STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020112	A. BUILDING: _____ B. WING _____	R 03/24/2026

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

(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 03/17/2026, with information gathered through 03/24/2026, Surveyors conducted a verification visit at At Home Residential Services Mesa Ct. Five deficiencies were cited. Four of 5 deficiencies were repeat violations (see Statement of Deficiency (SOD) JORL11). Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed. Census: 3	{M 000}		
{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 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	{M 278}		

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

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{M 278}	Continued From page 1 Disabled, irreversible dementia/Alzheimer's and Developmentally Disabled. On 03/17/2026, at approximately 8:30 AM, Surveyors toured the home and observed: -Sitting on the staff desk, in the common room, was a 32-ounce bottle of fabric refresher, a 12 ounce spray can of 2 in 1 odor eliminator and air freshener, and a spray can of disinfectant spray - citrus scent. -Sitting on the bathroom countertop was a 32-ounce bottle of cleaner plus beach cleaner. -In the resident bathroom there was a sign that read, "No Cleaning Products in Cabinets." -Sitting on a window ledge in the common area, was a 700-count bucket of disinfecting wipes. The container stated, "Keep Out Of Reach Of Children." On 03/17/2026, Surveyors reviewed Resident 4's record. 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." "Wandering" On 03/19/2026, Surveyor reviewed Resident 4's managed care organization (MCO) documentation submitted by his/her MCO provider which stated: "09/17/2025: Past ideation(s) or attempt(s) to harm others: Per hospital record in wishing [sic]	{M 278}		

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{M 278}	Continued From page 2 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)." On 03/19/2026 at 4:15 PM, Surveyors conducted the exit interview with 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 would discuss the concern with staff.	{M 278}		
{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 2 of 2 residents (Resident 2 and Resident 3) were developed together with the resident, the placing agency and the provider. This is a repeat deficiency. See Statement of Deficiency (SOD) JORL11, dated 11/10/2025.	{M 406}		

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{M 406}	Continued From page 3 Findings include: On 03/17/2026, Surveyors reviewed Resident 2's and Resident 3'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 01/06/2025 and 06/12/2025, did not contain CM I's signature. Resident 3 moved into the home prior to 02/08/2023 and was represented by Guardian M and MCO CM N. Resident 3's ISP, dated 06/22/2024, did not contain Guardian M's or CM N's signature. Resident 3's Behavior Support Plan (BSP), was signed by Licensee A and Resident 3 on 12/05/2025 but did not contain Guardian M's signature. On 03/19/2026 at 4:15 PM, Surveyors conducted the exit interview with Licensee A. Surveyors commented that the ISPs had not been updated since the last survey completed 11/10/2025. Licensee A stated the ISPs were updated and did not understand why the Surveyors were unable to locate them. Surveyors explained that Caregiver L had been asked if the documentation provided was the most current resident records, which s/he confirmed. Licensee A stated Caregiver L was probably nervous and intimidated by the surveyors, but s/he had new signature pages on his/her computer for the ISPs and s/he would forward the information. As of 03/20/2026 at 5:00 PM, Surveyors did not receive any additional documentation.	{M 406}		

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{M 406}	Continued From page 4 On 03/23/2026, Licensee A emailed a signature page for Resident 2 dated 12/16/2025 and 01/30/2026 which did not contain CM I's signature. On 03/23/2026, Licensee A forwarded an email, dated 01/18/2026, to Guardian M and CM N asking for signature of Resident 3's ISP. Licensee A signed the ISP 01/15/2026, prior to the email. On 03/24/2026 at 6:54 AM, Surveyor emailed Licensee A and asked if a care conference had been coordinated to ensure the placing agency, the licensee, and the resident or resident representative had been involved in the development of the ISP, since the email was dated 01/18/2026, and the licensee had signed it 01/15/2026. On 03/24/2026 at 6:57 AM, Licensee A emailed Surveyor and stated s/he developed the ISP, a care conference was not held, and s/he then emailed a copy of Guardian M and CM N. Cross Reference: M0424 DHS 88.06(3)(f) Review of ISP	{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	{M 424}		

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{M 424}	Continued From page 5 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents' Individual Service Plan (ISP) were reviewed at least every 6 months and were updated to reflect resident behaviors. This is a repeat deficiency. See Statement of Deficiency (SOD) JORL11, dated 11/10/2025. Resident 4 was identified as an elopement risk and could display aggressive behaviors which were not identified in his/her ISP. 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 03/17/2026, Surveyors reviewed Resident 4's record to verify if his/her ISP had been updated since the last survey, 11/10/2025. Resident 4 moved into the home 09/03/2025 with	{M 424}		

