STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016635	A. BUILDING: _____ B. WING _____	C 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMINENT QUALITY CARE LLC	4500 N 85TH STREET MILWAUKEE, WI 53225

(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 11/01/2024-11/05/2024, Surveyor conducted a complaint investigation and standard survey at Eminent Quality Care LLC. Five deficiencies were identified. The complaint was unsubstantiated. Census: 4	M 000		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 332		

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

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M 332	Continued From page 1 did not ensure each fire extinguisher was inspected annually by the authorized dealer or the local fire department for 2 of 2 fire extinguishers. The fire extinguisher in the kitchen and basement were not inspected annually. The tag attached indicated the date of the last inspection was September 2023. Findings include: On 11/01/2024, Surveyor toured the home. Surveyor observed a fire extinguisher in the kitchen and basement with a tag indicating the date of the last inspection was September 2023. On 11/05/2024 at 4:01 PM, Surveyor interviewed Licensee A and Owner B. Owner B stated his/her brother/sister was responsible for updating the fire extinguishers and s/he must had overlooked the date. Surveyor asked if there was a system in place to ensure compliance with fire extinguishers. Owner B stated s/he would ensure compliance going forward.	M 332		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by:	M 336		

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M 336	Continued From page 2 Based on record review and interview, the provider did not ensure monthly smoke detector testing for 2 of 2 years reviewed. There was no evidence smoke detectors were checked in 2022 and 2023. Findings include: On 11/01/2024 at 10:57 AM, Surveyor interviewed Owner B and Caregiver C regarding monthly smoke detector testing. Caregiver C stated monthly smoke detector checks were located on the provider's electronic health record. Owner B and Caregiver C asked if they could provide records of monthly smoke detector checks via email. On 11/01/2024 at 3:19 PM, Surveyor sent an email to Licensee A and Owner B requesting evidence of monthly smoke detector checks for 2022 and 2023. Surveyor noted evidence of monthly smoke detector checks for 2022 and 2023 would need to be submitted no later than 11/04/2024 at 8:00 AM. On 11/05/2024 at 4:01 PM, Surveyor interviewed Licensee A and Owner B. Surveyor noted evidence of monthly smoke detector checks for 2022 and 2023 was never submitted for review. Licensee A stated s/he would send the records as soon as possible. Surveyor stated evidence would need to be submitted no later than 11/06/2024 end of day. As of 11/07/2024, evidence of monthly smoke detector checks for 2022 or 2023 was never submitted.	M 336		

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M 348	Continued From page 3	M 348		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain written documentation of semi-annual fire drills. There was no documentation of fire drills for 2 of 2 years (2022 and 2023). Findings include: On 11/01/2024 at 10:57 AM, Surveyor interviewed Owner B and Caregiver C regarding fire drills. Caregiver C stated fire drills were located on the provider's electronic health record. Owner B and Caregiver C asked if they could provide records of fire drills via email. On 11/01/2024 at 3:19 PM, Surveyor sent an email to Licensee A and Owner B requesting evidence of fire drills for 2022 and 2023. Surveyor noted evidence of fire drills for 2022 and 2023 would need to be submitted no later than 11/04/2024 at 8:00 AM. On 11/05/2024 at 4:01 PM, Surveyor interviewed Licensee A and Owner B. Surveyor noted evidence of fire drills were never submitted for review. Licensee A stated s/he would send the records as soon as possible. Surveyor stated evidence would need to be submitted no later than 11/06/2024 end of day. As of 11/07/2024, evidence of fire drills for 2022	M 348		

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M 348	Continued From page 4 or 2023 were never submitted.	M 348		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident had physical privacy in living arrangements for 4 of 4 residents residing in the home. There were electronic video monitoring cameras which showed the kitchen and living room. Findings Include: On 11/01/2024 at 10:15 AM, Surveyor observed 2 cameras in the facility. There was a camera located in the dining room showing the entire kitchen. The 2nd camera was located on top of the cable box showing the entire living room. On 11/01/2024 at 10:57 AM, Surveyor interviewed Owner B regarding the use of cameras in the	M 550		

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M 550	Continued From page 5 adult family home (AFH). Owner B stated s/he put the cameras up a few months ago because Resident 1 was harassing the other residents in the home. Owner B stated s/he did not know cameras were not allowed inside the AFH. Owner B stated s/he would remove the cameras. On 11/01/2024 at 11:38 AM, Surveyor interviewed Resident 1 regarding the use of cameras in the AFH. Resident 1 reported Owner B put the cameras up a few months ago. Resident 1 stated s/he did not know the reason but noted s/he had a camera in their room due to missing items. Resident 1 stated s/he felt they did not have privacy when in the kitchen or living room of the facility.	M 550		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a	Z 010		

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Z 010	Continued From page 6 background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not make every reasonable effort to obtain a copy of the criminal complaint and judgement of conviction related to 1 of 1 caregiver's (Caregiver D) conviction of disorderly conduct within 5 years of employment. Findings include: On 11/02/2024, Surveyor reviewed employee records provided by Licensee A. Caregiver D's record indicated s/he was hired on 07/19/2024. Caregiver D's record included a Department of Justice (DOJ) background check, dated 07/12/2024, that included a conviction of 947.01(1) Disorderly Conduct on 01/21/2020. On 11/05/2024 at 4:01 PM, Surveyor interviewed Licensee A and Owner B. Surveyor asked if the provider had made an effort to obtain Caregiver D's criminal complaint and judgement of conviction related to his/her disorderly conduct conviction on 01/21/2020. Both staff stated they were unaware they were supposed to request the	Z 010		

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Z 010	Continued From page 7 criminal complaint and judgment of conviction for the above charge. Surveyor shared guidance related to the department's offenses affecting eligibility publication with Licensee A.	Z 010		