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 _____	R 04/08/2026

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 04/08/2026, Surveyor concluded a standard survey, a complaint investigation and a verification visit at Living Made Easy Homes LLC Site 3. Seven deficiencies were identified. One of seven deficiencies is a repeat violation. See statement of deficiency (SOD) 97NI11, dated 02/19/2024. One of seven deficiencies is being cited for the third time. See Statement of Deficiency Q53N11, dated 03/14/2022 and SOD 97NI11 02/19/2024. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. 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.	{M 262}		

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

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{M 262}	Continued From page 1 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 and interview, the provider did not ensure there were two ramped to grade exits from the facility for 4 of 4 residents who utilized a wheelchair/walker for mobility. The front exit, at the end of the ramp, was not ramped to grade. The back exit door was not ramped to grade at the base of the door. Surveyor observed Resident 5 self-propel with his/her rollator/walker for mobility. Findings include: On 04/08/2026, at approximately 9:30 a.m., Surveyor toured the home and observed the following: - The front exit door, at the end of the ramp, had a metal end plate between the wood ramp and the sidewalk. The metal end plate was secured to the wood ramp with ten screws. Three screws were loose, and two screws were missing, causing the metal end plate to lift approximately ¾ inches. -The front exit door was not ramped to grade. It had a 1 ¼ -inch rise at the base of the door to enter and exit. -The back exit door was not ramped to grade. It had a 1/2 -inch rise at the base of the door to	{M 262}		

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{M 262}	Continued From page 2 enter and exit. -The posted exit plan identified two emergency exits; one was at the back door of the facility, and another was the front exit door. -Surveyor observed Resident 5 ambulate with his/her rollator/walker for mobility. On 04/08/2026, at 1:45 p.m., Surveyor interviewed Licensee A, who confirmed the front and back doors were listed as an emergency exits. Licensee A acknowledged the two exit doors were not ramped to grade. Licensee A stated, "I take responsibility for that."	{M 262}		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 334		

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M 334	Continued From page 3 did not ensure there was a smoke detector in all required places. Resident 6's bedroom did not contain a smoke detector on the ceiling. Findings include: On 04/08/2026, at approximately 9:30 a.m., Surveyor toured the home and observed the following: - Resident 6's bedroom did not contain a smoke detector on the ceiling. Surveyor observed a smoke detector bracket on the ceiling in Resident 6's bedroom. On 04/08/2026, at 9:50 a.m., Surveyor interviewed Resident 6, who reported s/he had lived in the bedroom since the end of February 2026, and the smoke detector had always been gone. On 04/08/2026, at approximately 10:28 a.m., Surveyor interviewed Licensee A, who reported s/he was unaware of the missing smoke detector in Resident 6's bedroom. Licensee A stated s/he would get that fixed right away.	M 334		
M 440	88.07(2)(b)1 SUPERVISNG & ASSISTING WITH ADLS Supervising or assisting a resident with or teaching a resident about activities of daily living. This Rule is not met as evidenced by: Based on observation, record review, and	M 440		

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M 440	Continued From page 4	M 440		

interview, the provider did not assist 1 of 4 residents (Resident 5) with activities of daily living (ADLs) as needed. Resident 5 did not receive fingernail and toenail trimming on a regular basis.

Findings include:

On 04/08/2026 at 2:00 p.m., Surveyor observed Resident 5's fingernails. From cuticle bed to the end of Resident 4's fingernails, measured approximately 1 inch long. Surveyor observed all fingernails to be long and unkempt. Resident 5 showed Surveyor his/her toenails. Resident 5's big toenail, from cuticle bed to the end, was approximately 1 ¾ inches long. Resident 5's other toenails were long and curling into his/her toes.

On 04/08/2026 at 2:25 p.m., Surveyor reviewed Resident 5's records and identified the following:

- Admitted to the provider's home on 10/07/2024.
- Resident 5 had a guardian.
- Resident 5's assessment, dated 12/01/2025, indicated Resident 5 was independent with the following ADLs: bathing, dressing, eating, oral care and toileting. Resident 5's assessment, dated 12/01/2025, did not address grooming needs.
- Resident 5's individual service plans (ISP), dated 01/08/2026, indicated Resident 5 was independent with the following ADLs: mobility, bathing, dressing, eating, oral care and toileting. Resident 5 required monitoring with bowel movements, assistance with meal preparation. Resident 5's ISP did not address his/her grooming needs.

According to Wisc. Admin Code § DHS 88.02(3) (a) "Activities of daily living" means: Activities relating to the performance of self-care and

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M 440	Continued From page 5 engaging in leisure or recreational activities. "Self-care" includes dressing, eating, bathing, grooming, toileting, mobility, object manipulation, ambulation, and rest. On 04/08/2026 at 2:05 p.m., Surveyor interviewed Resident 5, who reported s/he had asked for a nail clipper but never received one. Resident 5 stated, "Look at my toenails. They are awful. They are so long that they are curled around, and they hit the floor." On 04/08/2026, at 2:50 p.m., Surveyor interviewed Chief Operating Officer (COO) C and Licensee A, who stated Resident 5 often refused to cut his/her fingernails. COO C confirmed that grooming was not in Resident 5's ISP. COO C stated, "Nobody is clipping his/her fingernails and toenails."	M 440		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on observation, record review, and interviews, the provider did not ensure 1 of 4 residents' (Resident 4) medical records reviewed did not include facility's documentation of observations of changes in health and referring the residents to health care providers when necessary, including podiatry services. Resident 4 had type 1 diabetes. Resident 4 required assistance with fingernail and toenail trimming,	M 448		

