STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017086	A. BUILDING: _____ B. WING _____	02/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING MADE EASY HOMES LLC SITE 3	4333 N 71ST ST MILWAUKEE, WI 53216

(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 02/16/2024, with information gathered through 02/19/2024, Surveyor conducted a standard survey at Living Made Easy Homes LLC Site 3. As a result, 3 deficiencies were identified. One of 3 was a repeat deficiency (see Statement of Deficiency Q53N11, dated 03/14/2022). Census: 4	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure all doorway clear openings were at least 32 inches for 2 of 2 bedrooms of non-ambulatory residents and 1 of 2	M 262		

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

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M 262	Continued From page 1 exit doors of the home. Resident 1's and Resident 3's bedroom doorways had a clear opening of 30 inches. The rear exit door had a clear opening of 31 inches. Findings include: On 02/16/2024, Surveyor reviewed the department electronic file for the facility. A license amendment to change the license from ambulatory to non-ambulatory was approved on 08/29/2019. On 02/16/2024, at approximately 10:30 AM, Surveyor toured the facility and identified the following: -Resident 1 required the use of a wheelchair for mobility. Resident 1's bedroom doorway had a clear opening of 30 inches. -Resident 3 was not present during the on-site visit. Surveyor observed a hospital bed in his/her room. Resident 3's doorway had a clear opening of 30 inches. -The rear exit door had a clear opening of 31 inches. On 02/16/2024, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted on 09/13/2019. Resident 1's individual service plan (ISP), dated 10/23/2023, identified Resident 1 required the use of a wheelchair for mobility. -Resident 3 was admitted on 10/23/2023. Resident 3's assessment, dated 10/27/2023, identified Resident 3 required the use of a wheelchair for mobility. On 02/16/2024, at 11:41 AM, Surveyor interviewed Licensee A. Surveyor demonstrated how to measure the doorway clear opening.	M 262		

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M 262	Continued From page 2 Licensee A reported s/he did not know to measure the clear opening. Licensee A reported s/he thought the door had to be 32 inches. Licensee A confirmed Resident 1 and Resident 3 each required a wheelchair for mobility, and each had a doorway with a clear opening of 30 inches. Licensee A confirmed the rear exit doorway had a clear opening of 31 inches. Licensee A reported s/he would get the doorways widened immediately to ensure compliance with the code requirements.	M 262		
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 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 2 of 2 residents were assessed annually for evacuation needs on the department form. Resident 1 and Resident 2 were not assessed in 2022 and 2023. Findings include: On 02/16/2024, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted on 09/13/2019. Resident 1's individual service plan (ISP), dated 10/23/2023, identified Resident 1 required the use of a wheelchair for mobility. Resident 1's	M 346		

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M 346	Continued From page 3 record did not include an annual evacuation evaluation for 2022 and 2023. -Resident 2 was admitted on 08/15/2019. Resident 2's ISP, dated 10/24/2023, identified Resident 2 had a history of falling and required staff assistance with getting up from a seated position and moving around. Resident 2's record did not include an annual evacuation evaluation for 2022 and 2023. On 02/16/2024, at 12:47 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the requirement to complete evacuation assessments annually. Licensee A confirmed Resident 1 and Resident 2 did not have annual assessments completed since they were admitted. Licensee A reported s/he would ensure evacuation assessments were completed as soon as possible on all residents.	M 346		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, 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	M 570		

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M 570	Continued From page 4 did not ensure hot water was kept at a safe temperature for 1 of 1 bathroom. The water in the bathroom accessible to residents was measured at 123.8° Fahrenheit (F). This is a repeat deficiency. See Statement of Deficiency Q53N11, dated 03/14/2022. Findings include: On 02/16/2024 at 11:56 AM, Surveyor observed the hot water temperature in the bathroom. The temperature measured at 123.8° F. House Manager B provided Surveyor with the house thermometer and confirmed the water temperature was the same reading on both thermometers. On 02/16/2024, at approximately 11:56 AM, Surveyor interviewed Licensee A and House Manager B. Licensee A confirmed the water was "too hot." Licensee A reported s/he did not know why the water was measuring so hot. Licensee A reported s/he would tell the maintenance department to turn down the water and monitor immediately. House Manager B confirmed s/he tested the water temperature monthly and did not know why it was registering so high. "Exposure to hot water is a potential 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	M 570		

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M 570	Continued From page 5 forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	M 570		