STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012014	A. BUILDING: _____ B. WING _____	07/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARSHALL HOME	2635 N 130TH ST BROOKFIELD, WI 53005

(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 07/22/2025, Surveyor conducted an abbreviated licensure survey at Marshall Home. Three deficiencies were identified. Census: 2	M 000		
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 specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not securely store medications or store medications as specified by the pharmacist for 2 of 2 residents. The med closet was not secured during non-administration times. Findings include: On 07/22/2025, at approximately 3:15 PM, Surveyor and Assistant Administrator B walked to the med closet and Assistant Administrator B opened the closet door without utilizing a key.	M 458		

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

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M 458	Continued From page 1 On 07/22/2025, at approximately 4:00 PM, Surveyor toured the home again and walked up to the med closet and opened the door. On 07/22/2025, at approximately 4:10 PM, Surveyor interviewed Assistant Administrator B and expressed concern that the med closet was not secured. Assistant Administrator B stated s/he did not have concerns with residents accessing the med closet but understood the requirement.	M 458		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 2 of 2 records reviewed. Resident 1's and Resident 2's medications were not documented as administered. Findings include: On 07/22/2025, at approximately 3:30 PM,	M 466		

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M 466	Continued From page 2 Surveyor and Assistant Administrator B reviewed Resident 1's and Resident 2's Medication Administration Records (MARs), dated 07/18/2025 to 08/14/2025. Surveyor noted the MARs were blank, medication administration had not been documented. Assistant Administrator B stated s/he needed to update the MARs. Assistant Administrator B stated, "[Licensee A] dispenses the meds in the morning, and I dispense them in the evening." Assistant Administrator B stated s/he understood that the MARs were to be completed at time of administration and proceeded to update the MARs.	M 466		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment for 2 of 2 residents. The water temperatures for resident bathroom exceeded 120° Fahrenheit (F).	M 570		

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M 570	Continued From page 3 Findings include: The provider was licensed to serve up to 4 residents within the client group of developmentally disabled. On 07/22/2025, at approximately 3:47 PM, Surveyor tempted the water temperature of the resident bathroom. The water temped at 141.1 degrees Fahrenheit. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017). On 07/22/2025, at approximately 4:00 PM, Surveyor interviewed Assistant Administrator B. Surveyor informed Assistant Administrator B the water in the primary resident bathroom sink temped at 141.1 degrees Fahrenheit, while showing a picture of the thermometer that displayed the temperature. Assistant Administrator B stated that the residents used cold water to wash their hands and used a shower in a secondary bathroom that was shared with the laundry appliances. Surveyor asked if the residents used the bathroom where s/he had temped the water. Assistant Administrator B	M 570		

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M 570	Continued From page 4 stated residents did use the bathroom.	M 570		