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	0012252	A. BUILDING: _____ B. WING _____	C 12/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLTOP HOUSE AFH	W3422 55TH ST MAUSTON, WI 53948

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M 000	INITIAL COMMENTS On 11/06/2025, Surveyor conducted a licensure survey and complaint investigation. Data collection continued through 12/03/2025. The complaint was unsubstantiated. Three deficiencies were identified. Census: 4	M 000		
M 234	88.04(2)(g)2 COMMUNICABLE DISEASE The licensee shall ensure that no one who has a communicable disease reportable under ch. HSS 145 may work in a position in the adult family home where the disease would present a significant risk to the health or safety of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider was screened for illness detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse, or a physician's assistant, within 90 days before the start of providing service, for 3 of 3 staff (Caregiver C, Caregiver D, and Caregiver E) reviewed. Findings include: This facility is licensed to serve up to 4 residents in the client groups emotionally disturbed/mental illness, traumatic brain injury, developmentally disabled, and physically disabled. On 11/06/2025 Surveyor requested and reviewed	M 234		

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

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M 234	Continued From page 1 records for Caregiver C, Caregiver D, and Caregiver E. Caregiver C had a hire date of 04/24/2025. Caregiver C's record contained a TB test administered on 04/29/2025 and read on 05/01/2025. Caregiver C's record did not contain documentation of a communicable disease screening with a signature by a physician, a registered nurse, or a physician's assistant. Caregiver D had a hire date of 07/17/2025. Caregiver D's record did not contain documentation of a communicable disease screening with a signature by a physician, a registered nurse, or a physician's assistant or TB test results. Caregiver E had a hire date of 10/21/2025. Caregiver E's record did not contain documentation of a communicable disease screening with a signature by a physician, a registered nurse, or a physician's assistant or TB test results. On 12/03/2025 at 1:00 PM, Surveyor interviewed Licensee A and Director of Residential Services (DORS) B. Licensee A stated Caregiver D and Caregiver E both no longer worked for the provider. Licensee A stated they were contracted through the county for staff to receive their TB screenings and tests. Licensee A stated this was the first time s/he had heard about staff requiring a communicable disease screening with a signature by a physician, a registered nurse, or a physician's assistant.	M 234		
M 570	88.10(3)(l) Safe Physical Environment	M 570		

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M 570	Continued From page 2 Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the Adult Family Home (AFH) violated resident rights by not providing a safe environment. The AFH did not utilize proper ventilation for the clothes dryer. Findings include: On 11/06/2025 at approximately 11:00 AM, Surveyor toured the home and observed the laundry area. The dryer vent was made of semi-rigid material. "An estimated 2,900 clothes dryer fires in residential buildings are reported to U.S. fire departments each year and cause an estimated 5 deaths, 100 injuries, and $35 million in property loss...Flexible transition ducts used to connect the dryer to the exhaust duct system are required to be not longer than eight feet, not concealed within construction, and listed and labeled in accordance with Underwriters Laboratories (UL) 2158A." (Source: U.S. Fire Administration website,Topical Fire Report Series: Clothes Dryer Fires in Residential	M 570		

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M 570	Continued From page 3 Buildings (2008-2010), August 2012, https://www.usfa.fema.gov/downloads/pdf/statistics/v13i7.pdf (retrieval date - 12/12/2025).) On 11/26/2025 at 1:00 PM, Surveyor interviewed Licensee A and Director of Residential Services (DORS) B. Licensee A stated s/he called their maintenance staff after the survey, and s/he had already changed the dryer vent back to a rigid material. Licensee A stated they had a contractor come out to repair the dryer a while ago. They had changed the vent to a semi-rigid material due to the vent breaking from residents sliding the dryer in and out from the wall.	M 570		
Y3009	50.03 LICENSING, POWERS AND DUTIES (1) PENALTY FOR UNLICENSED OPERATION. No person may conduct, maintain, operate or permit to be maintained or operated a community?based residential facility or nursing home unless it is licensed by the department. Any person who violates this subsection may, upon a first conviction, be fined not more than $500 for each day of unlicensed operation or imprisoned not more than 6 months or both. Any person convicted of a subsequent offense under this subsection may be fined not more than $5,000 for each day of unlicensed operation or imprisoned not more than one year in the county jail or both. (1m) DISTINCT PART OR SEPARATE LICENSURE FOR INSTITUTIONS FOR MENTAL DISEASES.	Y3009		

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Y3009	Continued From page 4 Upon application to the department, the department may approve licensure of the operation of a nursing home or a distinct part of a nursing home as an institution for mental diseases, as defined under 42 CFR 435.1009. Conditions and procedures for application for, approval of and operation under this subsection shall be established in rules promulgated by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider exceeded the licensed capacity of an adult family home (AFH) by providing services for 1 independent living apartment tenant, thus creating an unlicensed Community Based Residential Facility (CBRF). Findings include: Per Chapter 50.01(1g) the definition of a Community Based Residential Facility means, "...a place where 5 or more adults who are not related to the operator or administrator and who do not require care above intermediate level nursing care reside and receive care, treatment or services that are above the level of room and board but that include no more than 3 hours of nursing care per week per resident." The provider was issued a license from the Department to operate as a 4 bed AFH on 01/22/2008. On 11/06/2025 at approximately 11:00 AM, Surveyor observed Tenant 1 enter the AFH and	Y3009		

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Y3009	Continued From page 5	Y3009		

sit at the dining room table visiting with his/her managed care organization (MCO) case worker.

