STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020419	A. BUILDING: _____ B. WING _____	C 12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING MADE EASY HOMES SITE 5	2847 NORTH 28TH ST MILWAUKEE, WI 53210

(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 12/30/2025, Surveyor completed 1 complaint investigation at Living Made Easy Homes Site 5. As a result, 1 deficiency was identified. One complaint was unsubstantiated.	M 000		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications for 1 of 1 resident. Resident 1's records did not contain a written order identifying who could administer medications. Findings include: On 12/30/2025, at approximately 11:10 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 08/05/2023. Resident 1's individual service plan(ISP) dated	M 464		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 464	Continued From page 1 10/25/2025, indicated medications were administered by the facility staff. Resident 1 had diagnoses of type 2 diabetes mellitus. Resident 1's medications consisted of Lantus Solostar 100/units and Mounjaro 15MG. Resident 1's record did not include a physician's order stating who could administer Resident 1's medication. On 12/30/2025, at approximately 10:20AM, Surveyor interviewed Resident 1. Resident 1 reported s/he administered his/her own insulin injections and completed his/her blood sugar level checks daily. Surveyor observed Resident 1 to have a clear 6-ounce plastic cup on his/her bedside table. The cup contained lancets. Resident 1 reported s/he checked his/her blood sugar levels 4 times a day and administered his/her own insulin injections 4 times a day. Resident 1 reported facility staff recorded his/her glucose readings daily. Resident 1 reported facility staff handed him/her the insulin pens and s/he injected the medication into his/her stomach or thigh. Resident 1 reported 3rd shift facility staff sometimes administered the insulin in the back of his/her arm. On 12/30/2025, at approximately 11:15AM, Surveyor interviewed Caregiver B. Caregiver B reported Resident 1 administered his/her own insulin injections and completed his/her own blood sugar checks. Caregiver B reported s/he handed the insulin injection pen to Resident 1 and observed Resident 1 to administer his/her own insulin on a daily basis. Caregiver B reported facility staff documented Resident 1's blood sugar levels on a daily basis. On 12/30/2025, at approximately 11:30AM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement to have a written	M 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020419	A. BUILDING: _____ B. WING _____	C 12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING MADE EASY HOMES SITE 5	**2847 NORTH 28TH ST MILWAUKEE, WI 53210**

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M 464	Continued From page 2 order indicating who can administer Resident 1's medications. Licensee A reported Resident 1 transferred from supportive living care to the licensed adult family home and believed the transition contributed to discrepancy of the authorization to administer medications form. Licensee A reported s/he had been trying to find the document and was unable to locate the written authorization to administer medications for Resident 1. Licensee A reported s/he took full responsibility for the missing documentation and indicated s/he would correct the issue.	M 464		