STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018164	A. BUILDING: _____ B. WING _____	03/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYS COMFORT LIVING LLC	8825A WEST THURSTON AVENUE MILWAUKEE, WI 53225

(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 03/29/2026, Surveyor concluded a standard survey at Marys Comfort Living LLC. Four deficiencies were identified. Census: 2	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50,	M 114		

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

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M 114	Continued From page 1 Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 service provider had a complete background check. Volunteer C, who was performing duties of a service provider, did not have complete background check. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report on findings from the Department of Justice (DOJ). - A Governmental Findings Report (previously "IBIS letter") from DHS that reports the person's status, including administrative finding or licensing restrictions. Findings include: On 03/27/2026 at 9:30 a.m., Surveyor observed the following: - The home was located on the upper portion of an upper-lower duplex style building. The building had 2 licensed Adult Family Homes (AFHs), owned by Licensee A and managed by Caregiver B, from the lower facility. They are defined by	M 114		

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M 114	Continued From page 2 Upper A (this facility), and Lower B (the licensed AFH downstairs). -Surveyor observed Volunteer C working with Resident 1 and Resident 2 in Upper A. On 03/27/2026 at 9:30 a.m., Surveyor interviewed Volunteer C, who stated s/he was a volunteer, and any information Surveyor would need, would have to be retrieved from Caregiver B in Lower B. S/He was working through a state program where s/he volunteered for Licensee A and was paid through the State. On 03/27/2026 at 11:00 a.m., Surveyor received employee roster from Caregiver B. Surveyor observed Volunteer C's start date was 02/21/2026. On 03/27/2026 at 11:02 a.m., Surveyor requested Volunteer C's records from Caregiver B. On 03/27/2026 at 11:03 a.m., Surveyor interviewed Caregiver B, who stated, "[Licensee A] does not have an employee record for the volunteers." On 03/27/2026 at 12:45 p.m., Surveyor interviewed Licensee A, who confirmed Volunteer C was volunteering through a state program. On 03/27/2026 at 4:40 p.m., Surveyor interviewed Licensee A, who stated s/he had the background check information for Volunteer C in another location. Surveyor gave Licensee A until March 30th at 5:00 p.m. to provide the documentation. On 03/29/2026 at 8:05 a.m., Surveyor received Volunteer C 's BID form, dated 03/29/2026. The DOJ report and IBIS letter were dated	M 114		

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M 114	Continued From page 3 03/29/2026. Volunteer C's Governmental Findings Report, dated 03/29/2026, was incomplete. Surveyor only received page one of the document. Volunteer C worked for over 1 month in the facility before provider had criminal background check completed.	M 114		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents (Resident 2) had an individual service plan (ISP) completed and developed within 30 days after admission. Findings include: On 03/27/2026 at 2:30 p.m., Surveyor reviewed Resident 2's records and identified the following: Resident 2 was admitted on 10/01/2024. Resident 2's record contained a written assessment dated 09/30/2024. Resident 2's record contained a blank and unsigned ISP document. The ISP was not completed and developed within 30 days after admission.	M 404		

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M 404	Continued From page 4 On 03/27/2026 at 1:20 p.m., Surveyor interviewed Licensee A. Licensee A reported Resident 2 was admitted "as respite." Licensee A stated, "I wrote 'respite' on the assessment. The managed care organization (MCO) keeps paying me as a respite, so I kept [Resident 2] as a respite." Surveyor reviewed the code with Licensee A, who stated s/he was unaware that the definition of respite was in the codes. Licensee A stated, "I thought I was okay, because the MCO keeps extending the respite care. I did not think I had to do an ISP."	M 404		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by:	M 424		

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M 424	Continued From page 5 Based on record review and interview, the provider did not ensure 1 of 1 resident's individual service plans (ISPs) were reviewed at least every 6 months. Resident 1's ISP was due to be reviewed in December 2023, June 2024, December 2024, June 2025, and December 2025. Findings include: On 03/27/2026, at 2:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 06/01/2023 with diagnoses including depression and anxiety. Resident 1's initial ISP was dated 06/01/2023. Resident 1's ISP was due to be reviewed in December 2023, June 2024, December 2024, June 2025, and December 2025. Surveyor observed Resident 1's ISP was reviewed in January 2024, June 2024, December 2024, June 2024 [sic] and December 2025. Resident 1's ISP read, "No Change" next to each date. The only review signatures were Licensee A's. Resident 1 and Resident 1's care team had not reviewed or signed the ISP since 06/13/2023. On 03/27/2026, at 4:00 p.m., Surveyor interviewed Resident 1, who reported s/he did not know what an individualized service plan (ISP) was. Resident 1 did not remember reviewing services with Licensee A. Resident 1 stated s/he did not sign documents for Licensee A. On 03/27/2026, at 4:25 p.m., Surveyor interviewed Licensee A who stated s/he was unaware of the requirement to review the ISP every 6 months with the resident and the care managers. Licensee A stated, "[Resident 1] didn't have any changes, so I thought that what I did	M 424		

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M 424	Continued From page 6 was okay."	M 424		
M 514	88.09(2)(a) SERVICE PROVIDER RECORD Service provider record. The licensee shall maintain and keep up to date a separate personnel record for each service provider. The licensee shall ensure that all service provider records are adequately safeguarded against destruction, loss or unauthorized use. A service provider record shall include all of the following: This Rule is not met as evidenced by: Based on observation, record review and staff interview, the provider did not maintain an up-to-date separate personnel record for 1 of 2 caregivers (Volunteer C). Volunteer C's record did not include documentation indicating staff had been screened for illness detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Findings include: On 03/27/2026 at 9:30 a.m., Surveyor observed Volunteer C working with Resident 1 and Resident 2. On 03/27/2026 at 9:30 a.m., Surveyor interviewed Volunteer C, who stated s/he was working through a state program where s/he volunteered for the Licensee and was paid through the State. Volunteer C stated s/he did his/her TB and	M 514		

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M 514	Continued From page 7 communicable disease test with the state program that sent him/her to work for Licensee A. On 03/27/2026 at 11:00 a.m., Surveyor received employee roster from Caregiver B. Surveyor observed Volunteer C's start date was 02/21/2026. On 03/27/2026 at 11:02 a.m., Surveyor requested Volunteer C's records from Caregiver B. On 03/27/2026 at 11:02 a.m., Surveyor interviewed Caregiver B, who stated, "[Licensee A] does not have an employee/file for the volunteers." On 03/27/2026 at 4:40 p.m., Surveyor interviewed Licensee A, who stated s/he had the TB skin test documentation for Volunteer C in another location. Surveyor gave Licensee A until March 30th at 5:00 p.m. to provide the documentation. As of 03/31/2026 at 11:00 a.m., no additional information was received.	M 514		