STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017809	A. BUILDING: _____ B. WING _____	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARION HOUSE	7504 W MARION ST MILWAUKEE, WI 53216

(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 03/20/2026, Surveyor concluded an abbreviated survey at Marion House. Three deficiencies were identified. Census: 0	M 000		
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 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 and interview, the provider did not ensure there were two ramped to grade exits from the facility. The front exit was not ramped to grade at the base of the ramp. The back exit door led out to a patio with a ramp. The	M 262		

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

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M 262	Continued From page 1 back exit doorway was not ramped to grade. Findings include: The adult family home (AFH) was issued a regular license on 02/10/2020 to serve up to 4 non-ambulatory residents within the client groups: advanced aged, developmentally disabled, alcohol/drug dependent, physically disabled, emotionally disturbed/ mentally ill, traumatic brain injury, terminally ill, correctional clients, and irreversible dementia/Alzheimer's. On 03/20/2026, at approximately 10:10 a.m., Surveyor toured the facility and observed the following: - The front exit was not ramped to grade at the base of the ramp. - The back exit door led out to a patio with a ramp. The back exit doorway was not ramped to grade at the base of the door. - The posted exit plan identified two emergency exits; one was at the back door of the facility, and another was the front exit door. On 03/20/2026 at 10:35 a.m., Surveyor interviewed Licensee A, who confirmed the front ramp was 1 ¼ inch off from being ramped to grade. Licensee A stated s/he was a contractor and already measured it. Licensee A stated s/he would be taking care of fixing the ramps.	M 262		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating	M 290		

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M 290	Continued From page 2 contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. The provider did not have any evidence of ever being inspected and serviced by a heating contractor or local utility company. Findings include: The adult family home (AFH) was issued a regular license on 02/10/2020 to serve up to 4 non-ambulatory residents within the client groups: advanced aged, developmentally disabled, alcohol/drug dependent, physically disabled, emotionally disturbed/ mentally ill, traumatic brain injury, terminally ill, correctional clients, and irreversible dementia/Alzheimer's. On 03/19/2026 at 9:43 a.m., Surveyor and requested all safety file documentation to be emailed from Licensee A. On 03/19/2026 at 8:54 p.m., Surveyor received two documents, dated 07/01/2022 and 06/30/2025 titled, "Heating and chimney inspections." The documents did not indicate the facility's gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. On 03/20/2026 at 8:45 a.m., Surveyor reviewed the provider's department file. The furnace inspection on file with the department from initial licensing was dated 07/15/2019, and did not indicate the facility's gas furnace was inspected and serviced by a heating contractor or local utility company.	M 290		

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M 290	Continued From page 3 On 03/20/2026 at approximately 10:25 a.m., Surveyor interviewed Furnace Inspector (FI) B, on the phone with Licensee A. Surveyor requested FI B to send a copy of his/her contractor's license by end of day. Licensee A stated, "[FI B] does not have a contractor's license." Surveyor reviewed the code with Licensee A, who stated, "I know what the code says. I am sorry." Surveyor asked Licensee A the last time the facility was inspected and serviced by a heating contractor or local utility company. Licensee A stated s/he could not recall.	M 290		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on observation, and interview, the provider did not maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating for 2 of 2 years (2024 and 2025). The provider deactivated the fire system and did not maintain working smoke detectors. Findings include:	M 336		

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M 336	Continued From page 4 The adult family home (AFH) was issued a regular license on 02/10/2020 to serve up to 4 non-ambulatory residents within the client groups: advanced aged, developmentally disabled, alcohol/drug dependent, physically disabled, emotionally disturbed/ mentally ill, traumatic brain injury, terminally ill, correctional clients, and irreversible dementia/Alzheimer's. On 03/20/2026, at approximately 10:05 a.m., Surveyor toured the home and observed the following: - The facility had interconnected smoke detectors throughout the home. On 03/20/2026, at approximately 10:15 a.m., Surveyor interviewed Licensee A, who confirmed s/he deactivated his/her fire panel two years ago, when all the residents moved out. Licensee A confirmed the home had not been used as an AFH for years and her/his plan was to get the home ready for residents once the house was vacant. Licensee A acknowledged s/he would be cited for not ensuring the facility had working smoke detectors.	M 336		