 12/26/2024, stated: "Supervision: Member requires 24-hour supervision (cannot be left alone)." Person F's ISP, dated 05/02/2025, stated: "Supervision: Member requires 24-hour supervision (cannot be left alone)." Person G's ISP, undated, stated: "Supervision: Guardian states [Person G] should be supervised by caregiver 24 hours per day." On 11/04/2025, at approximately 2:00 PM, Surveyors interviewed Licensee A. Surveyors asked for clarification as to why residents from a sister facility were transported to another home, putting the home over their licensed census. Licensee A stated that the Surveyor had told him /her not to cancel Person H's medical appointment, so Person E, Person F, and Person G were transported to the home. Surveyor clarified that the decision to transport Person E, Person F, and Person G to the current home had been decided prior to a discussion with the Surveyors. On 11/10/2025 at 3:30 PM, Surveyors interviewed Licensee A. Surveyors discussed the concern of having 7 residents in the home, who required supervision, when the home was licensed for 4 residents. Licensee A stated s/he was not aware that having additional residents in the home was a violation of Chapter 88.	M 330		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises	M 346		

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M 346	Continued From page 8 shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed were evaluated annually for evacuation time, using the Department form F-62373 Resident Evacuation Assessment. Resident 2's evacuation evaluation was not completed in 2025. Findings include: The provider was licensed to serve up to 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Terminally Ill, Physically Disabled, Irreversible Dementia/Alzheimer's and Developmentally Disabled. On 11/04/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the home on 07/20/2024 and his/her current evacuation assessment was dated 07/22/2024. There was no documentation indicating Resident 2 was evaluated for evacuation annually since 07/22/2024. On 11/04/2025, at approximately 2:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he would review all resident records to ensure forms were updated. On 11/10/2025 at 3:30 PM, Surveyors interviewed	M 346		

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M 346	Continued From page 9 Licensee A. Surveyors reviewed the requirement of annual evacuation assessments. Licensee A stated it appeared s/he was 3 months late in updating Resident 2's evacuation assessment.	M 346		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 2 residents (Resident 2) was developed together with the resident, the placing agency and the provider. Findings include: On 11/04/2025, Surveyors reviewed Resident 2's record. Resident 2 moved into the home 07/20/2024 and was represented by managed care organization (MCO) Case Manager (CM) I. Resident 2's ISPs, dated 07/20/2024, 01/06/2025, and 06/12/2025, did not contain CM I's signature.	M 406		

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M 406	Continued From page 10 On 11/04/2025, at approximately 2:00 PM, Surveyors interviewed Licensee A. Surveyors asked if s/he had documentation showing that CM I had been consulted regarding the development of Resident 2's ISP. Licensee A stated s/he did not have any proof that s/he had consulted with Resident 2's care team with the development of his/her ISP. On 11/10/2025 at 3:30 PM, Surveyors interviewed Licensee A. Surveyors discussed the requirement of developing the resident's ISPs with the care team. Licensee A stated s/he had been informed by the MCO's that they were not required to review and sign the provider's ISPs.	M 406		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.	M 424		

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M 424	Continued From page 11 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not update 2 of 2 resident's individual service plans (ISPs) regarding their behaviors. Resident 2 was identified with behaviors that resulted in a 30-day notice to be issued but his/her ISP did not identify that s/he had behaviors and how staff were to provide redirection. Resident 4 was identified as an elopement risk, was not to have access to sharp objects and could display aggressive behaviors which were not identified in his/her ISP. Findings include: Example 1: Resident 2 On 11/04/2025, at approximately 9:30 AM, Surveyors observed a sign hanging on a wall in the home that stated, "[Resident 2's] Smoke Schedule - 7 AM (after breakfast), 10 AM, 12 PM (after lunch), 4:30 - 5:00 PM (After Dinner), 7 - 7:30 PM (after PM meds)." On 11/04/2025, at approximately 10:30 AM, Surveyors interviewed Caregiver D and asked for an explanation as to why Resident 2 required a smoke schedule. Caregiver D stated that Resident 2 had no impulse control with how many cigarettes s/he should smoke in a day. Caregiver D stated that staff hold his/her cigarettes so Resident 2 follows the smoke break schedule to ensure Resident 2 had enough cigarettes to get him/her through the month. On 11/04/2025, Surveyors reviewed Resident 2's	M 424		

