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 09/30/2025

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 09/26/2025 with information gathered through 09/30/2025, Surveyor conducted a complaint investigation and verification visit for SOD KGP512, dated 03/28/2025, at Maranatha House Potomac (THE), a Community-Based Residential Facility (CBRF) in Milwaukee, WI. Five deficiencies were identified. One of the 5 deficiencies was a repeat deficiency from Statement of Deficiency KGP512, dated 03/28/2025. Complaint substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not submit a written report to the department within 3 working days after an incident or accident resulting in serious injury requiring hospital admission for 1 of 1 resident (Resident 4). Findings include:	N 165		

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

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N 165	Continued From page 1 The facility is licensed as an 8 bed Class CNA (non-ambulatory) facility to provide services for traumatic brain injury, irreversible dementia/Alzheimer's, physically disabled, developmentally disabled, and emotionally disturbed/mental illness. On 09/26/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the facility on 05/15/2020. - Resident 4 had an activated healthcare power of attorney. -Resident 4's Accident/Incident report on 05/28/2025 at 8:46 PM, stated the following: :"We heard a noise and ran to the back and noticed [Resident 4] on the floor, [s/he] had loose [bowel movement] everywhere (clothes, shoes, and lower body) we got [Resident 4] up off the floor and gave [him/her] a shower and cleaned the [bowel movement] off [him/her]. We noticed a knot and bruise on [Resident 4's] forehead and called the bosses and lead, they told us to call the ambulance and [Resident 4] was sent to the hospital." -Resident 4's After Visit Summary, dated 05/29/2025-06/12/2025, stated the following: "Chief complaint: Fall. [Resident 4] presented on 05/28/2025 with chief complaint of fall at home. [Resident 4] was admitted for fall and found to have severe hyponatremia. Imaging: CT Trauma Head/C-Spine W/O contrast.	N 165		

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N 165	Continued From page 2 Result Date: 05/29/2025. Impression CT head/C-Spine: Mild left frontal scalp swelling." On 09/26/2025, Surveyor reviewed the provider's self-report history. The Department did not receive a self-report for Resident 4's fall on 05/28/2025, which resulted in a hospitalization. On 09/30/2025, at approximately 12:24 PM, Surveyor interviewed Administrator H. Administrator H reported s/he did not self-report to the Department regarding Resident 4's hospital admission on 05/29/2025.	N 165		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 1 of 1 resident (Resident 4) reviewed when s/he had a fall that led to hospital admission. Resident 4 did not have an assessment completed after s/he returned from	N 381		

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N 381	Continued From page 3 the hospital. Findings include: On 09/26/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the facility on 11/06/2024. -Resident 4 had an activated healthcare power of attorney. -Resident 4's Accident/Incident report on 05/28/2025 at 8:46 PM, stated the following: :"We heard a noise and ran to the back and noticed [Resident 4] on the floor, [s/he] had loose [bowel movement] everywhere (clothes, shoes, and lower body) we got [Resident 4] up off the floor and gave [him/her] a shower and cleaned the [bowel movement] off [him/her]. We noticed a knot and bruise on [Resident 4's] forehead and called the bosses and lead, they told us to call the ambulance and [Resident 4] was sent to the hospital." -Resident 4's After Visit Summary, dated 05/29/2025-06/12/2025, stated the following: "Chief complaint: Fall. [Resident 4] presented on 05/28/2025 with chief complaint of fall at home. [Resident 4] was admitted for fall and found to have severe hyponatremia. Imaging: CT Trauma Head/C-Spine W/O contrast. Result Date: 05/29/2025. Impression CT head/C-Spine: Mild left frontal scalp swelling."	N 381		

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N 381	Continued From page 4 Resident 4 did not have an assessment completed after the fall or when s/he returned from the hospital. On 09/26/2025, at approximately 12:22 PM, Surveyor interviewed Administrator H. Administrator H confirmed Resident 4 did not have an assessment completed after the fall to identify reasons the resident fell and any interventions that may be needed to prevent further falls or when s/he returned from the hospital.	N 381		
{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 ensure 3 of 3 residents (Resident 3, Resident 4, and Resident 5) individual service plans (ISP) identified the resident's needs/outcomes and methods for delivering	{N 386}		

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{N 386}	Continued From page 5 needed care and who is responsible for delivering the care. Resident 3's ISP did not identify what Resident 3's needs were for eating, transfers, ambulation, bathing/personal hygiene, repositioning, mental and emotional health, behaviors, physical health, pain, choking risk, transportation, and money management. Resident 4's ISP did not identify what Resident 4's needs were for bathing/personal hygiene, toileting, dressing, ambulation, mental and emotional health, behaviors, physical health, pre diabetic, pain, money management, leisure time activities, religious activities, and use of public transportation. Resident 5's ISP did not identify what Resident 5's needs were in pain, money management, and use of public transportation. This is a repeat deficiency. See Statement of Deficiency KGP512, dated 3/28/2025. Findings include: On 09/26/2025, Surveyor reviewed residents records and identified the following:. Resident 3 -Resident 3 was admitted on 07/03/2017 with diagnoses including anxiety, chronic pain syndrome, cerebral palsy, and constipation. Residents 3's member centered plan (from the Managed Care Organization), dated 07/01/2025, indicated the following: -"Eating. Level of Assistance: Needs Assistance.	{N 386}		

