STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015515	A. BUILDING: _____ B. WING _____	R-C 04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIAHS FAMILY CARE HOME III	4274 WEST HIGHLAND BOULEVARD 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 self-report review at Mariahs Family Care Home III. Seven deficiencies were identified. One of 7 deficiencies was a repeat violation (see Statement of Deficiency (SOD) TQXE11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider permitted an existence of a condition in the home which placed the health, safety, and welfare for 3 of 3 residents at substantial risk of harm. Census: 3. Resident 1 and Resident 3 required 2:1 (2 caregivers to each resident) staffing. Resident 2 does not require a designated caregiver. There should have been 5 caregivers assigned to first and second shift. Adequate staffing had not been provided. Findings include:	M 230		

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

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M 230	Continued From page 1 The provider can serve up to 3 residents within the client groups of Developmentally Disabled and emotionally disturbed/mental illness. On 04/03/2025, at approximately 11:30 AM, Surveyor toured the home. Surveyor observed Caregiver C working independently, with House Manager B coming from the adjoining sister facility when Caregiver C required assistance. On 04/03/2025, at approximately 12:30 PM, Surveyor interviewed Licensee A and asked how many staff were currently in the home. Licensee A stated Caregiver C was working. On 04/08/2025, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record. Example 1: Resident 1 Resident 1 moved into the home, 03/17/2016, with diagnoses including autistic disorder and bipolar disorder. Surveyor reviewed Resident 1's managed care organization (MCO) documentation provided by his/her MCO provider, which documented: 02/18/2025 - Notified of the home having insufficient staffing for the members in the home (intensive staffing). 01/23/2025 - Prior to video meeting emailed member's parents regarding the intensive staffing. Member was one of 3 members home with two staff in the home. Member had 1:1 staffing instead of 2:1. ... When meeting began, we discussed the pattern of the member not being staffed correctly. Today is the second time this month, where an unscheduled visit shows the member has 1:1 staffing, instead of 2:1. ...	M 230		

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M 230	Continued From page 2 [Licensee A] stated it was a staffing issue only. Further discussion was a compromise of just reducing the 3rd shift. Provider and guardian starts with a compromise of the staffing decreasing 3rd shift to 1:1 (11 pm-7 am). 01/15/2025 - Contacted both guardians to inform them of the staffing in the home this am when [MCO Registered Nurse (RN) F] stopped to see the member unannounced. Two member's and two staff were in the home when [s/he] arrived at 7:35 am. A staff delivery concern will be submitted. ... Member's Intensive Staffing during the visit was 1:1 versus expected 2:1, according to member's care plan ... collaborated with [Licensee A] regarding the discrepancy with Intensive Staffing for member. Licensee A stated, 'I'll get on the staff about it.' 'Staff have other jobs too.' 'But, that the nature of the business.' 01/07/2025 - Requires minimal/passive supervision; staff/others available if/when needed; Requires supervision, must be in small groups (1:2 or 1:3 staffing); Has continuous or unpredictable behavior while awake, 1:1 staffing required continuous or immediate intervention constitutes a risk to the health and safety of the Member or others (1:1 supervision); Has continuous or unpredictable behavior while awake, 2:1 staffing required continuous or immediate intervention by at least 2 people constitutes a risk to the health and safety of the Member or others (2:1 supervision). On 04/10/2025, Surveyor interviewed Resident 1's MCO Registered Nurse (RN) F. RN F stated s/he had visited Resident 1 on 01/15/2025 and 01/23/2025 and Resident 1 did not have 2:1 staffing provided. RN F stated the concern was discussed with Licensee A and was informed that "staff have other jobs, and it is the nature of the beast." RN F stated s/he did not feel that	M 230		

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M 230	Continued From page 3	M 230		

Licensee A took the situation seriously.

Example 2: Resident 2

Resident 2 moved into the home 10/31/2011.

Resident 2's individual service plan and his/her behavior support plan did not identify supervision levels.

