Tony Evers
Governor

Kirsten L. Johnson
Secretary

State of Wisconsin
Department of Health Services

DIVISION OF QUALITY ASSURANCE

BUREAU OF ASSISTED LIVING
SOUTHEASTERN REGIONAL OFFICE
819 N 6TH ST ROOM 609B
MILWAUKEE WI 53203-1606

Telephone: 414-227-2005
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June 9, 2025

ELECTRONIC MAIL
SOD#TQXE12

NOTICE and ORDER

NOTICE OF VIOLATION

ORDER TO COMPLY WITH REQUIRMENTS

NOTICE OF SPECIAL ORDERS

NOTICE OF REVISIT FEE

Janine Dagons
5722 W. North Ave.
Milwaukee, WI 53208

C/O Licensee: Mariah's Family Home Care, LLC

Re: Mariah's Family Home Care III (0015515)
4274 W. Highland Blvd.
Milwaukee, WI 53208

Dear Janine Dagons:

This letter is a statutory NOTICE of VIOLATION and imposed ORDER on the licensee of Mariah's Family Home Care III, located at 4274 W. Highland Blvd., Milwaukee, and sets forth appeal rights, if any. This regulatory action is taken by the Department of Health Services (Department) pursuant to Wis. Stat § 50.033(2), and Wis. Admin. Code § DHS 88.

NOTICE OF VIOLATION

On April 11, 2025, a standard licensure survey, verification visit and self-report review was concluded for Mariah's Family Home Care III by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the above-referenced facility was in substantial compliance with Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, or both, which set forth requirements for the administration and operation of an adult family home (AFH). The Department is issuing Statement of Deficiency (SOD) #TQXE12 for violations of Wis. Stat. ch. 50 or Wis. Admin. Code ch. DHS 88, which establish the grounds for this action. SOD #TQXE12 is enclosed.

ORDER TO COMPLY WITH REQUIREMENTS

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.b., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code ch. DHS 88 that establishes the standards for the operation of the Adult Family Home in order to protect and promote the health, safety and welfare of the residents.

AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request.

The Department may, without notice, conduct an inspection to verify the licensee's corrective action at any time after the date of compliance. Pursuant to Wis. Stat. § 50.033(3), the department may impose a $200 inspection fee for an on-site inspection to review compliance of violations resulting in enforcement action.

ADDITIONALLY:

WITHIN 10 DAYS of receipt of this notice, the licensee may request an extension for the date of compliance. The request for an extension must be submitted to the Assisted Living Regional Director, Southeastern Regional Office, at DHSDQABALSERO@dhs.wisconsin.gov. The Regional Director will communicate to the licensee a decision on the date of compliance extension.

SPECIAL ORDERS

Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., **EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER,** the Department of Health Services **HEREBY ORDERS** that **Mariah's Family Home Care III:**

1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., the licensee shall develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected, and that their right to live in a home that is clean and well-maintained is respected.

WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall include, at a minimum, the development (or review) or written procedures to address:

Supervision, including how the facility will:
- develop a plan for supervision of residents at risk for wandering, elopement or vulnerable to predatory behaviors during times when employees have scheduled and unscheduled breaks;
- staff training on each resident's plan for supervision (to include during employee scheduled and unscheduled breaks);

All training records will be maintained in personnel files and include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content.

2. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., WITHIN 7 DAYS of receipt of this notice, the AFH will provide the funding agency and case manager (if any) for each current resident with a copy of Statement of Deficiency TQXE12 and a copy of this Notice and Order letter. When submitting the facility's written plan of correction, the licensee will submit evidence, acceptable to the Department, to verify compliance with Order #2. Acceptable documentation will be certified mail receipts; or a signed (and dated) verification letter or email from the guardian, case manager and funding agency.

NOTICE OF REVISIT FEE

According to Wis. Stat. § 50.033(3), if the Department takes enforcement action against an adult family home for violation of this subchapter or rules promulgated under it, and the Department subsequently conducts an onsite inspection to review the facility's action to correct the violation(s), the Department may impose a $200 inspection fee on the adult family home.

On April 11, 2025, a verification visit was concluded at Mariah's Family Home Care III by the Division of Quality Assurance, Bureau of Assisted Living, to determine if the violation(s) contained in Statement of Deficiency (SOD) #TQXE11 were corrected. **Therefore, an inspection fee of $200 is being assessed.**

Please send a check or money order in the amount of $200 made payable to "Division of Quality Assurance" and send it to:

Division of Quality Assurance
Bureau of Assisted Living
Southeastern Regional Office
819 North 6th St., Room 609B
Milwaukee, WI 53203-1606

The revisit fee is due within ten (10) days of receipt of this Notice. Failure to submit this revisit fee will result in additional department action against Mariah's Family Home Care III. There are no appeal rights for revisit fees.

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If you have questions about this letter, please contact MaryBeth Hoffman Assisted Living Regional Director, at (414)227-2005.

Sincerely,

Kenneth Brotheridge, Assisted Living Director
Bureau of Assisted Living
Division of Quality Assurance

Enclosure
KB/jw