STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012552	A. BUILDING: _____ B. WING _____	R-C 04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIAHS FAMILY CARE HOME	4272 W HIGHLAND BLVD MILWAUKEE, WI 53208

(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 04/03/2025, with information gathered through 04/11/2025, Surveyor conducted a standard licensure survey, a verification visit, and a complaint investigation at Mariahs Family Care Home. Seven deficiencies were identified. Complaint was unsubstantiated. 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) HOME 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 staff interview, the facility did not ensure the facility was safe, clean, and well-maintained, and provided a homelike environment. Findings include: The provider is licensed to provide cares for up to 3 residents in the client groups developmentally disabled and emotionally disturbed/mental illness. On 04/03/2025, at approximately 10:45 AM, Surveyor and House Manager F conducted a tour of the facility and observed:	M 276		

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

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M 276	Continued From page 1 -The white doors throughout the home appeared black in color due to continuous closing and shutting with hands. -The wood dining room table was damaged exposing a raw wood edge. -Heating vents and bathroom vents were covered in a heavy dust like substance. -Kitchen stove felt greasy to touch, including stove hood and fan system. -Basement steps, which appeared to be white with a brown base plate, had a build up of black substance from continuous foot traffic. The steps had a build up of dirt due to not being swept. The rubber mats on the base plates displayed what appeared to be a dirt buildup due to not being swept and/or mopped. -Resident room walls appeared dirty in appearance. -(6) five-gallon water jugs along with a piece of wood approximately 3 ft long and a tote of toys sitting next to the furnace and hot water heater. -Resident 3's door handle was loose and leaving a gap between the door frame and the locking device. On 04/03/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was in the process of updating the home.	M 276		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A,	M 332		

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M 332	Continued From page 2 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers observed in the home were in readily usable condition and inspected annually by an authorized dealer or the local fire department. Findings include: On 04/03/2025, at approximately 12:00 PM, Surveyor and Licensee A toured the facility's physical environment. Surveyor observed 2 fire extinguishers, which were tagged to show they had been inspected by an authorized dealer or the local fire department in 10/2023. Licensee A acknowledged they should have been re-inspected in 10/2024.	M 332		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN	M 410		

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M 410	Continued From page 3 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 current needs and abilities. Resident 4's ISP did not identify monitoring guidelines for his/her food behaviors. Findings include: On 04/03/2025, at approximately 11:15 AM, Surveyor toured the home and observed a sign on the pantry door that stated, "Keep Locked." The door contained a padlock locking device. On 04/03/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated the pantry door was locked due to Resident 4's behavior of sneaking food out and flushing it down the toilet. Licensee A stated that snacks were usually left in the snack bowl, which was currently empty. On 04/03/2025, Surveyor reviewed Resident 4's record. Resident 4 moved into the home, 04/01/2013, with diagnoses including autism, oppositional defiant disorder, pervasive developmental disorder, mental retardation, and schizoaffective disorder.	M 410		

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M 410	Continued From page 4 Resident 4's ISP, dated 01/2025, documented: "Cares for Personal Property - Independent. Verbal prompts. Able to take care of [his/her] personal belongings, but often times [s/he] does not." "Social/Behavioral - Physical aggression. Verbal aggression/threats. Property Damage. Self-Injurious behaviors. Runs away. Enuresis (involuntary urination). Defiance/Uncooperativeness (leaves the area). When [Resident 4] becomes upset [his/her] behaviors will escalate quickly. Often times [his/her] behaviors begin during transitions (shift change or the weekend beginning, holidays etc). [Resident 4] will often begin showing anxiety by going to [his/her] room and slamming the door, covering [his/her] head and saying leave me alone. If staff does leave [him/her] alone, [Resident 4] will begin to show attention seeking behaviors such as running from the house or banging [his/her] head. [S/he] may also lock [him/herself] in [his/her] room. If staff tries to talk to [him/her] to help calm [him/her] down [s/he] will become aggressive towards them or begin to destroy [his/her] room and throw things at them." The ISP did not identify any concerns regarding food behaviors. Resident 4's Behavioral Support Plan (BSP), dated 01/17/2025, documented: "Property Destruction - will punch the window trying to break it or kick [his/her] door repeatedly." "Disruptive Behavior - has removed all of [his/her] clothing telling the staff to 'Call the police.' [Resident 4] will begin throwing all of [his/her] personal items around in [his/her] room. [Resident 4] will also throw [his/her] personal items out of [his/her] room at staff."	M 410		