On 04/08/2025, at approximately 1:25 PM, Surveyor interviewed Resident 2's MCO Care Manager (CM) E. Surveyor asked CM E to explain what staffing levels Resident 2 required. CM E explained that Resident 2 resided with 2 other residents who were both assigned 2:1 staffing levels. CM E stated, "[Resident 2] is not assigned a designated staff member, as there should be a designated staff member to the home. If [Resident 2] displays behaviors, it has been determined the extra staff in the home can assist to deescalate the situation. These occurrences are not consistent, so we have not requested 1:1 or 2:1 staffing for [Resident 2]." Surveyor explained that when s/he was onsite there was one staff member present for the 3 residents. CM E stated this was unacceptable as the provider is being paid for 5 staff members in that home for first and second shift.

Example 3: Resident 3

Resident 3 moved into the home, 10/29/2015, with diagnoses including intellectual disability and bipolar disorder.

Resident 3's Behavior Service Plan, dated 10/16/2024, was utilized with his/her ISP, dated 09/2024, documented:
"According to [his/her] court records, [s/he] is to

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M 230	Continued From page 4 be under 24/7 (twenty fours every day) supervision as 2:1. [S/he] is protectively placed." On 04/08/2025, at approximately 2:30 PM, Surveyor interviewed Resident 3's MCO CM D. Surveyor stated that when s/he was onsite there was one staff member present for the 3 residents. CM D stated that Resident 3 was to have 2 designated staff members 24/7 (24 hours a day). Surveyor determined after reviewing Resident 1's, Resident 2's, and Resident 3's documentation and interviewing their MCO CMs, the home was to have 5 staff members during first and second shift, 7:00 AM to 11:00 PM, which was not provided. On 04/10/2025 at 11:55 AM, Surveyor emailed License A and requested the actual staff schedule for April 2025. On 04/10/2025 at 12:45 PM, Licensee A provided Surveyor with the following schedule: Monday, Wednesday, Thursday, Friday: 7:00 AM - 3:00 PM - 2 staff 9:00 AM - 3:00 PM - 2 staff 3:00 PM - 11:00 PM - 2 staff 3:00 PM - 9:00 PM - 1 staff 3:00 PM - 7:00 PM - 1 staff 11:00 PM - 9:00 AM - 3 staff Tuesday: 7:00 AM - 3:00 PM - 2 staff 9:00 AM - 3:00 PM - 2 staff 3:00 PM - 11:00 PM - 2 staff 3:00 PM - 9:00 PM - 1 staff 3:00 PM - 7:00 PM - 1 staff 11:00 PM - 9:00 AM - 2 staff 11:00 PM - 7:00 AM - 1 staff Saturday, Sunday - 04/05/2025, 04/06/2025, 04/19/2025, 04/20/2025,	M 230		

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M 230	Continued From page 5 9:00 AM - 9:00 PM - 3 staff 9:00 PM - 9:00 AM - 3 staff Saturday, Sunday - 04/12/2025, 04/13/2025, 04/26/2025, 04/27/2025 9:00 AM - 9:00 PM - 3 staff 9:00 AM - 3:00 PM - 1 staff 3:00 PM - 9:00 PM - 1 staff 9:00 PM - 9:00 AM - 3 staff Surveyor noted on 04/03/2025, when Surveyor was onsite, Caregiver C was the only caregiver working and s/he was not listed on the schedule. On 04/11/2025 at 8:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had been speaking with the MCOs about staffing level challenges. Licensee A stated the home is a small 3-bedroom home and when there are numerous staff members consuming the space, it does not give a 'home-like' environment for the residents. Cross Reference: M0414 DHS 88.06(3)(d)2. Level of Supervision Cross Reference: N0436 DHS 88.07(2)(a) Services	M 230		
{M 276}	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	{M 276}		