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{N 386}	Continued From page 6 CBRF staff provide cues for [Resident 3] to initiate eating and to remain on task, as well as provide supervision throughout meals due to history of choking. [Resident 3] is able to feed [him/herself]. -Meal Preparation. Level of Assistance: Needs Assistance. [Resident 3] requires assistance with all components of meal prep and grocery shopping. -Nutrition. Diet: Mechanical soft diet. -Transferring. Level of Assistance: Needs Assistance. [Resident 3] requires total assistance with all transfers from CBRF staff; Hoyer lift is used. -Mobility (In the Home). [Resident 3] requires assistance to propel wheelchair. -Mobility (Outside the home). Level of Assistance: Needs Assistance. [Resident 3] requires assistance to propel wheelchair. -Bathing. Level of Assistance: Needs Assistance. [Resident 3] requires assistance with all tasks of bathing due to physical impairments. CBRF staff give [Resident 3] sponge baths in bed. Hoyer lift is used. -Repositioning: [Resident 3] requires positioning in bed or chair every 2-3 hours and needs assistance. -Mental Health: [Resident 3's] diagnosis is managed by medications. -Behaviors requiring intervention. Offensive/Violent Behaviors: Yes. [Resident 3] at	{N 386}		

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{N 386}	Continued From page 7 times displays offensive and violent behaviors towards CBRF staff during cares. Staff uses an informal BSP, and states [Resident 3] responds well to redirection from staff. -Acute and primary care coordination. Appointment scheduling: CBRF staff schedule [Resident 3's] appointments. Appointment attendees: CBRF staff attend appointments with [Resident 3]. Medical transportation: [Resident 3] uses Transit Plus to get to medical appointments. -Money Management. Level of Assistance: Needs Assistance. [Resident 3] has a Rep-payee through Broadscope." Resident 3's ISP, dated 07/01/2025, indicated the following: -"Eating - Independent, as needed. -Eating - Standby assist. Current Status: Independent general diet. Resident's Desired Goals and outcomes: [Resident 3] will continue to eat independently. -Special Diet: All [Resident 3's] meals must be puree. -Food Preparation: [Resident 3] food is puree. All meals. -Propensity to choke on certain foods. Directions: [Resident 3] will choke food must be puree all meals. -Transferring. Directions: [Resident 3] needs two person Hoyer lift. -Transferring - Full Assist. Directions: Give total	{N 386}		

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{N 386}	Continued From page 8 assistance to [Resident 3] with 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. -Bathing - Full Assist 2 Individuals. Directions: Give total assistance to [Resident 3] with bathing/showering. Assist with dressing and undressing, wash, shampoo and with all required physical assistance. Current status: [Resident 3] requires total assistance support including physical and verbal assistance with bathing/showering needs. Requires hands on assistance with washing, shampooing and getting in and out of tub/shower. -Personal Hygiene - Full Assist. Directions: Give total assistance to [Resident 3] with personal hygiene. Assist with brushing teeth, applying deodorant and with all required physical assistance. Current Status: [Resident 3] requires total assistance support including physical and verbal assistance with brushing flossing teeth and applying deodorant and other physical needs. -Personal Hygiene - Independent. Current Status: [Resident 3] requires no assistance or care with hygienic tasks. -Aggressive/Combative. Directions: [Resident 3] will swing [his/her] fist at staff when refusing to get out of bed. -Aggressive Behavior - Independent. Current Status: [Resident 3] requires no assistance or	{N 386}		

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{N 386}	Continued From page 9 medication to prevent aggressive behavior." Resident 3's ISP did not identify what Resident 3's needs were for eating, transfers, ambulation, bathing/personal hygiene, repositioning, mental and emotional health, behaviors, physical health, pain, choking risk, transportation, and money management. Resident 4 -Resident 4 was admitted on 05/15/2020 with diagnoses including schizophrenia and bilateral primary osteoarthritis of knee. Residents 4's member centered plan (from the Managed Care Organization), dated 04/01/2025, indicated the following: -"Bathing. Level of Assistance: Need Assistance. [Resident 4] needs assistance with bathing due to [his/her] physical and cognitive limitations. -Toileting. Level of Assistance: Needs Assistance. DMEs: grab bars and raised toilet seat. -Dressing. Level of Assistance: Needs Assistance. [Resident 4] needs assistance with dressing due to [his/her] physical and cognitive limitations. -Mobility (In the Home). Level of Assistance: Needs Assistance. [Resident 4] needs assistance with mobility in the facility due to [his/her] physical limitations. -Mobility (Outside the Home). Level of Assistance: Needs Assistance. [Resident 4] needs assistance with mobility outside of the facility due to [his/her] physical limitations.	{N 386}		

