STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016332	A. BUILDING: _____ B. WING _____	R-C 03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARANATHA HOUSE POTOMAC (THE)	7901 W POTOMAC AVE MILWAUKEE, WI 53222

(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
{N 000}	Initial Comments On 03/28/2025, Surveyor conducted a verification visit and 2 complaint investigations at Maranatha House Potomoc. As a result, the previous 6 deficiencies were corrected, and 1 new deficiency was identified. Two complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 8	{N 000}		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not sure 1 of 1 resident's (Resident 3) individual service plan (ISP) identified the resident's needs and outcomes. Resident 3's ISP did not identify what Resident 3's needs were for eating, transfers, ambulation, mental and	N 386		

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

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N 386	Continued From page 1 emotional health, physical health, risks and social participation. Findings include: On 03/28/2025, at 10:30 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 07/03/2017 with diagnoses including anxiety, chronic pain syndrome, cerebral palsy, and constipation. Surveyor reviewed the following documents: -An after-visit summary (AVS) reported Resident 3 was seen in the emergency room (ER) on 10/17/2024 for swelling of the right knee. Resident 3 was diagnosed with a contusion. -An AVS, dated 12/08/2025, indicated Resident 3 was seen in the ER for pain and swelling in the right knee. Resident 3 was diagnosed with a right knee fracture. -Swallow Guidelines, dated 02/20/2025, indicated Resident 3 was to receive honey thickened liquids, pureed solids and crushed medication. Resident 3 was to receive close, strict supervision, small bites and to alternate liquids and solids. Resident 3 was at risk for dehydration with this diet so staff should push fluids. Resident 3's ISP, dated 07/10/2024, indicated the following: -Eating-Independent, as needed. -Eating-Standby assist. Current status: Independent general diet Resident's goals and outcomes: Resident will continue to eat independently	N 386		

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N 386	Continued From page 2 -Special Diet - [not applicable] (N/A) -Dressing - Full Assist Directions: Give total assistance to resident with dressing. Assist with dressing and undressing and changing into proper attire. Current status: Resident requires total assistance support including physical and verbal assistance with dressing needs. Requires hands-on assistance with choosing proper attire and dressing from head to toe. -Dressing - Hands-on Assist Directions: Assist resident with dressing. Help resident with choosing attire and physically dressing as well. Give verbal cues as required. Current status: Physical and verbal assistance with choosing attire and changing into clothes. -Dressing - Independent Current Status: Independent. Can independently put on, secure and take off clothing. Monitoring by staff for independence. -Dressing - Monitor & Cue Directions: Continue to monitor that resident is executing proper dress methods. Giver resident verbal prompting and encouragement as needed. Current status: Monitor and cue resident to execute dressing on their own. Issuance of verbal prompting and encouragement as needed. -Bathing - Full assist 2 individuals Directions: Give total assistance to resident with bathing/showering. Assist with dressing and undressing, wash, shampoo and with all required physical assistance. Current status: Resident requires total assistance support including physical and verbal	N 386		

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N 386	Continued From page 3 assistance with bathing/showering needs. Requires hands on assistance with washing, shampooing and getting in and out of tub/shower -Bathing - Independent Current Status: Independent. Resident requires no staff assistance. No special needs are required. -Bathing - Monitor & Cue Directions: Continue to monitor that resident is executing bathing. Give resident verbal prompting and encouragement as needed. Current Status: Monitor and cue resident to execute bathing/showering on their own. Issuance of verbal prompting and encouragement as needed. -Incontinent Directions: Give total assistance to resident with toileting. Assist with dressing and undressing, wash wiping and with all required physical assistance. Current status: Resident requires total assistance support including physical and verbal assistance with toileting needs. Requires hands on assistance with undressing/dressing, washing/wiping and any physical assistance necessary. -Toileting - Hands-on Assist Directions: Just resident with toileting. Help assist resident as needed with undressing/ dressing, washing/ wiping and cleaning up area. Give verbal cues as required. Current status: Physical and verbal assistance with toileting. Requires hands on assistance with undressing/dressing, washing/wiping and cleaning area afterwards.	N 386		