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M 424	Continued From page 12 record. Resident 2 moved into the home 07/20/2024 with diagnoses including intellectual disability, schizophrenia, and anxiety. Resident 2's "Incident Report," dated 10/08/2024, documented: "Sexual Harassment - Resident 2 is texting another resident cell phone being sexually s/he phone did get taken away due to making resident feel uncomfortable." Resident 2's "Incident Report," dated 12/16/2024, documented: "Smoking on/in premises (inside room). Resident 2's smoking privileges revoked until further notice." Resident 2's October 2025 daily notes did not document any behaviors. Resident 2's "Addendum to Admission Agreement," dated 12/18/2024, documented: -I will not have cigarettes or a lighter inside my bedroom -I will not smoke cigarettes in my bedroom or anywhere inside of the adult family home -I will not panhandle from businesses located in the surrounding area of the adult family home, prompting the [village] to complain to authorities -I will not pick up loose cigarette butts while taking walks in the community -I will not steal the other residents' belongings -I will not borrow cigarettes from the other residents -I will advise staff of any cigarettes & lighters in my possession -I will ask staff for my cigarettes & lighter when I want to go outside to smoke -I will smoke cigarettes only in the designated	M 424		

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area assigned by the adult family home
-I will show staff all items that I purchase from any store
-I will abide by these conditions & all the rules of the adult family home

Resident 2's 30-day notice, undated, documented:
Resident 2 has engaged in behaviors or actions that are inconsistent with the Policies and Procedures of the adult family home and not tolerable by the facility. Resident 2 has continued to engage in behaviors that s/he indicated s/he would frame [sic: refrain] from when s/he signed an Addendum to his/her Admission Service Agreement on 12/18/2024. Resident 2 has continued to engage in behaviors the [sic: that] would jeopardize the safety and well-being of the residents and staff of the adult family home. The behavior exhibited by Resident 2 has become so disruptive that it has led to the other residents and staff becoming intolerable with his/her behaviors. The other residents in the adult family home must bear the consequences of his/her disruptive behaviors which is unfair as they have the right to enjoy their home as well.

Resident 2's "Individualized Service Plan," dated 06/13/2025, documented:
Routine: Breakfast AM cigarette break. Morning walk (staying close to AFH (adult family home) avoiding harassing neighbors due to recent complaints). Noon cigarette break. Dinner between 4:30 - 5:30 PM cigarette break. PM medications Evening cigarette break. Walk in neighborhood safely and respecting neighbors. Personal room time 10 PM.
Behavioral Intervention: NO BSP (behavioral support plan) - staff has to remind Resident 2 to not verbally harass neighbors and not to take

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AT HOME RESIDENTIAL SERVICES MESA CT	W152N5713 MESA CT MENOMONEE FALLS, WI 53051

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M 424	Continued From page 14	M 424		

personal items from housemates.

Resident 2's ISP did not identify concerns regarding his/her phone usage, potential inappropriate behaviors towards residents, and concerns regarding smoking behaviors that resulted in a smoke schedule.

On 11/10/2025 at 3:30 PM, Surveyors interviewed Licensee A. Surveyors discussed that Resident 2 had been issued a 30-day notice but behaviors and/or guidelines to assist staff on how to observe and redirect Resident 2 were not identified in the ISP. Licensee A informed Surveyors that they had not requested Resident 2's BSP for review. Surveyors reviewed Resident 2's ISP which stated Resident 2 did not have a BSP. Licensee A stated s/he was working with Resident 2's managed care organization to develop a BSP.

Example 2: Resident 4

On 11/04/2025, Surveyors reviewed Resident 4's record. When Surveyors opened up Resident 4's binder there was a document in large print taped to the inside of the binder that stated, 'No Sharp Objects.'

On 11/06/2025, Surveyor reviewed Resident 4's managed care organization (MCO) documentation submitted by his/her MCO provider which stated:
09/15/2025: An update was discussed related to the Member's behavioral status. Member was behavioral over the weekend. S/he is stealing items from other residents, throwing items, yelling and running from the house. S/he went into a neighbor's yard and entered their home. Member refuses to shower unless staff is in the bathroom

