STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0008905	A. BUILDING: _____ B. WING _____	07/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSTON GROUP HOME	403 MARSTON STREET EAU CLAIRE, WI 54701

(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
N 000	Initial Comments On 07/27/2026, Surveyor conducted an abbreviated survey at Marston Group Home. Data collection continued through 07/30/2026. Two deficiencies were identified. Census: 7	N 000		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not notify the department within 7 days after there was a change in administrator. Findings include: On 07/27/2026 at approximately 9:15 AM, Surveyor entered the home and interviewed House Manager (HM) A. HM A stated s/he had been employed approximately 1 year. When asked if s/he was the designated administrator, HM A stated Person C was the listed administrator. Person C was not the listed administrator on record. Person D was listed as the administrator. HM A stated Person D had retired approximately 1 year ago and returned to work part time to help with the transition. On 07/29/2026 at approximately 2:20 PM, Licensee B stated via email s/he was the administrator at the facility. On 07/30/2026, Surveyor emailed Licensee B and asked if notification had been sent to the department of the change. On 07/30/2026 at approximately	N 200		

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

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N 200	Continued From page 1 11:10 AM, Licensee B stated, "It sounds as if [previous assisted living regional director] was told." No evidence of notification was provided to indicate the department was notified of the change in administrator approximately 1 year ago.	N 200		
N 545	83.48(4)(e) Smoke detector in each bedroom. Pursuant to s. 50.035(2)(b), Stats., all facilities shall have at least one smoke detector located at each of the following locations: In each bedroom. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a smoke detector was located in 2 of 7 bedrooms. The smoke detectors were not installed and were missing at the time of survey. Findings include: On 07/27/2026 at approximately 10:00 AM, Surveyor toured the home with House Manager (HM) A and observed detached smoke detectors in Resident 1's and Resident 2's bedrooms. HM A could not locate Resident 1's smoke detector and located Resident 2's smoke detector on Resident 2's headboard. HM A stated Licensee B was at the house 3 days ago and may have taken them down. HM A informed Surveyor Resident 2 may have taken it down him/herself. HM A stated the smoke detectors were hard wired and informed Surveyor s/he would ensure smoke detectors were put back up. On 07/29/2026 at 2:22 PM, Surveyor received an email from Licensee B stating s/he had "replaced	N 545		

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N 545	Continued From page 2 the defective smoke detectors."	N 545		