STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019629	A. BUILDING: _____ B. WING _____	C 07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MATTHIAS ACADEMY ATHENA HOUSE	9617 84TH PLACE PLEASANT PRAIRIE, WI 53158

(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 07/21/2025 with information gathered through 07/25/2025, Surveyor conducted a standard survey and complaint investigation, at Matthias Academy Athena House, an Adult Family Home (AFH) in Pleasant Prairie, WI. Five deficiencies were identified. One of 5 deficiencies is a repeat deficiency, see Statement of Deficiency 7NJ511, dated 07/10/2024. Complaint unsubstantiated. Census: 4	M 000		
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 ensure 1 of 3 service providers (Caregiver B) was screened for illness detrimental to residents. Caregiver B's record did not contain documentation of being screened for illness detrimental to residents.	M 232		

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

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M 232	Continued From page 1 This is a repeat deficiency. See Statement of Deficiency 7NJ511, dated 07/10/2024. Findings include: On 07/21/2025, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 12/16/2024. Caregiver B's employee record did not contain documentation s/he was screened for illness detrimental to residents. On 07/25/2025, at approximately 3:01 PM, Surveyor received an email from Managing Director A reporting that they considered the results of a negative TB test as 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 served.	M 232		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear	M 262		

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M 262	Continued From page 2	M 262		

opening of at least 32 inches.
3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure there were two ramped exits to grade from the facility for 2 of 2 residents' (Resident 1 and Resident 3) who had difficulty walking.

Findings include:

On 07/21/2025, at approximately 12:34 PM, Surveyor toured the facility and observed the following:

-This facility is a 3-bedroom ranch house.

-The front exit had 2 steps to maneuver to get to ground level sidewalk.

-The garage exit had 2 steps to maneuver to get to ground level sidewalk.

-The back exit had 3 steps to maneuver to get to ground level sidewalk.

-Emergency exits identified were the front exit and the back exit.

On 07/21/2025, Surveyor reviewed Resident 1's record and identified the following:

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M 262	Continued From page 3	M 262		

-Resident 1 was admitted to the provider's home on 10/02/2023.

-Resident 1's Individual Service Plan, dated 03/16/2025, stated the following: "Ambulation: Continual Assistance - Walks and climbs and descends stairs with constant supervision and/or assistance. Increased over past 6 months. Helpful tips for ambulation: Wheelchair for long distances."

On 07/21/2025, Surveyor reviewed Resident 3's record and identified the following:

-Resident 3 was admitted to the provider's home on 01/10/2025.

-Resident 3's Individual Service Plan, dated 06/08/2025, stated the following: "Ambulation: Intermittent Assistance - Walks and climbs and descends stairs with minimal, intermittent assistance and/or supervision. [Resident 3] has a shuffling gait, so can stumble and lose balance easily if on stairs or uneven ground, best to have a hand or arm to hold as well as the stair railing."

On 07/21/2025, at approximately 12:02 PM, Surveyor interviewed Managing Director A. Managing Director A confirmed the home did not have ramped exits to grade from the facility for Resident 1 and Resident 3 who had difficulty walking. Managing Director A stated Resident 1 and Resident 3 required staff to hold their hand when navigating stairs. Managing Director A stated s/he was not aware of the requirement that if a resident is able to walk only with difficulty the exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.

On 07/25/2025, at approximately 3:12 PM,

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M 262	Continued From page 4 Surveyor interviewed Managing Director A via phone. Managing Director A stated Resident 1 and Resident 3 required staff assistance when navigating stairs due to their anxiety.	M 262		
M 392	88.06(2)(c)3 ALL CHARGES AND SECURITY DEPOSITS Charges for room and board and services and any other applicable expenses, and the amount of the security deposit, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement, indicating the charges for room and board and services, was provided for 3 of 3 residents (Resident 1, Resident 2 and Resident 3) reviewed. Findings include: On 07/21/2025, Surveyor reviewed residents' records and identified the following: - Resident 1 was admitted to the provider's home on 10/02/2023. Resident 1's service agreement was signed by Resident 1's guardian on 09/27/2023. Resident 1's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. - Resident 2 was admitted to the provider's home on 10/02/2023. Resident 2's service agreement was signed by Resident 2's guardian on 09/25/2023. Resident 2's service agreement did not include information regarding what costs	M 392		

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M 392	Continued From page 5 would be charged for the resident's room and board or other services. - Resident 3 was admitted to the provider's home on 01/10/2025. Resident 3's service agreement was signed by Resident 3's guardian on 12/24/2024. Resident 3's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. On 07/21/2025, at approximately 12:24 PM, Surveyor interviewed Managing Director A. Managing Director A confirmed the service agreements did not include information relating to specific charges for each residents' room and board or other services. Managing Director A stated s/he was not aware it was a requirement to list the amounts of room and board and other services on the service agreements.	M 392		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents' (Resident 3) admitted to the home had a statement indicating resident rights and grievance procedures had been explained and copies provided to the residents' and residents' responsible parties.	M 402		

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M 402	Continued From page 6 Findings include: On 07/21/2025, Surveyor reviewed Resident 3's record and identified the following: Resident 3 was admitted to the provider's home on 01/10/2025. Resident 3's record did not contain evidence of resident rights and grievance procedures explained with his/her guardian. On 07/21/2025, at approximately 12:24 PM, Surveyor interviewed Managing Director A. Managing Director A confirmed Resident 3's record did not contain evidence of rights and grievance procedures explained to his/her guardian. Managing Director A stated moving forward s/he would ensure resident rights and grievance procedures were explained to the responsible parties.	M 402		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents' (Resident 2) individual service plan (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 2's ISP did not include a signed statement of agreement with all parties involved.	M 420		

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M 420	Continued From page 7 Findings include: On 07/21/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 10/02/2023. -Resident 2 had a legal guardian. -Resident 2's ISP, dated 03/24/2025, was not signed by his/her legal guardian. On 07/21/2025, at approximately 3:01 PM, Surveyor interviewed House Manager C. House Manager C confirmed Resident 2's ISP was not signed by his/her legal guardian. House Manager C stated s/he did not follow-up with Resident 2's guardian regarding signing ISP.	M 420		