STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015579	A. BUILDING: _____ B. WING _____	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MENSA ADULT FAMILY HOME	9621 WEST LAYTON AVE GREENFIELD, WI 53228

(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 09/24/2025, Surveyor completed a standard licensure survey at Mensa Adult Family Home. Eight deficiencies were identified. Census: 2	M 000		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Licensee A did not complete annual training regarding universal precautions in 2023 and 2024. Findings include: U.S. OSHA Standard 29 CFR 1910.1030 states, in part: "The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training	M 235		

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

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M 235	Continued From page 1 must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program. Training shall be provided as follows: At the time of initial assignment to tasks where occupational exposure may take place; At least annually thereafter." The provider was licensed to serve up to 4 residents within the client group advanced aged. On 09/10/2025, Surveyor reviewed Licensee A's training records. Licensee A was hired 12/17/2015. Licensee A's record did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2023 and 2024. On 09/24/2025, at approximately 2:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was unable to locate his/her training records, but s/he would ensure s/he completed training in 2025. Licensee A reported staff had the possibility of being exposed to blood-borne pathogens when assisting residents. Licensee A stated s/he was the only staff member employed.	M 235		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with	M 246		

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M 246	Continued From page 2 the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure that 1 of 1 staff member (Licensee A) received at least 8 hours of continuing education training related to health, safety, welfare, resident rights and treatment of residents during 2023 and 2024. Findings include: The provider was licensed to serve up to 4 residents within the client group advanced aged. On 09/24/2025, Surveyor reviewed Licensee A's training records. Licensee A was hired 12/17/2015. Licensee A's record did not contain continuing education for 2023 and 2024. On 09/24/2025, at approximately 2:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was unable to locate his/her training records, but s/he would ensure s/he completed training in 2025. Licensee A stated s/he was the only staff member employed.	M 246		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	M 276		

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M 276	Continued From page 3	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the adult family home's environment was safe, well maintained, and appropriate for residents.

Findings include:

The provider was licensed to serve up to 4 residents within the client group advanced aged.

On 09/24/2025, at approximately 1:20 PM, Surveyor and Licensee A toured the home and observed:

-Three window air conditioning units that had what appeared to be a layer of dust and grease build-up
-Baseboards throughout the home had what appeared to be a buildup of dust along the edges
-Laundry area had a burnt-out light bulb and plastic bags lying all around the washing machine. Licensee A stated that helped protect clothing from the basement floor.
-Resident bathroom cupboards displayed what appeared to be soap and toothpaste drippings
-Toilet seat cover finish was rubbed off in areas. Newspapers were laid on the floor around the toilet to absorb water.
-Sink vanity had rust colored rings formed underneath a can of air disinfectant
-Plastic window blinds throughout the home had what appeared to be a heavy layer of dust on the

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M 276	Continued From page 4 slats -Closet near the entrance door was overflowing with bags of what appeared to be clothing and personal items -Resident 2's dresser was missing the knobs for some of the drawers -Kitchen countertop had what appeared to be a buildup of food debris -Stove top and burner trays were rust colored in appearance -Cement walkway to home was missing chucks of cement, creating a tripping hazard On 09/24/2025, Surveyor interviewed Licensee A. Licensee A reported s/he was the only employee and was responsible for cleaning and maintaining the home. Licensee A confirmed the observations. Licensee A stated s/he would address the concerns.	M 276		
M 314	88.05(3)(i) BATHROOM LOCK The door of each bathroom shall have a lock which can be opened from the outside in an emergency. This Rule is not met as evidenced by: Based on observation and interview, the facility does not have a lock on the first-floor bathroom door. Findings include: On 09/24/2025, at approximately 2:30 PM, Surveyor and Licensee A observed the bathroom door handle which would not lock from the inside. On 09/24/2025, at approximately 2:30 PM, Surveyor interviewed Licensee A. Licensee A	M 314		

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M 314	Continued From page 5 confirmed the door was not capable of being locked. Licensee A stated s/he would have the locking mechanism on the bathroom door replaced.	M 314		
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 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 2 of 2 residents reviewed were evaluated annually for evacuation time, using the Department form F-62373 Resident Evacuation Assessment. Census 2. Resident 1's and Resident 2's evacuation evaluation were not completed in 2023 and 2024. Findings include: The provider was licensed to serve up to 4 residents within the client group advanced aged. On 09/24/2025, Surveyor and Licensee A reviewed Resident 1's and Resident 2's record. Resident 1 and Resident 2 moved into the home in 2018. Resident 1's and Resident 2's record did not	M 346		

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M 346	Continued From page 6 contain a Resident Evacuation Assessment form stating that s/he had been reviewed annually for his/her evacuation capabilities in 2023 and 2024. On 09/24/2025, at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he had not completed the form but would update Resident 1's and Resident 2's record.	M 346		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 1 and Resident 2) Individual Service Plans (ISP) were reviewed at least every 6 months.	M 424		

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M 424	Continued From page 7 Findings include: On 09/24/2025, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1 moved into the home in 2018, exact date unknown, and was his/her own person and managed care organization (MCO) Care Manager (CM). Resident 1's record contained a MCO Managed Care Plan (MCP), dated 2022. Resident 2 moved into the home in 2018, exact date unknown, and was represented by Guardian B and MCO CM C. Resident 2's record contained a MCO MCP, dated 07/01/2022. On 09/24/2025, at approximately 2:45 PM, Surveyor interviewed Licensee A. Surveyor asked if Resident 1 and Resident 2 had ISPs that had been reviewed with the resident and the resident representatives. Licensee A stated s/he utilized the MCO MCPs but was unable to locate them. Licensee A stated s/he had not created his/her own ISPs and asked the resident or the resident representative to review them and sign. Licensee A stated s/he was the only staff member for the last eight months, so the ISPs were not utilized.	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.	M 458		

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M 458	Continued From page 8	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure medications remained secured until time of administration for 2 of 2 residents (Resident 1 and Resident 2).

Findings include:

The provider was licensed to serve up to 4 residents within the client group advanced aged.

On 09/24/2025, at approximately 1:30 PM, Surveyor and Licensee A observed an unsecured lock box in the refrigerator which contained Resident 1's blister card of Florajen 3. Surveyor asked to see where the remainder of Resident 1's and Resident 2's medications were stored. Licensee A walked to a room, off the kitchen, and pulled open a file cabinet, which was not locked, and showed Surveyor Resident 1's and Resident 2's medications.

On 09/24/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the medication in the refrigerator was not locked. Licensee A confirmed the medication storage filing cabinet was not locked. Licensee A reported she was the only staff member and the residents were not allowed in the filing cabinet.

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M 604	Continued From page 9	M 604		
M 604	88.10(5)(c)4 Information About Advocacy Organization To have available in the home the name, address and phone number of organizations providing advocacy assistance for the type of individual served by the adult family home, and the name, address and phone number of the licensing agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not post a grievance procedure, resident rights, the name and number of the State Licensing Agency or information about the Ombudsman in a prominent public place available to residents, employees, and guests. Findings include: On 09/24/2025, at approximately 2:30 PM, Surveyor and Licensee A conducted a tour of the home. There was no evidence of providing advocacy assistance by posting an Ombudsman poster in the facility, resident rights, and no evidence of a Grievance Procedure posted including the name and number of the State Licensing Agency. On 09/24/2025, at approximately 2:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was unsure where the postings were but would locate them and make them available to the residents.	M 604		