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 04/21/2026

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 04/21/2026, Surveyor completed a verification visit and complaint investigation at Maries House 2. As a result, 1 deficiency was corrected, and 4 deficiencies were recited. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
{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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was well-maintained, cleaned and a homelike environment for 3 of 3 residents. The kitchen required cleaning, the bathroom and resident bedrooms required maintenance and cleaning. This is a repeat deficiency. See Statement of Deficiency (SOD) MXQ912, dated 11/08/2024. Findings include: On 01/16/2026, the Department received a complaint alleging concerns with the maintenance	{M 276}		

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

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{M 276}	Continued From page 1 of the home. On 04/20/2026, at 12:15 PM, Surveyor toured the facility and observed the following: Kitchen The stove and range hood were covered in a slippery shiny substance similar to grease. The stove did not contain stove grates. The six tiles near the sink and fire extinguisher were loose and moved under Surveyors foot. Bathroom The toilet was an elongated toilet, but the seat was a circle shape, which caused the toilet seat to not fit on the toilet correctly. The light fixture contained a gray fuzzy material similar to dust. The vent fan contained dark gray material similar to dust. The heat vent located next to the toilet appeared rusted and covered in a thick matter on top, similar to dust and bodily fluids. The bathroom door latch would not engage when Surveyor closed the door, which caused the bathroom door to not be able to lock. The door also did not fit the door frame, which caused a gap, approximately 1 inch on the top of the door. Resident 7's bedroom The window was broken and shattered. Pieces of glass remained in between the windowpanes.	{M 276}		

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{M 276}	Continued From page 2 The broken area measured approximately 24 inches by 18 inches. The door did not fit the door frame, which caused a gap, approximately 1 inch on top of the door. Resident 8's bedroom The bedroom floor was covered in a brown material, which appeared dry and powder like, similar to dirt. This material covered a 3-foot by 5-foot section of the floor. Resident 5's bedroom The wall behind Resident 5's chair had a hole in the wall. The hole measured approximately 3 inches by 7 inches. The door did not fit the door frame, which caused a gap, approximately 1 inch on top of the door. Living Room The floor register was missing the covering, which caused a hole in the floor and exposed metal material. On 04/20/2026, at 1:45 PM, Surveyor interviewed General Manager C. General Manager C acknowledged Surveyor's concerns. General Manager C reported s/he would ensure the home was maintained.	{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	{M 334}		

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{M 334}	Continued From page 3 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 did not ensure functioning smoke detectors were in 2 of 6 required locations. The living room and a resident room did not contain a smoke detector. This is a repeat deficiency. See Statement of Deficiency (SOD) MXQ912, dated 11/08/2024. Findings include: On 04/20/2026, at 12:15 PM, Surveyor toured the facility and observed the following: The living room smoke detector was not attached to the ceiling. There was a base attached to the ceiling. The smoke detector was on the television stand. A resident room, which did not house a resident at the time of the survey, did not contain a smoke detector. The base was attached to the ceiling. On 04/20/2026, at 1:45 PM, Surveyor interviewed	{M 334}		

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{M 334}	Continued From page 4 General Manager C. General Manager C reported staff kept removing the smoke detector in the living room due to it alarming during cooking. General Manager C reported s/he just moved it to another location last week and staff removed it again. General Manager C reported s/he was unsure of where the smoke detector was for the resident room.	{M 334}		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had at least 2 means of exiting which provided unobstructed access to the outside for 2 of 2 exits. The front ramp contained a plastic outdoor chair on the ramp. The side exit had a grill and table blocking access to the ramp. This is a repeat deficiency. See Statement of Deficiency (SOD) MXQ911, dated 01/26/2022. Findings include: On 04/20/2026, at 12:00 PM Surveyor arrived at the facility. Surveyor observed the front entrance. The front entrance was located on the south side of the home. There were 2 steps to a wooden landing. The east side of the landing had a ramp. On the ramp was a plastic outdoor chair in the middle of the walkway of the ramp. The chair only	M 338		

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M 338	Continued From page 5 allowed approximately 15 inches of clearance on the ramp. The side exit was located on the east side of the home. At the bottom of the ramp was a tall wooden table, similar to a hallway table. At the landing of the ramp there was a grill. When Surveyor opened the door, the door was able to open 24 inches. Surveyor observed Resident 7 in the living room. Resident 7 utilized a wheelchair for mobility. Surveyor observed the facility floor plan which identified the front and rear exit as emergency exits. On 04/20/2026, at 1:45 PM, Surveyor interviewed General Manager C. General Manager C acknowledged Surveyor's concerns and reported s/he would ensure the exits were cleared immediately.	M 338		
{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 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.	{M 570}		

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{M 570}	Continued From page 6 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment by ensuring water temperatures were kept at a safe temperature for 3 of 3 residents. The hot water temperature in the bathroom was 129.0° Fahrenheit (F). This deficiency is being cited for a third time. See Statement of Deficiency (SOD) MXQ912, dated 11/08/2024 and SOD MXQ911, dated 01/26/2022. Findings include: This provider was licensed on 04/20/2016 to provide care for up to 4 residents in the client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and alcohol/drug dependent. On 04/20/2026, at 12:35 PM, Surveyor tested the water temperature in the bathroom sink faucet. The water temperature was 129° F. "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	{M 570}		

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{M 570}	Continued From page 7 Adult Family Homes, August 2017) On 04/20/2026, at 1:45 PM, Surveyor interviewed General Manager C. General Manager C reported s/he was unaware the water temperature was too high. General Manager C reported s/he would ensure the water heater was turned down.	{M 570}		