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M 424	Continued From page 15 the entire time. 09/17/2025: Past ideation(s) or attempt(s) to harm others: Per hospital record in wishing [sic] member was arrested after threats to harm family member and was in possession of knife, blade and handcuffs. Frequency of elopement: daily. Elopement Member went next door and went into the neighbor's home. Requires constant supervision to assess frequency. Requires supervision, must be in small groups (1:2 or 1:3 staffing). On 11/08/2025, Surveyor reviewed Resident 4's record. Resident 4 moved into the home 09/03/2025 with diagnoses including attention-deficit hyperactivity disorder [ADHD] and intellectual disability. Resident 4's "Admission Assessment," dated 09/03/2025, documented: "Frequency of Disruptive Behavior Symptoms: Difficulty engaging and interacting, Wandering." "Bathing: Able to bathe in shower or tub with the intermittent assistance of another person. For intermittent supervision or encouragement. For washing difficult to reach areas." "Due to ADHD and intellectual disability [Resident 4] is not safe to transport alone." Resident 4's daily notes documented: 10/07/2025 - Resident was caught with items s/he had stolen off desk from roommate and out of living room. Resident 4's "Individualized Service Plan," dated 09/04/2025, documented: "Behavioral Intervention: Is any teaching or redirection required by the AFH (adult family home) provider? Will need."	M 424		

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M 424	Continued From page 16 "Monitor Metal Health: Yes" "Monitor Physical Health: Yes" "Due to [Resident 4's] diagnosis of ADHD and intellectual disability [Resident 4] needs staff supervision and assistance with all activities of daily living." The ISP did not identify that Resident 4 was an elopement risk, that s/he was not to have access to sharp items and displayed behaviors. On 11/10/2025 at 3:30 PM, Surveyors interviewed Licensee A. Surveyors discussed that Resident 4's ISP did not identify his/her behaviors. Licensee A stated that Resident 4 was a new admit and behaviors had not been identified. Surveyors discussed ensuring a new admits identified concerns during the assessment process were reflected in the ISP.	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 458		

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M 458	Continued From page 17 did not store medications as specified by the pharmacist for 3 of 4 residents. Resident 1, Resident 2, and Resident 3 had expired medications stored with his/her current medications. Findings include: On 11/04/2025, at approximately 10:08 AM, Surveyor observed Resident 1's medication in the med closet. Surveyor observed a bottle of Amlodipine (high blood pressure medication) with a 'Use Before' date of 08/13/2025, a bottle of Eliquis (blood thinner) with a 'Use Before' date of 09/11/2025 and a bottle of Atorvastatin (cholesterol medication) with a 'Use Before' date of 08/14/2025 on the same shelf where Resident 1's current medications were stored. On 11/04/2025, at approximately 9:58 AM, Surveyor observed Resident 2's medication in the med closet. Surveyor observed a bottle of Guanfacine (high blood pressure medication) with a 'Discard' date of 12/03/2024, a bottle of Olanzapine (psychotropic) with a 'Discard' date of 02/02/2025, and a bottle of Trazadone (psychotropic) with a 'Discard' date of 06/24/2025. On 11/04/2025, at approximately 10:03 AM, Surveyor observed Resident 3's medication in the med closet. Surveyor observed 2 blister cards of Hydroxyzine (psychotropic) with a 'Discard' date of 07/2025 and a blister card of Loperamide (antidiarrheal medication) with a 'Discard' date of 01/2024. Surveyor noted Nurse B had also reviewed the medications while Surveyor was onsite, and the	M 458		

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M 458	Continued From page 18 medication was not relocated to a separate location. On 11/04/2025, at approximately 2:00 PM, Surveyors interviewed Licensee A and Nurse B. Surveyors discussed the observations of expired medications being stored with the current scheduled medications. Licensee A explained to Nurse B that the expired medications needed to be stored separately from the scheduled medications.	M 458		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident had privacy in his/her living arrangements. Resident 2 was his/her own person and when s/he did not follow a house rule, the provider contacted his/her family member.	M 550		

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M 550	Continued From page 19 Findings include: On 11/04/2025, Surveyors reviewed Resident 2's record. Resident 2 moved into the home 07/20/2024 and was his/her own person. Resident 2's incident reports documented: 12/16/2024 - Smoking on/in premises (inside room) Resident 2 was in his/her room listening to music when staff went to check on him/her and witnessed him/her smoking inside the house in his/her bedroom. Resident 2's smoking privileges revoked until further notice. Please Notify: Family/Guardian: Family Member J, Family Member K - 12/16/2024 7:00 PM On 11/10/2025 at 3:30 PM, Surveyors interviewed Licensee A and discussed concerns discovered through the survey process. Licensee A stated s/he would accept the Surveyors comments.	M 550		