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N 386	Continued From page 4 -Toileting - Independent Current status: Independent, no assistance required. No special needs and uses equipment appropriately. -Toileting - Monitor & Cue Directions: Continue to monitor that resident is executing proper toileting methods. Give resident verbal prompting and encouragement as needed. Current status: monitor and cue resident to execute toileting on their own. Issuance of verbal prompting and encouragement as needed. -Toileting - Standby Assist Directions: assist resident and offer assistance (For example helping undress and get in position for toileting). Needs standby assistance for things such as cleaning/ wiping self after, and washing self as well return Current status: resident requires partial assist (for example, undressing and/or getting into toilet position). Needs standby assistance for things such as helping re-dressing and moving back into wheelchair/device. Give verbal cues for proper use of equipment and products. -Toileting - Check Directions: Prompt resident for toileting every two hours. Please chart "as needed" mark task when resident has been toileted. Current status: Remind and cue for toileting every two hours. -Walking - Independent Current status: Resident is able to walk properly and comfortably with no caregiver assistance. -Walking - Full Assist Directions: Give total assistance to resident with walking needs assist with walking devices such	N 386		

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N 386	Continued From page 5 as walkers commas wheelchairs, etcetera. Current status: Resident requires total assistance support including physical and verbal assistance with walking needs. Requires hands on assistance with helping stand up, helping use any walking devices, and helping sit down/lay down. -Walking - Hands-on Assist Directions: Assist resident with walking. Help resident with any walking devices. Give verbal cues as required. Current status: Physical and verbal assistance with walking needs requires hand on assistance with getting up using walking devices, and sitting down/laying down -Walking - Monitor & Cue Directions: Continue to monitor that residence walking properly and comfortably. Give resident verbal prompting and encouragement as needed. Current status: Monitoring and cue resident in all walking needs. Issuance of verbal prompting and encouragement as needed. -Walking - Standby Assist Directions: Assist resident and/ or offer assistance (Helping get up or sit down/lay down). Needs standby assistance for things such as helping use walking devices. Current status: Resident requires partial assistance (For example, assisting out of bed). Needs standby assistance for things such as help using/setting up walking devices. Give verbal cues for proper use of equipment and products -Transferring Directions: Resident needs two person Hoyer lift -Transferring - Full Assist Actions: Give total assistance to resident with	N 386		

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N 386	Continued From page 6	N 386		

transferring/ambulation. Assist with transferring from bed to wheelchair/ device, assist with pushing wheelchair/device
Current status: Resident requires total assistance support including physical and verbal assistance with transferring/ambulation needs. Requires hands on assistance with moving from bed to wheelchair/device to open areas of facility/home.

-Transferring - Hands on assist
Current status: Physical and verbal assistance with transferring/ ambulation needs requires hands on assistance with moving from bed to wheelchair/ device.

-Transferring - Independent
Current status: Resident requires no assistance/care regarding ambulation and transferring.

-Transferring - Monitor & Cue
Current status: Monitor and cue resident to execute dressing on their own issuance of verbal prompting and encouragement as needed.

-Transferring - Standby Assist
Directions: Assist resident and/or offer assistance (for example, help me move from bed to wheelchair/ device).
Current status: Resident requires partial assistance (For example, slightly moving from bed to wheelchair/device). Needs standby assistance for things such as moving from wheelchair/device to miscellaneous furniture. Give verbal prompts for proper use of equipment and products.

Resident 3's ISP did not identify Resident 3's needs in general health, pain, choking risk,

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N 386	Continued From page 7 self-concepts, leisure time activities, family contacts, community contacts, educational skills, vocational skills, money management, communication skills, food preparation, shopping, use of public transportation, and housekeeping. On 03/28/2025, at 12:20 PM, Surveyor interviewed Caregiver N. Caregiver N reported Resident 3 was a full assist for all cares. Caregiver N reported Resident 3 was unable to walk, and Resident 3 required a Hoyer for all transfers. Caregiver N reported Resident 3 did not shower but received a bed bath daily. Caregiver N reported Resident 3 usually stayed in bed but would get up in her/his wheelchair every 3 days. Caregiver N confirmed Resident 3 was on a pureed diet with honey thickened liquids. On 03/28/2025, at 12:30 PM, Surveyor interviewed Lead Supervisor B and Licensee H. Lead Supervisor B reported the electronic system completed the ISP. When Surveyor inquired about why Resident 3's ISP identified Resident 3 was able to transfer independently but also needed a 2-person Hoyer lift, Lead Supervisor B reported it was how they system completed the ISPs. Surveyor relayed concerns of areas of Resident 3's ISP not being completed, or the information was contradictory with each other. Licensee H acknowledged Surveyor's concerns and reported they would fix the resident's ISPs to ensure information was correct.	N 386		