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{M 276}	Continued From page 6 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home's physical environment was safe, well maintained, and appropriate to provide a homelike environment to residents. This is a repeat deficiency. See Statement of Deficiency (SOD) TQXE11, dated 12/17/2018. Findings include: On 04/03/2025, at approximately 11:30 AM, Surveyor toured the home with House Manager B and observed the following: Resident Bathroom: -White ceiling fan appeared black in color due to dust like debris. -Towel rack holder was missing the rod and one screw assembly did not have the protective bracket to cover it. -White toilet seat cover's finish was rubbed off giving turning the rim brown. Kitchen: -White accordion style window blinds had brown stains -Carbon monoxide detector hanging on door frame had the appearance of heavy dust and grease build up on the top of it. -Stove hood and fan assembly had a buildup of a dirt grease like substance. -Stove bottom drawer had a buildup of a dirt grease like substance and when opened the interior was covered in a dirt grease like substance giving the appearance of rust and pest droppings.	{M 276}		

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{M 276}	Continued From page 7 Laundry Room: -Located in the basement; the steps going to the basement had Common Area: -Reclining chair leaned to the left when opened and the padding of the arm of the chair was nonexistent. -Couch arm had the material and padding removed exposing the wood frame. -Heating vents were covered in rust and a buildup of dust. -Holes punched in the walls throughout the home. House Manager B stated during behaviors, residents have punched the walls. -Painted walls throughout the home had a tint of brown, giving the appearance of 'old' paint. -White doors throughout the home appeared blackened. On 04/03/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was in the process of updating the home; new flooring had been installed.	{M 276}		
M 326	88.05(3)(n)1 BED-CLEAN, GOOD CONDITION, PROPER SIZE A separate bed for each resident unless a couple chooses to share a bed. The bed shall be clean, in good condition and of proper size and height for the comfort of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a bed was clean and in good condition for 1 of 2 residents (Resident 2).	M 326		

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M 326	Continued From page 8 Findings Include: The provider can serve up to 3 residents within the client groups of developmentally disabled and emotionally disturbed/mental illness. On 04/03/2025, at approximately 11:30 AM, Surveyor toured the home with House Manager B and observed Resident 2's room. Resident 2's bed appeared to be slanted, with the head of the bed higher than the foot of the bed. Surveyor noted the metal bedframe was broken. Resident 2's bed mattress, which did not have a sheet on it, had brown discoloration throughout the mattress and the material was fraying. Surveyor could feel and see each spring forming the mattress. The bedding was stacked up at the corner of the bed and had the scent of body odor. House Manager B stated that Resident 2 did not like to keep his/her bed made. On 04/03/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 2's bed needed to be replaced. On 04/08/2025, at approximately 1:25 PM, Surveyor interviewed Resident 2's managed care organization (MCO) Care Manager (CM) E. CM E stated s/he had observed Resident 2's bed and agreed that the bed needed to be replaced.	M 326		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service	M 346		

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M 346	Continued From page 9 providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents reviewed was evaluated annually for evacuation time, using the departments form. Resident 1's, Resident 2's and Resident 3's evacuation evaluation was last completed 01/02/2024. Findings include: On 04/03/2025, Surveyor reviewed Resident 1's, Resident 2's and Resident 3's record. Resident 1's, Resident 2's and Resident 3's annual evacuation assessments were dated 01/02/2024. There was no documentation indicating the residents had been evaluated annually in 01/2025. On 04/03/2025, at approximately 2:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would review the resident's evacuation assessments and update them accordingly.	M 346		
M 414	88.06(3)(d)2 LEVEL OF SUPERVISION Identification of the level of supervision required in the home and community.	M 414		

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M 414	Continued From page 10	M 414		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 2 of 3 (Resident 1 and Resident 2) individual service plans (ISP) reviewed contained the level of supervision required in the home.

Findings include:

The provider can serve up to 3 residents within the client groups of Developmentally Disabled and emotionally disturbed/mental illness.

On 04/03/2025, at approximately 11:30 AM, Surveyor and House Manager B toured the home. Surveyor observed the exit door was locked, and House Manager B stated that some of the residents were an elopement risk, so the door was locked. Caregiver C was working independently, with House Manager B floating between home and adjoining sister facility.

On 04/03/2025, Surveyor reviewed Resident 1's, Resident 2's, and Resident 3's record.

Example 1: Resident 1

Resident 1 moved into the home, 03/17/2016, with diagnoses including autistic disorder and bipolar disorder.

