

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017510	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/10/2025
NAME OF PROVIDER OR SUPPLIER MARYANN ADULT FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3008 W CARMEN AVE MILWAUKEE, WI 53209		
(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 09/10/2025, Surveyor conducted a standard licensure survey at Maryann Adult Family Home. Three deficiencies were identified. Census: 1	M 000		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 1 of 1 resident (Resident 1) records reviewed was developed together with the placing agency, the person being admitted or person's guardian / designated representative and the provider. Findings include: On 09/10/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home on 02/19/2023. Resident 1 was his/her own person and was represented by managed care organization	M 406		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 406	Continued From page 1 (MCO) Care Manager (CM) B. Resident 1's ISPs were dated 06/05/2023, 06/03/2024 and 07/15/2025. The ISPs were not signed by CM B and Resident 1 had not signed the ISP since 06/05/2023. On 09/10/2025, at approximately 12:15 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware that the residents ISP were to be signed by the MCO CM. Licensee A stated s/he would coordinate with CM B to review Resident 1's ISP when s/he conducted his/her 6-month review of Resident 1. Cross Reference: M0424 DHS 88.06(3)(f) Review of ISP	M 406		
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.	M 424		

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M 424	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 1) Individual Service Plans (ISP) was reviewed at least once every six months by the licensee, the resident and/or resident's guardian, or the placing agency. Resident 1's ISP should have been reviewed in 12/2023 and 12/2024. Findings include: On 09/10/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home on 02/19/2023. Resident 1 was his/her own person and was represented by managed care organization (MCO) Care Manager (CM) B. Resident 1's ISPs were dated 06/05/2023, 06/03/2024 and 07/15/2025. The ISPs should have also been updated in 12/2023 and 12/2024. On 09/10/2025, at approximately 12:15 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware that the residents ISP were to be updated every 6 months. Licensee A stated s/he would coordinate with CM B to review Resident 1's ISP when s/he conducted his/her 6-month review of Resident 1. Cross Reference: M0406 DHS 88.06(3)(b) Persons Involved With ISP & Assessment	M 424		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents,	M 570		

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M 570	Continued From page 3 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 safeguard residents from environmental hazards for 1 of 1 resident (Resident 1) residing in the home. The provider's water temperature exceeded 120° Fahrenheit (F). The basement walls contained a mold like appearance. Findings include: The provider was licensed to serve up to 3 residents within the client groups of: Emotionally Disturbed/Mental Illness, Traumatic Brain Injury, Advanced Aged, Irreversible Dementia/Alzheimer's, Physically Disabled, and Developmentally Disabled. Example 1: Water Temperature On 09/10/2025, at approximately 11:10 AM, Surveyor toured the home with Licensee A. Surveyor and Licensee A temped the water in the resident bathroom. The water temperature reached 126.9° F. Licensee A stated s/he would adjust the hot water heater. "Exposure to hot water is a potential	M 570		

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M 570	Continued From page 4 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). Example 2: Basement Walls On 09/03/2025, at approximately 12:05 PM, Surveyor and Licensee A toured the home and observed the laundry room, which was in the basement. Surveyor noted the basement had a damp like scent and observed a yellow bubbly substance, along with a black substance along the basement walls and floor. Licensee A stated s/he had reported the concern to the landlord, but professionals had not been contacted to determine if the substances were a form of mold. "Molds are usually not a problem indoors, unless mold spores land on a wet or damp spot and begin growing. Molds have the potential to cause health problems. Molds produce allergens (substances that can cause allergic reactions), irritants, and in some cases, potentially toxic substances (mycotoxins). Inhaling or touching mold or mold spores may cause allergic reactions in sensitive individuals. Allergic responses include hay fever-type symptoms, such as sneezing, runny nose, red eyes, and skin rash (dermatitis)." (Source: United States Environmental Protection Agency (EPA) website, A Brief Guide to Mold,	M 570		

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M 570	Continued From page 5 Moisture and Your Home, March 27, 2025, https://www.epa.gov/mold/brief-guide-mold-moisture-and-your-home#:~:text=Can%20mold%20cause%20health%20problems,and%20skin%20rash%20(dermatitis)(retrieval date - September 15, 2025).)	M 570		