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M 410	Continued From page 5 The BSP did not identify any concerns regarding food behaviors. On 04/11/2025 at 8:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had not requested a waiver from the department for locking the pantry. Licensee A stated there are usually snacks available for the residents that are not locked up. Licensee A explained that s/he would determine what was all secured in the pantry and determine if the food could be stored elsewhere.	M 410		
M 414	88.06(3)(d)2 LEVEL OF SUPERVISION Identification of the level of supervision required in the home and community. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 (Resident 3) individual service plans (ISP) reviewed contained the level of supervision required in the home and community. Census 2. Findings include: The provider is licensed to provide cares for up to 3 residents in the client groups developmentally disabled and emotionally disturbed/mental illness. On 04/03/2025, at approximately 12:30 PM, Surveyor reviewed Resident 3's record available onsite.	M 414		

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M 414	Continued From page 6 Resident 3 moved into the home, 08/28/2018, with diagnoses including autism, intermittent explosive disorder, intellectual disability disorder, and mood disorder. Resident 3's ISP, dated 12/2023, documented: "Social/Behavioral: Since client has been at [provider's] [s/he] has shown moderate behaviors." "Client has not had any issues with leaving the area or eloping." "Client should remain with staff at all times when [s/he] is in the community. Client becomes easily distracted and will wander off if staff is not with [him/her]." Resident 3's ISP referenced a behavior support plan (BSP) which was not available. On 04/10/2025, Surveyor reviewed Resident 3's managed care organization (MCO) documentation provided by the MCO, which documented: "03/31/2025 - Accommodations/assistance needed in community: The member needs constant supervision, and it is best that [s/he] is accompanied by someone who can physically manage [him/her] due to [his/her] aggressive behaviors. Concern for overall safety when alone or in community due to decision making skills: Support provided for safety concern(s): The member is supervised at all times of the day, including when [s/he] leaves [his/her] AFH (adult family home). The member is either accompanied by a 1:1 staff or [his/her] parents." "Is not afforded the level of privacy that he/she desires. The member has a 24 hour a day 1:1 staff. The member should never be left alone at this time, limited the member's privacy." "10/10/2024 - Member's living situation was	M 414		

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M 414	Continued From page 7 discussed. The member's 1:1 staffing was discussed. The member does well with this." Resident 3's ISP did not document that s/he required 1:1 staffing. On 04/11/2025 at 8:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he thought the resident's BSP identified staffing levels. Licensee A stated s/he would ensure a resident's ISP or BSP defined supervision requirements.	M 414		
{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: Based on record review and interview, the provider did not ensure 1 of 2 resident's (Resident 3) Individual Service Plans (ISP) was	{M 424}		

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{M 424}	Continued From page 8 reviewed at least once every six months by the licensee, the resident and/or resident's guardian, or the placing agency. Census: 2 Findings include: On 04/03/2025, Surveyor reviewed Resident 3's record while onsite. Resident 3 moved into the home, 08/28/2018, with diagnoses including autism, intermittent explosive disorder, intellectual disability disorder, and mood disorder. Resident 3 was represented by a guardian and a managed care organization (MCO) care manager. Resident 3's available ISP, dated 12/2023, did not contain a signature page. Resident 3's ISP was due to be reviewed and updated with his/her guardian and MCO care manager in 06/2024 and 12/2024. On 04/07/2025 at 2:17 PM, Surveyor emailed Licensee A and stated Resident 3's available ISP was dated 12/2023. On 04/11/2025 at 8:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would review his/her records to ensure Resident 3 had a current ISP and it was available to staff.	{M 424}		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as	M 458		

