STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017094	A. BUILDING: _____ B. WING _____	R-C 03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARYS COMFORT LIVING LLC	8825 W THURSTEN AVE 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 03/30/2026, Surveyor concluded a verification visit and standard survey at Mary's Comfort Living LLC. Two deficiencies were identified. One uncorrected deficiency. See Statement of Deficiency 5VTD11 dated 09/16/2022. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident's Individual Service Plan (ISP) accurately identified Resident 2's current needs and abilities. Resident 2 did not have an individual service plan (ISP) completed and developed within 30 days after admission. Findings include: On 03/27/2026 at 11:00 a.m., Surveyor reviewed Resident 2's record and identified the following: Resident 2 was admitted on 10/01/2025. Resident 2's record contained a partially filled out	M 410		

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

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M 410	Continued From page 1	M 410		

and unsigned ISP document. The ISP was not completed and developed within 30 days after admission.

On 02/17/2026, Resident 2 had a fall. Caregiver B documented an incident detail report that Resident 2 went into the bathroom and when s/he went to sit down on the toilet, s/he missed the seat and fell on his/her tailbone, by the sink. Caregiver B stated s/he and another caregiver assisted Resident 2 up to his/her walker. Resident 2 stated s/he had no injuries. Licensee A was called.

On 03/27/2026 at 8:55 a.m., Surveyor interviewed Caregiver B, who stated Resident 2 had one fall since s/he moved in. Resident 2 got dizzy in the bathroom and fell, "on his/her butt." Resident 2 did not have any injuries. After the fall, Licensee A added both a bed and chair alarm in Resident 2's room.

On 03/27/2026 at 9:05 a.m., Surveyor asked Caregiver B how staff knew what activities of daily living (ADLs) Resident 2 needed, since s/he did not have a complete ISP. Caregiver B showed Surveyor Resident 2's aide activity notes-care plan, where caregivers signed off after assisting Resident 2 with cares.

On 03/27/2026 at 9:06 a.m., Surveyor observed Resident 2's aide activity note-care plan and that s/he needed assistance with the following items:

-Medication Management
-Nutrition. Prepared meals/served meals and offered fluids.
-Dressing. Assist.
-Personal Cares. Tub bath/shower, partial (Wash Up) bed bath, oral hygiene, shampoo/shower,

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M 410	Continued From page 2 skin care/grooming. -Toileting. Assist, bedside commode, diapers/pull-ups. -Transferring. Walker. On 03/27/2026 at 10:10 a.m., Surveyor interviewed Resident 2, who stated s/he had a fall in February of 2026, and s/he was not injured. Resident 2 stated after his/her fall, Licensee A added both a bed and chair alarm in Resident 2's room. Resident 2 stated caregivers helped him/her with medications, meals, toileting, dressing and other personal cares. Resident 2 reported s/he did not know what an individualized service plan (ISP) was. Resident 2 stated s/he did not remember reviewing services with Licensee A. Resident 2 stated s/he did not sign documents for Licensee A agreeing to services. 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, "The managed care organization (MCO) keeps paying me as a respite, so I keep [Resident 2] as a respite. The MCO stated s/he does not meet the service requirements to move past respite payments." 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 if s/he was a respite resident. Now I understand that respite means 14-days, according to the code."	M 410		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months	{M 424}		

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{M 424}	Continued From page 3 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: Based on record review and interview, the provider did not ensure 2 of 3 resident's individual service plans (ISPs) were reviewed at least every 6 months. Resident 3's ISP was due to be reviewed in June 2024, December 2024, June 2025, and December 2025. Resident 3's ISPs were only reviewed by Licensee A. Resident 4's ISP was due to be reviewed in September 2024, March 2025, September 2025, and March 2026. Resident 4's ISPs were only reviewed by Licensee A. This is a repeat deficiency. See Statement of Deficiency 5VTD11 dated 09/16/2022. Findings include: On 03/27/2026, at 2:00 p.m., Surveyor reviewed	{M 424}		

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{M 424}	Continued From page 4 Resident record. The following was identified: Resident 3 Resident 3 was admitted to the facility on 06/01/2023 with diagnoses including diabetes, hypertension, and paranoid schizophrenia. Resident 3's initial ISP was dated 06/01/2023 and was signed by Licensee A and Resident 3's Care Manager (CM) E. Resident 3 signed his/her original ISP on 06/01/2023. Resident 3's ISP was due to be reviewed in December 2023. The last page of the ISP read, "No Change," and was signed by Licensee A and CM E. Resident 3's ISP was due to be reviewed in June 2024, December 2024, June 2025, and December 2025. Surveyor observed Resident 3's ISP was reviewed in August 2024, February 2025, August 2025. Resident 3's ISP read, "No Change" next to each date. The only review signature was Licensee A's. Resident 3's care team had not reviewed or signed the ISP since 06/13/2023. Resident 3 had not signed his/her ISP since 06/01/2023. Resident 3's notes read that on 10/09/2025, s/he went out to urgent care. The clinic found that Resident 3 had fractured his/her foot. Caregiver F wrote that s/he notified Resident 3's care management team. On 10/09/2025, Resident 3 was seen at Froedtert Urgent Care for right leg swelling and closed nondisplaced fracture of the dome of right talus (ankle fracture). Resident 3 was discharged with an immobilization boot on 10/09/2025.	{M 424}		

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{M 424}	Continued From page 5 There was no evidence Resident 3's ISP was updated due to fractured ankle. There was no evidence Resident 3's ISP was reviewed with him/her in December 2023, June 2024, December 2024, June 2025, and December 2025. Resident 4 Resident 4 was admitted to the facility on 03/15/2021 with diagnoses including emphysema, pulmonary embolism, and cognitive deficits. Resident 4's initial ISP was dated 03/20/2021 and was signed by Licensee A and Resident 4's Care Manager (CM) G. Resident 4 signed his/her original ISP on 03/20/2021. Surveyor observed the last time Resident 4 signed an ISP review was on 08/31/2023. Resident 4's ISP was due to be reviewed in March 2024. The last page of the ISP read, "No Change," and was signed by Licensee A and CM E and signed in February of 2024. Resident 4 did not sign the March 2024 ISP review. Resident 4's ISP was due to be reviewed in September 2024, March 2025, September 2025, and March 2026. Surveyor observed Resident 4's ISP was reviewed in August 2024, February 2025, August 2025, and February 2026. Resident 4's ISP read, "No Change" next to each date. The only review signature was Licensee A's. Resident 4's care team had not reviewed or signed the ISP since 02/06/2024. Resident 4 had not signed his/her ISP since 08/31/2023. On 03/27/2026 at 12:50 p.m., Surveyor interviewed Caregiver B, who confirmed Resident 3 had a fall, went to urgent care, fractured his/her right foot, and returned to the facility with an	{M 424}		

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{M 424}	Continued From page 6 immobilizing boot on 10/09/2025. Caregiver B stated s/he did have to assist Resident with taking the boot on and off. Licensee A confirmed staff assisted Resident 3 with the boot when s/he came home with it. Licensee A confirmed that was a change in Resident 3's care. On 03/27/2026, at 4:23 p.m., Surveyor interviewed Licensee A who stated Resident 3 and Resident 4 both signed his/her own paperwork. Licensee A reported s/he was unaware of the requirement to review the ISP every 6 months with the residents and the care managers. Licensee A stated, "[Resident 3] and [Resident 4] didn't have any changes, so I thought that what I did was okay."	{M 424}		