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{N 386}	Continued From page 10 -Mental Health. Diagnosis or concerns: Yes. How are the diagnosis/concerns being addressed: Medication. -Behaviors Requiring Intervention. Offensive/Violent Behaviors: Yes. [Resident 4] will yell, scream, and threaten others. Staff will talk to [Resident 4] calmly, redirect, and offer [his/her] favorite food/snack, or have [his/her] favorite staff work with [him/her]. -Money Management. Level of Assistance: Needs Assistance. [Resident 4] has a rep payee." Resident 4's ISP, dated 05/15/2025, indicated the following: -"Bathing - Monitor and Cue. Directions: Continue to monitor that [Resident 4] is executing bathing. Give [Resident 4] verbal prompting and encouragement as needed. Current Status: Monitor and cue [Resident 4] to execute bathing/showering on their own. Issuance of verbal prompting and encouragement as needed. -Bathing - Hands-on Assist. Directions: Assist [Resident 4] with bathing/showering. Help [Resident 4] with washing, shampooing and getting in and out. Give verbal cues as required. Current Status: Physical and verbal assistance with bathing/showering needs. Requires hands on assistance with washing, shampooing and getting in and out of tub/shower. -Personal Hygiene - Stand-By Assist. Directions: Assist [Resident 4] and/or offer assistance (for example, putting toothpaste on brush, helping dispose of nail clippings, etc). Needs occasional standby assistance. Current Status: [Resident 4] requires partial assistance (for example,	{N 386}		

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{N 386}	Continued From page 11	{N 386}		

assistance locating toothbrush/toothpaste). Needs standby assistance for things such as cleaning up after shaving or clipping. Give verbal cues for proper use of the equipment and products.

-Personal Hygiene - Full Assist. Directions: Give total assistance to [Resident 4] with personal hygiene. Assist with brushing teeth, applying deodorants and with all required physical assistance. Current Status: [Resident 4] requires total assistance support including physical and verbal assistance with brushing/flossing teeth and applying deodorants and other physical needs. Requires hands on assistance with.

-Personal Hygiene - Hands On Assist. Directions: Assist [Resident 4] with all personal hygiene tasks. Help [Resident 4] with brushing/flossing teeth, combing hair, nail clipping, etc. Give verbal cues as required. Current Status: Physical and verbal assistance with hygienic needs. Requires hands on assistance with brushing/flossing teeth, shaving, combing and maintaining hair, nail clipping, etc.

-Personal Hygiene - Independent. Current Status: [Resident 4] requires no assistance or care with hygienic tasks.

-Personal Hygiene - Monitor and Cue. Directions: Continue to monitor that [Resident 4] is executing proper hygienic tasks. Give [Resident 4] verbal prompting and encouragement as needed. Current Status: Monitor and cue [Resident 4] to execute hygienic tasks on their own. Issuance of verbal prompting and encouragement as needed.

-Toileting - Independent. Current Status: Independent. No assistance required. No special

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{N 386}	Continued From page 12 needs and uses equipment appropriately. -Toileting - Monitor and Cue. Directions: Continue to monitor that [Resident 4] is executing proper toileting methods. Give [Resident 4] verbal prompting and encouragement as needed. Current Status: Monitor and cue [Resident 4] to execute toileting on their own. Issuance of verbal prompting and encouragement as needed. -Toileting Check. Directions: Prompt [Resident 4] for toileting every two hours. Please chart toileting "As Needed" task when [Resident 4] has been toileted. Current Status: Remind and cue for toileting every two hours. -Dressing - Hands On Assist. Directions: Assist [Resident 4] with dressing. Help [Resident 4] with choosing attire and physically dressing as well. Give verbal cues as required. Current Status: Physical and verbal assistance with dressing needs. Requires hands on assistance with choosing attire and changing into clothes. -Dressing - Monitor and Cue. Directions: Continue to monitor that [Resident 4] is executing proper dress methods. Give [Resident 4] verbal prompting and encouragement as needed. Current Status: Monitor and cue [Resident 4] to execute dressing on their own. Issuance of verbal prompting and encouragement as needed. -Dressing - Independent. Current Status: Can independently put on, secure and take off clothing. Monitoring by staff for independence. -Walking - Stand - By Assist. Directions: Assist [Resident 4] and/or offer assistance (helping get up or sit down/lay down). Needs standby assistance for things such as help using walking	{N 386}		

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{N 386}	Continued From page 13	{N 386}		

devices. Current Status: [Resident 4] 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 the equipment and products.