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M 458	Continued From page 9 specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure prescriptions remained in the original container for 1 of 2 residents. Findings include: On 04/03/2025, at approximately 12:00 PM, Surveyor and Licensee A observed Resident 1's medications stored in the med cabinet. Surveyor observed a weekly pill organizer that contained two tablets in each morning compartment. The pill organizer did not have a name on it and the medications were not identified. Surveyor and Licensee A determined one tablet was Linzess (constipation medication) and one tablet was Allegra (allergy medication) based on medications originally packaged in bottles. Licensee A stated the nurse filled the pill organizer, On 04/03/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home, 08/28/2018, with diagnoses including autism, constipation, mood disorder, seasonal allergies, and intermittent explosive disorder.	M 458		

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M 458	Continued From page 10 Resident 1's Medication Administration Record (MAR), dated 03/08/2025 to 04/04/2025, documented: -Linzess 290 MCG (micrograms) *Bulk* - Take 1 capsule by mouth once a day (Manufacturer requirement-dispense in original container). Start Date: 01/06/2025. Scheduled at 8:00 AM. * In 7 day planner * -Allegra 180 MG (milligram) - Take 1 tablet by mouth daily. Scheduled at 8:00 AM. * In 7 day planner * On 04/11/2025 at 8:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he thought as long as the original containers were stored with the medication, pill organizers could be utilized. Licensee A stated s/he would review Resident 1's medication administration process.	M 458		
M 472	88.07(4)(b) 3 NUTRITIOUS MEALS AND SNACKS The licensee shall provide to each resident or ensure that each resident receives 3 nutritious meals each day and snacks that are typical in a family setting. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure all residents received 3 nutritious meals each day and snacks typical in a family setting for 3 of 3 residents residing in the home. Findings include:	M 472		

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M 472	Continued From page 11 On 04/03/2025, at approximately 11:15 AM, Surveyor and House Manager F observed the following food items: Refrigerator: -gallon jug of 2% milk - half full -carton of eggs -bag of raw carrots Freezer: -opened bag of shredded potatoes -opened bag of cubed potatoes -package of hash brown potato patties -opened bag of French fries -cheesy chicken & rice bowl -opened bag of ravioli -2 kid cuisine mini corn dogs Pantry (which was locked): -boxes of cereal -breads Surveyor opened cabinets in kitchen and observed canned food and no individual snacks in the home. House Manager F stated s/he had not completed the weeks grocery shopping. S/he planned on doing it today. Surveyor observed a menu hanging on the refrigerator which stated: Thursday: Breakfast - Eggs, Toast, fresh fruit/juice; Lunch - Chicken Patties, pasta salad, fresh veggies; Dinner - Client Choice Dinner Surveyor did not observe any fresh fruit, juice or fresh vegetables. Surveyor noted the lunch menu for the week documented: Sunday - Sandwiches/Leftovers, chips, fresh	M 472		

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M 472	Continued From page 12 veggies Monday - Pot pie, fresh veggies Tuesday- Sandwiches/Leftovers, chips, fresh veggies Wednesday - Chicken strips, fresh veggies Thursday - Chicken Patties, pasta salad, fresh veggies Friday - Sandwiches/Leftovers, chips, fresh veggies Saturday - Pizza, fresh veggies On 04/03/2025, at approximately 1:00 PM, Surveyor interviewed Licensee A. Licensee A stated that the pantry was locked due to Resident 4 taking food and flushing it down the toilet. Licensee A pointed to a bowl that was to contain fresh fruit for the residents to enjoy. The bowl was empty. According to the United States Department of Agriculture, a healthy diet for adults includes "fruits, vegetables, whole grains, protein foods, and fat-free or low-fat dairy products. Include a variety of protein foods such as seafood, lean meats, poultry, beans, peas, lentils, nuts, seeds, and eggs. Limit foods and beverages higher in added sugars, saturated fat, and sodium." Source: United States Department of Agriculture My Plate, Life Stages: Adults, not dated, https://www.myplate.gov/life-stages/adults (retrieval date April 7, 2025).) On 04/11/2025 at 8:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he and House Manager F are reviewing the grocery shopping process and the availability of fresh fruit for snacks.	M 472		