Resident 1's ISP, dated 01/2025, documented: "Social/Behavioral: physical aggression, property damage, self-injurious behaviors, sexual gestures, enuresis (involuntary urination), encopresis (repeated bowel movements in inappropriate places), leaves the area, defiance/uncooperativeness."

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"Remains in designated areas - (wanders, elopes, intentionally leaves the area, threatens to leave assigned areas, remains in assigned areas, etc.): At times [Resident 1] may try to leave the area by going out the doors. Usually when [s/he] does this [s/he] is trying to let staff know [s/he] wants to go for a ride or a walk."

On 04/08/2025, Surveyor reviewed Resident 1's managed care organization (MCO) documentation provided by his/her MCO provider, which documented:
01/23/2025: The core issue relates to the Member's long term-care outcome in the following way(s): Directly relates to health/safety; Current staffing pattern in Member's residence or at their day program is: Member's current staffing pattern is 2:1, 24/7; Staffing pattern is not currently meeting the Member's needs because: Member does not have behavioral incidents typically during overnight hours. Member has settled into environment with consistent roommates and staff; Intensive staffing is need when Staffing needed during waking hours (7am-11pm) at rate of 2:1. Staffing needed during overnight hours (11pm-7am) at rate of 1:1; The type of intensive staffing needed is: Line of sight with regular periodic checks performed during overnight hours when member sleeping.

Resident 1's record did not contain an ISP that identified his/her supervision levels while in the home.

Example 2: Resident 2

Resident 2 moved into the home, 10/31/2011, with diagnoses including anxiety disorders, autism, intermittent explosive disorder, bipolar disorder and intellectual disability.

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M 414	Continued From page 12 Resident 2's available ISP, dated 06/07/2022, unsigned, documented: "Social/Behavioral: physical aggression, verbal aggression/threats, runs away (elopes), sexual verbalizations, leaves the area, defiance/uncooperativeness." Resident 2's, available Behavior Support Plan (BSP), dated 12/18/2024, documented: "Elopement - [Resident 2] might run out of the AFH (adult family home) without staff supervision when angry/upset. Due to cognitive deficits, [Resident 2] is vulnerable when unattended in the community." "How Staff Should Respond When Target Behaviors Occur: When [Resident 2] is upset and attempts to leave the AFH, staff can stand in front of the door while offering support/re-direction." "Remains in designated areas - Is able to remain in [his/her] designated areas. When [s/he] gets upset [s/he] may walk outside to calm down but [s/he] will let staff know and [s/he] stays in the area." Resident 2's record did not contain a plan that identified his/her supervision levels while in the home. 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. Cross Reference: N0436 DHS 88.07(2)(a) Services	M 414		

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M 436	Continued From page 13	M 436		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, record review and interview, Licensee A did not ensure services specified in 1 of 1 resident individual service plans (ISP) was provided. Resident 3 was defined as a 2:1 (two caregivers to resident) and only one staff member was present. Findings include: On 04/03/2025, at approximately 11:30 AM, Surveyor toured the home. Surveyor observed Caregiver C working independently, with House Manager B coming from the adjoining sister facility when Caregiver C required assistance. Resident 1 and Resident 3 were in the home. On 04/03/2025, Surveyor reviewed Resident 3's record. Resident 3 moved into the home, 10/29/2015, with diagnoses including intellectual disability and bipolar disorder. Resident 3's Behavior Service Plan, dated 10/16/2024, was utilized with his/her ISP, dated	M 436		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015515	A. BUILDING: _____ B. WING _____	R-C 04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARIAHS FAMILY CARE HOME III	4274 WEST HIGHLAND BOULEVARD MILWAUKEE, WI 53208