-Walking - Hands On Assist. Directions: Assist [Resident 4] with walking. Help [Resident 4] with any walking devices. Give verbal cues as required. Current Status: Physical and verbal assistance with walking needs. Requires hands on assistance with getting up, using walking devices, and sitting down/laying down.

-Aggressive. Directions: [Resident 4] will yet at staff, about the food, and [his/her] bathing.

-Aggressive Behavior - Independent. Current Status: [Resident 4] requires no assistance or medications to prevent aggressive behavior.

-Mood and Behavior - Independent. Directions: [Resident 4] will yell at staff, about food, and [his/her] bathing. Current Status: [Resident 4] requires no assistance or care with mood and behavior conditions.

-Behavior. Directions: American telepsychiatry."

Resident 4's ISP did not identify what Resident 4's needs were for bathing/personal hygiene, toileting, dressing, ambulation, mental and emotional health, behaviors, physical health, pre diabetic, pain, money management, leisure time activities, religious activities, and use of public transportation.

Resident 5
-Resident 5 was admitted on 06/26/2024 with

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 09/30/2025

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 386}	Continued From page 14 diagnoses including chronic pain and neuropathic pain. Resident 5's ISP, dated 06/24/2025, indicated the following: -"Chronic Illnesses. Directions: Back pain." Resident 5's ISP did not identify what Resident 5's needs were in pain, money management, and use of public transportation. On 09/26/2025, at approximately 10:27 AM, Surveyor interviewed Administrator H. Administrator H confirmed residents ISPs did not identify residents needs/outcomes and methods for delivering needed care and who is responsible for delivering the care.	{N 386}		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.	N 387		

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N 387	Continued From page 15 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and/or the resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 3 of 3 resident's record reviewed (Resident 3, Resident 4, and Resident 5). Findings include: On 09/26/2025, surveyor reviewed resident records and identified the following: Resident 3 -Resident 3 was admitted to the facility on 07/03/2017. -Resident 3 was his/her own person. -Resident 3's ISP, dated 07/01/2025, was not signed or dated by Resident 3. Resident 4 -Resident 4 was admitted to the facility on 05/15/2020. -Resident 4 had an activated healthcare power of attorney. -Resident 4's ISP, dated 05/15/2025, was not signed or dated by his/her activated healthcare power of attorney. Resident 5 -Resident 5 was admitted to the facility on 06/26/2024. -Resident 5 had a guardian. -Resident 5's ISP, dated 06/24/2025, was not	N 387		

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N 387	Continued From page 16 signed by his/her guardian. On 09/26/2025, at approximately 9:48 AM, Surveyor interviewed Administrator H. Administrator H confirmed residents ISPs were not signed by the appropriate party. Administrator H reported s/he did not follow-up with appropriate parties to obtain signatures.	N 387		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 3 and Resident 4) had their individual service plans (ISP) updated when there was a change in condition. Resident 3's ISP was not updated to reflect Resident 3's skin excoriation. Resident 4's ISP was not updated to reflect Resident 4's fluid and sodium restriction. Findings include:	N 389		

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N 389	Continued From page 17 On 09/26/2025, Surveyor reviewed residents records and identified the following: Resident 3 -Resident 3 was admitted on 07/03/2017 with diagnoses including anxiety, chronic pain syndrome, cerebral palsy, and constipation. -Resident 3's progress notes, dated 07/01/2025 from Midwest Mobile Wound Care indicated the following: "Chief Complaints: [Resident 3] was referred to Mobile Wound Care for buttocks wounds. Assessments: Skin excoriation. Plan: Treatment: Skin excoriation. Recommend diligent pericares. Calazime cream 2-3 times per day and PRN. Continue aggressive offloading with frequent turns at least O2H and PRN. Follow-up as needed" Resident 3's ISP, 07/01/2025, was not updated to reflect Resident 3's need of pericares for skin excoriation. Resident 4 -Resident 4 was admitted on 05/15/2020 with diagnoses including schizophrenia and bilateral primary osteoarthritis of knee. -Resident 4's After Visit Summary, dated 08/26/2025, indicated the following: "Instructions: Changes to be made starting today: Fluid restriction will be changed to 1.8 liters daily. Sodium restriction will be changed to 1.5g of sodium daily." Resident 4's ISP, dated 05/15/2025, was not updated to reflect Resident 4's fluid and sodium restriction.	N 389		

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N 389	Continued From page 18 On 09/26/2025, at approximately 9:48 AM, Surveyor interviewed Administrator H. Administrator H confirmed the most recent ISP for Resident 3 was 07/01/2025 and the most recent ISP for Resident 4 was 05/15/2025. Administrator H confirmed Resident 3 and Resident 4 ISPs were not updated to reflect their change of condition.	N 389		