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M 448	Continued From page 6 due to being a diabetic. Findings include: On 04/08/2026, at 9:50 a.m., Surveyor observed Resident 4's fingernails. From cuticle bed to the end of Resident 4's nails, measured approximately 1 inch long. Surveyor observed all fingernails to be long and unkempt with dark lines which appeared to be dirt underneath. On 04/08/2026, at 2:15 p.m., Surveyor observed Resident 4's toenails. Resident 4's right foot had three toenails that had grown long enough to curl into his/her toes. The second largest toe had what appeared to be a blister on the top of the toe. Resident 4's left foot had two toenails that had grown long enough to curl into his/her toes. On 04/08/2026, at 11:15 a.m., Surveyor reviewed Resident 4's record and identified the following: Resident 4 was admitted on 04/11/2022 with diagnoses including dementia, Alzheimer's, and diabetes mellitus type 1. Resident 4 had an activated health care power of attorney (AHCPOA). Resident 4 was enrolled in services with a managed care organization (MCO) and was assigned case managers. Resident 4's individual service plan (ISP), dated 10/23/2025, indicated Resident 4 had diabetes and required blood sugar checks daily at 8:00 a.m. and 8:00 p.m. The service providers were responsible for checking Resident 4's blood sugar. Resident 4's ISP did not include information on podiatry services, when nail trimming appointments were to be scheduled, who would schedule the appointments and transport Resident 4 to and from the	M 448		

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M 448	Continued From page 7 appointments. Resident 4's had a podiatrist listed in his/her medical record, (Podiatrist E). On 04/08/2026 at 11:40 a.m., (LC) D provided copy of resident physician appointment calendar, which indicated Resident 4's had an appointment with Podiatrist E was November of 2024. On 04/08/2026 at 10:40 a.m., Surveyor interviewed Lead Caregiver (LC) D, who stated Resident 4 had diabetes and the caregivers could not trim his/her fingernails. Resident 4 needed to go to a podiatrist. LC D stated, "We need to get him/her a new podiatrist, [Resident 4] has not been to the podiatrist for a long time. Caregivers won't cut [Resident 4's] nails, but we will wash them up." On 04/08/2026 at 11:40 a.m., LC D stated the last time Resident 4 saw his/her podiatrist was November of 2024. LC D stated, "S/He is due for an appointment. I will make one today." On 04/08/2026 at 12:30 p.m., Surveyor interviewed Licensee A, who stated they were unable to locate any documentation regarding Resident 4's podiatry appointments. Licensee A stated, "S/He needs a podiatrist. S/He is a diabetic."	M 448		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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M 458	Continued From page 8	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 1 of 1 resident's (Resident 4) prescription medication was securely stored. Resident 4's Trulicity pen (type 2 diabetes medication) was not securely stored in the kitchen refrigerator.

Findings include:

On 04/08/2026, at approximately 1:15 p.m., Surveyor toured the kitchen and observed the following:

- Resident 4's Trulicity pen was not securely stored in the refrigerator. Resident 4's Trulicity pen was in the door of the refrigerator, in an unsecured pouch.

On 04/08/2026, at 1:20 p.m., Surveyor interviewed Caregiver F, who asked, "Is this supposed to be locked up. This has been like this since I started in January."

On 04/08/2026, at 3:00 p.m., Surveyor interviewed Chief Operating Officer (COO) C, who confirmed the Trulicity pen, in the refrigerator, was not locked up. COO C stated, "We will be sure to get a lock box for the refrigerator right away."

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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 upon observation and interviews, the provider did not ensure 3 of 4 residents were given the right to privacy in the facility. Confidential medical information was posted in the kitchen area for Resident 1, Resident 4, and Resident 6. The kitchen area was the central point of the home. Findings include: On 04/08/2026, at approximately 9:30 a.m., Surveyor toured the home and observed the following in the kitchen: 1. A document hanging on a cork board, containing Resident 1's six scheduled physician appointments from 04/07/2026-04/26/2025. 2. A document hanging on a cork board, containing Resident 1's scheduled appointment	M 550		

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M 550	Continued From page 10 with Physician G in June 2026. 3. A document hanging on a cork board containing Resident 4's physician appointment in July 2026. 4. A document hanging on a cork board containing Resident 6's four scheduled physician appointments from 03/27/2026-04/17/2025. On 04/08/2026, at 3:15 p.m., managed care organization Nurse (MCO RN) H arrived and walked through the kitchen, past the documentation. On 04/08/2026, at 3:20 p.m., Surveyor interviewed Licensee A who stated MCO RN H came to the facility two times a day, seven days a week to assist Resident 1 with medical treatments. Surveyor asked Licensee A and Chief Operating Officer (COO) C about the notes on the kitchen cork board. COO C stated, "I noticed they were up, too. I see the residents' medical information is visible to all residents, staff, and visitors." COO C took the notes down immediately.	M 550		
{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	{M 570}		

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{M 570}	Continued From page 11 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 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° Fahrenheit (F). This deficiency is being cited for a third time. See Statement of Deficiency Q53N11, dated 03/14/2022 and SOD 97NI11 02/19/2024. Findings include: On 04/08/2026 at 10:00 a.m., Surveyor observed the hot water temperature in the bathroom. The temperature measured 123° F. Lead Caregiver (LC) D confirmed the water temperature was the same reading. On 04/08/2026, at approximately 10:05 a.m., Surveyor interviewed Licensee A and Chief Operating Officer (COO) C, who stated, "It's still too hot." Licensee A reported s/he did not know why the water was measuring so hot. COO C stated s/he would turn the water down immediately. LC D 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	{M 570}		

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{M 570}	Continued From page 12 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." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.)	{M 570}		