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M 436	Continued From page 14 09/2024, documented: "According to [his/her] court records, [s/he] is to be under 24/7 (twenty fours every day) supervision as 2:1. [S/he] is protectively placed." On 04/08/2025, at approximately 2:30 PM, Surveyor interviewed Resident 3's managed care organization (MCO) Care Manager (CM) D. CM D stated that Resident 3 was court ordered for 2:1 supervision 24/7. This was reviewed annually since 2015. CM D stated there have times when s/he has visited during unscheduled times when the staffing levels were not what was court ordered. On 04/11/2025 at 8:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had been speaking with the MCOs about staffing level challenges. Licensee A stated the home is a small 3-bedroom home and when there are numerous staff members consuming the space, it does not give a 'home-like' environment for the residents.	M 436		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the freezer that were not properly sealed to avoid freezer burn and contamination.	M 474		

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M 474	Continued From page 15 Surveyor found food items in the refrigerator that were not properly sealed to avoid contamination. Surveyor found food items in the pantry stored with cleaning compounds. The provider did not implement a system to identify when opened food was to be discarded for the prevention of food borne illnesses. Findings include: The provider can serve up to 3 residents within the client groups of Developmentally Disabled and emotionally disturbed/mental illness. On 04/03/2025, at approximately 11:30 AM, Surveyor and House Manager B toured the kitchen and observed: Refrigerator: -An opened package of pork sausage links that was not dated when opened. -An opened bag of shredded lettuce that was not sealed nor dated. The lettuce was brown in color. -An opened plastic container of fresh mixed melon, with a sell by date of 03/19/2025 that was not dated when opened. -An opened 1-pound bag of sliced deli ham, with a sell by date of 03/29/2025, that was not sealed or dated when opened. -An opened 16-ounce package of hickory smoked bacon that was not sealed. -An opened .82-pound bag of ham slices, with a sell by date of 03/22/2025, that was not dated when opened. -A gray bowl, with what appeared to be a partially eaten pot pie, that was not sealed nor dated when placed in refrigerator. Freezer: -An opened 25-ounce bag of ricotta and romano	M 474		

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M 474	Continued From page 16	M 474		

ravioli that was not sealed.
-An opened 1.43-pound bag of chicken patties that was not sealed.
-An opened 22.5-ounce bag of hash brown patties that was not sealed.
-An opened 1-pound bag of shredded has browns that was not sealed.

Pantry:
When Surveyor walked into the pantry, the scent of bleach emanated strongly throughout the space. There were onions, opened boxes of cereal, and loaves of bread, which are porous, absorbing the bleach scent. House Manager B stated the scent was strong and was coming from the mop bucket.

On 04/03/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A. Surveyor discussed the observations of the food storage. Licensee A stated s/he was aware of the concern and had begun disposing of the food items. Licensee A stated staff will be re-educated on the proper ways of storing food.

"If you do not seal your food it can get "freezer-burn". This means that water escapes from the food and moves to the coldest part of the freezer - leaving your food dehydrated." (Source: Safefood website, Storing food in the freezer, 2024, https://www.safefood.net/food-storage/freezing (retrieval date - April 7, 2025).)

"Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat

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M 474	Continued From page 17 Time-Temperature Control for Safety Foods, April 2022) "Ready-to-eat TCS food (foods that need time and temperature control for safety) can be stored for only seven days if it is held at 41 degrees Fahrenheit or lower. The count begins on the day the food was prepared or a commercial container was open. TCS foods includes milk and dairy products, eggs, meat (beef, pork, and lamb), poultry, fish, shellfish and crustaceans, baked potatoes, tofu or other soy protein, sprouts and sprout seeds, sliced melons, cut tomatoes, cut leafy greens, untreated garlic-and-oil mixtures, and cooked rice, beans, and vegetables." (ServSafe Coursebook, 7th edition, 2017, p. 1-7, p. 1-8, and p. 7-3) "Chemicals utilized as cleaning products, sanitizers, polishes, and lubricants often contaminate foods when stored or used improperly. Use these substances according to the manufacturers label instructions. All chemicals must be properly labeled and stored separate from food, food equipment, and preparation areas." (Source: Cabell Health website, Use/Storage of Chemicals, December 2019, https://cabellhealth.org/wp-content/uploads/2019/12/use-storage-of-chemicals.pdf (retrieval date - April 7, 2025).)	M 474		