On 11/06/2025 at 11:07 AM, Surveyor was touring the AFH with Caregiver E and observed Caregiver E enter a secured door into a room where cleaning supplies were stored. Surveyor observed in the room a stairway leading upstairs. Surveyor asked Caregiver E about the stairway, and s/he stated Tenant 1 lived upstairs in an independent living apartment. Caregiver E stated the door leading to the room with the stairway was always kept secured and Tenant 1 had a separate stairway outside leading to the entrance of his/her apartment. Caregiver E stated Tenant 1 would access the AFH by the front entrance. Caregiver E stated Tenant 1 would come to the AFH occasionally for meals and four times daily for medications, which were administered by AFH staff. Caregiver E stated AFH staff also provided daily checks to make sure Tenant 1 met his/her nutrition and hygiene needs.

On 11/06/2025 at 11:39 AM, Surveyor observed Tenant 1 leave the AFH with his/her MCO case worker.

On 11/07/2025, Surveyor reviewed resident records and found the following:

Resident 2 was admitted to the facility on 06/01/2011 and had a guardian. The individual service plan (ISP) as of 11/06/2025, indicated that Resident 2 received services from AFH staff that included in part medication management, some activities of daily living (ADL) reminders and prompts, and 24-hour supervision.

Resident 3 was admitted to the facility on 06/08/2021 and had a guardian. The ISP as of

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Y3009	Continued From page 6 11/06/2025 indicated that Resident 3 received services from AFH staff that included in part medication management, some ADL reminders and prompts, and 24-hour supervision. Resident 4 was admitted to the facility on 02/07/2024 and had a guardian. The ISP as of 11/06/2025, indicated that Resident 4 received services from AFH staff that included in part medication management, some ADL reminders and prompts, and 24-hour supervision. Resident 5 was admitted to the facility on 09/01/1993 and had a guardian. The ISP as of 11/06/2025, indicated that Resident 5 received services from AFH staff that included in part medication management, some ADL reminders and prompts, behavior management, and 24-hour supervision. Resident 2, Resident 3, Resident 4, and Resident 5 were all previously admitted to, and currently residing at the facility on 11/06/2025, bringing the facility to its full licensed capacity of 4 residents. On 11/14/2025 at 3:17 PM, Surveyor interviewed Caregiver F. Caregiver F stated Tenant 1 would come down to the AFH for AFH staff to administer his/her medications up to 4 times per day and that was how s/he was trained since being hired (date of hire 06/03/2025). Caregiver F stated Tenant 1 would come down 3 times per week to eat with AFH residents. Caregiver F stated Resident 5 would have escalated behaviors when Tenant 1 visited the AFH due to Tenant 1 talking too loudly. Caregiver F stated Resident 5 would also antagonize Tenant 1. On 11/18/2025, Surveyor reviewed Tenant 1's record and found the following:	Y3009		

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Y3009	Continued From page 7 Tenant 1 was admitted to his/her independent living apartment on 10/07/2002. Tenant 1 had diagnoses that included, in part, pedophilia, alcohol dependence in remission, diabetes, intellectual disability, and personality disorder. The ISP as of 11/18/2025, indicated Tenant 1 needed assistance with reminders for bathing, oral hygiene, and housekeeping two times per week, making healthy food choices, menu planning, meal preparation, coaching, medication management, transportation, medical appointment coordination, and money management. The ISP read in part, "[Tenant 1] is allowed to walk freely on and around [the AFH/building], and may visit with peers, directed to call staff on shift, and knock before entering the facilities. He is impulsive and does not always follow this procedure ...[Tenant 1] can be over intrusive with residents and staff. [S/He] will often overstep boundaries or 'poke [his/her] nose into others' business without their consent." On 11/18/2025 at 4:30 PM, Surveyor interviewed Director of Residential Services (DORS) B. DORS B stated Tenant 1 received 50 hours per week of support services from staff separate from the AFH. DORS B stated Tenant 1 used to live in the AFH with 3 of the residents and progressed to independent living. DORS B stated Tenant 1's apartment roommate had died from cancer 2 months prior as well. DORS B explained both things had caused Tenant 1 to visit the AFH more than usual lately. DORS B stated Tenant 1 could manage his/her own medications and check his/her own blood sugars, but s/he had requested staff to assist with this. DORS B stated Tenant 1 would eat downstairs in the AFH occasionally. DORS B stated AFH staff had been empathetic towards Tenant 1 and started to provide services	Y3009		

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Y3009	Continued From page 8 to him/her without them knowing about it. DORS B stated they would address the issue with AFH staff. On 12/03/2025 at 1:00 PM, Surveyor interviewed Licensee A and DORS B. Licensee A stated AFH staff were not supposed to be providing services to Tenant 1. Licensee A stated with staff turnover, AFH staff had absorbed helping with Tenant 1's services and s/he had not been aware of it. Licensee A also clarified Tenant 1 would pay for his meals received in the AFH out of his/her own funding. Licensee A stated they had already moved Tenant 1's medications out of the AFH and re-educated staff about the division of care with the AFH and independent living apartment. Licensee A stated they had already coordinated separate staff to provide services to Tenant 1 outside of AFH work time and DORS B was spending more time monitoring. The provider exceeded the licensed capacity of an adult family home (AFH) by AFH staff providing services to Tenant 1, whom resided in an independent living apartment, thus creating an unlicensed CBRF.	Y3009		