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{M 424}	Continued From page 6 diagnoses including attention-deficit hyperactivity disorder [ADHD] and intellectual disability. 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." "Monitor Mental 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." "Due to diagnosis [Resident 4] cannot be left unsupervised." "All bedroom doors at AFH (adult family home) are equipped with alert/alarm sensors for staff and resident alertness and safety to all residents." On 03/19/2026, 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 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	{M 424}		

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{M 424}	Continued From page 7 supervision, must be in small groups (1:2 or 1:3 staffing). 03/06/2026: ... Per guardian Member resided with his/her [grandparent] during his/her childhood and per CPS (child protective service) records may have been in IMD (institution for mental disease) and in police custody for behavioral issues. ... Frequency of elopement: daily. Elopement Member went next door and went into the neighbor's home. ... Demonstrates withdrawn or isolative behavior daily; History of physical aggression. ... Requires supervision, must be in small groups (1:2 or 1:3 staffing) Due to member declining or inability to answer member requires daily supervision to continue assessment. Resident 4's ISP did not identify that s/he was an elopement risk nor provide guidelines regarding redirection when displaying behaviors. On 03/19/2026 at 4:15 PM, Surveyors conducted the exit interview with Licensee A. Surveyors commented that the ISPs had not been updated since the last survey completed 11/10/2025. Licensee A stated the ISPs were updated and did not understand why the Surveyors were unable to locate them. Surveyors explained that Caregiver L had been asked if the documentation provided was the most current resident records, which s/he confirmed. Licensee A stated Caregiver L was probably nervous and intimidated by the surveyors, but s/he had new signature pages on his/her computer for the ISPs, and s/he would forward the information. As of 03/20/2026 at 5:00 PM, Surveyors did not receive any additional documentation.	{M 424}		

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{M 458}	Continued From page 8	{M 458}		
{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, interview and record review, the provider did not ensure that prescription medications were stored as specified by the pharmacist. There were expired medications for Resident 1 and Resident 2 in medications to be administered. This is a repeat violation from previous Statement of Deficiency (SOD) JORL11 dated 11/10/2025. Findings include: On 03/17/2026 at 9 AM, Surveyor observed the medication cabinet. There were 3 medications in the medication cabinet that were expired for Resident 1. (See photos 1, 2, 3) Trazadone HCL 50 milligram (mg) tablet.	{M 458}		

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{M 458}	Continued From page 9 Medication card was received by facility 12/09/2024. Medication card stated to discard after 12/2025. Ibuprofen 800 milligram (mg) tablet prn. Medication card was received by facility 01/28/2025. Medication card stated to discard after 01/2026. Ibuprofen 800 mg tablet prn. Medication card was received by facility 01/16/2025. Medication card stated to discard after 02/2026. There was 1 medication in the medication cabinet that was expired prescribed for Resident 2. (See photo 3) Acetaminophen 325 mg tablet. Medication card was received by facility 02/22/2025. Medication card stated to discard after 02/2026. On 03/19/2026 at 4:15 PM, Surveyor interviewed Licensee A by phone. Licensee A acknowledged there were some expired medications in the medication cabinet that needed to be destroyed or sent back to the pharmacy. Licensee A stated s/he needed to speak with the nurse to make sure it gets done.	{M 458}		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by:	M 474		

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M 474	Continued From page 10 Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator that were not properly sealed to avoid contamination. The provider did not implement a system to identify when open food was to be discarded for the prevention of foodborne illnesses. Findings include: The licensee can provide cares for up to 4 residents in the client groups: physically disabled, emotionally disturbed/mental illness, terminally ill, advanced aged, and developmentally disabled. On 03/17/2026, at approximately 8:55 AM, Surveyor toured the kitchen and observed the following foods in the refrigerator: -An aluminum foil pan approximately sized 13 inches x 9 inches, with an aluminum cover that contained leftover food. The container was not labeled with the food content or the date it was placed in the refrigerator. -A plastic bowl with a purple lid that contained leftover food. The container was not labeled with the food content or the date it was placed in the refrigerator. -Opened 16 ounce package of oven roasted turkey breast sandwich slices that was not dated. -Opened 16 ounce package of oven roasted chicken breast sandwich slices dated 01/24. -Opened 12 ounce package of classic bologna dated 01/24. On 03/19/2026 at 4:15 PM, Surveyors conducted the exit interview with Licensee A. Surveyors discussed that the provider had received technical assistance during the last survey completed, 11/10/2025, that opened foods needed to be labeled and dated when placed in	M 474		

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M 474	Continued From page 11	M 474		

the refrigerator. Licensee A questioned why processed food was not good until the expiration date once opened.

"Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5° C (41° F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2022, Section 3-501.17)

"Ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower. The count begins on the day the food was prepared or a commercial container was open. TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables." (ServSafe Coursebook, 7th edition, 2017, p. 1-7, p. 1-8, and p. 7-3)