STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016068	A. BUILDING: _____ B. WING _____	R-C 11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIES HOUSE 2	7930 WEST BRENTWOOD AVE MILWAUKEE, WI 53223

(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 11/08/2024, Surveyor conducted a standard survey, a verification visit, and 1 complaint investigation. Four deficiencies were identified. One of 4 deficiencies was a repeat violation. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and staff interview, the facility was not clean and well-maintained and did not provide a homelike environment. There were holes in the walls, soiled linens, unkempt bedrooms, and dirty appliances and cabinets. This had the potential to affect 4 of 4 residents in the home. Findings include: On 11/08/2024, at approximately 10:00 AM, Surveyor toured the facility and observed the following: Kitchen	M 276		

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

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M 276	Continued From page 1 -The oven door handle was disconnected on one side causing it to hang at a 90° angle. -The linoleum flooring directly below the fire extinguisher had a circular hole approximately 2 inches by 2 inches in circumference. -The microwave interior was rusty and peeling around the interior edges. There was an accumulation of burnt food particles spattered throughout the entire inside area. -Exterior cabinets fronts were dirty and felt sticky near the handles. Resident 6's room -The north facing wall had a round hole approximately 12-inch by 12-inch in the drywall directly below the light switch. - The east facing wall had a round hole approximately 3-inch by 3-inch in the drywall above residents' bed. There was a 2-inch by 2-inch hole and scuff marks on the wall adjacent to the closet. -The mattress was laying directly on the floor without a box spring or bed frame. The bed did not have linens. It was scattered with food particles, a box of Oreo cookies, tobacco, candy wrappers and a soiled bath towel. There was one large unidentified stain covering 25% of mattress surface located in the middle of the mattress. -The closet floor was 80% covered in a pile which included clean and dirty clothes, plastic bags, empty boxes, electronic cords, and a duffle bag. There were no clothes stored on hangers. -The floor next to the bed had 8 scattered cigarettes and an area approximately 2 feet by 2 feet which was sprinkled with loose tobacco. Resident 3's room -The east facing window had vinyl window shades that had 6 broken and missing slates.	M 276		

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M 276	Continued From page 2 Hallway -The heat vent was 60% covered in a gray dust like substance. On 11/08/2024, at approximately 10:00 AM, Surveyor interviewed General Manager C. Surveyor asked General Manager C if staff followed a cleaning schedule and what the procedure was when general maintenance was required. General Manager C confirmed the staff was expected to do routine cleaning and to report to management when something needed repair. General Manager C acknowledged the condition of the home and stated they would speak to staff about the cleaning expectations.	M 276		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 334		

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M 334	Continued From page 3 did not ensure functioning smoke detectors were in 3 of 5 required locations. The smoke detector on the basement stairway was not working. There was no smoke detector installed on the ceiling of the basement or in Resident 6's room. Findings include: On 11/08/2024, at approximately 10:00 AM, Surveyor toured the facility with General Manager C. The following was observed: - The smoke detector on the basement stairway was not working. - There was no smoke detector installed on the ceiling of the basement. - The smoke detector had been removed from Resident 6's room. On 11/07/2024 at approximately 11:50 AM, Surveyor interviewed General Manager C who confirmed the smoke detectors were missing or not working. General Manager C was unsure how long the stairway smoke detector had needed a new battery but stated it would be replaced and new smoke detectors would be installed in the basement and Resident 6's room.	M 334		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee	M 466		

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M 466	Continued From page 4 shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not keep a complete record of all prescription medications administered by the staff for 1 of 1 resident. Resident 6's medication administration record (MAR) did not contain documentation of all medication administered by staff from October 20, 2024 - November 8, 2024. Findings include: On 11/08/2024, Surveyor reviewed resident records and identified the following: Resident 6 was admitted on 07/08/2024 with diagnoses including schizophrenia, low vitamin D level, high blood pressure, and Type 2 diabetes. Resident 6's Individualized Service Plan (ISP), dated 07/08/2024, read, "[Resident 6] is not able to properly administer his/her own medication." Surveyor reviewed Resident 1's Medication Administration Record (MAR) and identified the following instructions for administration: Zyprexa 10 milligrams (MG) tablet by mouth twice daily. Vitamin D2 1,250 micrograms (mcg) (50,000 Unit) capsule by mouth once a week on Saturday morning. Rosuvastatin calcium 40 MG tablet by mouth at bedtime. Diphenhydramine 50 MG capsule by mouth at bedtime. Divalproex sodium extended release (ER) 500	M 466		

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M 466	Continued From page 5 MG tablet by mouth at bedtime. Lisinopril 5 MG 1 tablet by mouth at bedtime. Metformin hydrochloride (HCL) ER 500 mg tab by mouth at bedtime. Zyprexa 10 MG tablet by mouth at bedtime. Resident 6's MAR did not contain evidence any medications were administered by staff on the following days: -October 20, 2024 -October 21, 2024 -October 22, 2024 -October 28, 2024 -October 29, 2024 -November 2, 2024 -November 3, 2024 -November 4, 2024 -November 5, 2024 The MAR did not indicate if Resident 1 was away from assisted living, at the emergency room or hospital, or refused medication on those dates. On 11/08/2024 at approximately 12:00 PM, Surveyor interviewed General Manager C about the unsigned medication spaces. General Manager C reported, "I don't know why those were not signed. I will talk to the staff about signing the medications when administering them."	M 466		
{M 570}	88.10(3)(l) Safe Physical Environment 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	{M 570}		

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{M 570}	Continued From page 6 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 provider did not ensure a safe physical environment for 4 of 4 residents. The hot water was not kept at a safe temperature and measured 135° Fahrenheit (F) at 2 of 2 faucets tested. This is a repeat deficiency. See Statement of Deficiency (SOD) MXQ911, dated 01/26/2022. Findings include: The home is licensed to provide care for up to 4 residents in the client groups of emotionally disturbed/mental illness, traumatic brain injury, terminally ill, physically disabled, irreversible dementia/Alzheimer's, advanced aged, and developmentally disabled. On 11/08/2024 at approximately 10:30 AM, Surveyor observed the hot water temperature from the bathroom and kitchen faucets measured 135° F. General Manager C confirmed the water temperature was 135° F at both locations. On 11/08/2024 at approximately 11:50 AM, Surveyor interviewed General Manager C about the hot water temperature. They said a new hot water heater had recently been installed and needed to be turned down. They stated they would turn the hot water temperature down and	{M 570}		

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{M 570}	Continued From page 7 begin monitoring it monthly to ensure it was not too hot. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	{M 570}		