STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019106	A. BUILDING: _____ B. WING _____	C 08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLENS FAMILY HOME CARE LLC	8210 W HERBERT AVE MILWAUKEE, WI 53218

(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 08/14/2024, with information gathered through 08/26/2024, Surveyor conducted a standard survey and complaint investigation at Ellens Family Home Care LLC. Two (2) deficiencies were identified; the complaint was unsubstantiated. Census: 3	M 000		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident reviewed was evaluated, using the department's form, immediately following placement to determine whether the resident was able to evacuate the home without any help within 2 minutes. Resident 1's ability to evacuate the home was not evaluated immediately following placement using the department's form. Findings include: On 08/14/2024 at approximately 9:20 a.m., Surveyor toured the home with Caregiver B.	M 344		

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
	0019106	A. BUILDING: _____ B. WING _____	C 08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLENS FAMILY HOME CARE LLC	8210 W HERBERT AVE MILWAUKEE, WI 53218

(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 344	Continued From page 1 Surveyor observed Resident 1 laying in bed and a hoyer lift and wheelchair in his/her room. On 08/14/2024, at approximately 10:35 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 02/10/2023, when the provider was issued a license. Resident 1's record did not include an evacuation assessment. Surveyor asked Manager A if s/he was aware if an evacuation assessment was completed for Resident 1 upon admission. Manager A stated that Resident 1 had moved into the home while it was a certified 2 bed and did not complete an evacuation assessment when the home got an adult family home license. Surveyor asked how the provider how s/he could ensure that Resident 1 could evacuate the home without any help within 2 minutes. Manager A stated Resident 1 would not be able to if s/he was in bed. On 08/14/2024, at 10:41 a.m., Surveyor interviewed Resident 1. Surveyor asked Resident 1 if s/he can get out of bed without assistance. Resident 1 stated no, s/he needs staff to get him/her up and into the wheelchair. Surveyor asked how Resident 1 would evacuate the home if s/he was in bed during a fire emergency. Resident 1 stated, "I don't know what I would do for a fire, we never had a plan."	M 344		
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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019106	A. BUILDING: _____ B. WING _____	C 08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLENS FAMILY HOME CARE LLC	8210 W HERBERT AVE MILWAUKEE, WI 53218

(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 458	Continued From page 2	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure every prescription medication was securely stored. Surveyor observed prescription and over the counter medications in Resident 1's bedroom and Resident 2's medication that was not secured in the home's refrigerator.

Findings include:

On 08/14/2024 at approximately 9:20 a.m., Surveyor toured the home with Caregiver B. Surveyor observed Resident 2's gabapentin 250 milligrams (mg)/5 milliliters (ml) solution in the door of the home's common refrigerator, that all residents have independent access to; the medication was not securely stored.

On 08/14/2024 at 10:41 a.m., Surveyor interviewed Resident 1 in his/her bedroom, where the door was open. Surveyor noted that Resident 1 was in his/her bed and asked Resident 1 if s/he can get out of bed without assistance. Resident 1 stated no, s/he need staff to get him/her up and into the wheelchair. Surveyor observed a bottle of ibuprofen and a bottle of allergy plus sinus and headache sitting on Resident 1's TV stand. Surveyor asked Resident 1 if there was medications in the bottles. Resident 1 stated yes, of course. Surveyor asked if Resident 1 administered his/her own medications and if s/he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019106	A. BUILDING: _____ B. WING _____	C 08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELLENS FAMILY HOME CARE LLC	8210 W HERBERT AVE MILWAUKEE, WI 53218

(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 458	Continued From page 3	M 458		

had a secure place to store medications in his/her room. Resident 1 stated that s/he does not take many medications, but that the staff stores and administers his/her medications. Surveyor noted that Resident 1's medications should be securely stored for Resident 1's safety and the safety of his/her roommates. Resident 1, who is his/her own decision maker stated, "I'm not going to lock them, NO! I'm not doing that!" Resident 1 then pulled out his/her prescription albuterol inhaler, which was next to the bed and stated, "You expect me to lock this up, no, it stays by me for when I need it!" Surveyor asked Resident 1 why s/he had medications without a prescription label. Resident 1 stated it was because s/he went to the store and bought it and that if they take away his/her medications that s/he will just go buy more.

On 08/14/2024 at 11:01 a.m., Surveyor interviewed and reviewed the above concerns with Manager A. Manager A stated that Resident 2's medication should be secured in the refrigerator and that s/he will look for the bag with a lock that his/her medication is typically stored in. When Surveyor asked if Manager A was aware that Resident 1 had medication in his/her room that was not secured, Manager A stated, "She always do." Manager A stated s/he has told Resident 1 that the provider needs to secure his/her medications but that Resident 1 will go and get his/her own medication. S/he stated that Resident 1 will get prescriptions that the provider is not even aware of because Resident 1 does not always share his/her discharge summary from a doctor appointment with the provider. If staff try to remove the medication from Resident 1's room, s/he says that the staff cannot touch his/her medication because they are his/hers.