STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018465	A. BUILDING: _____ B. WING _____	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETHS LOVING CARE LLC	N92 W17353 FOREST DRIVE MENOMONEE FALLS, WI 53051

(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 From 08/13/2025 to 08/15/2025, Surveyor conducted a standard survey at Elizabeths Loving Care LLC, an AFH in Menomonee Falls. Three deficiencies were identified. One was a repeat deficiency. See Statement of Deficiency (SOD) YCQ711, dated 11/28/2022. Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke,	M 114		

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

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M 114	Continued From page 1 refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure a criminal records check was completed on all new service providers. Licensee A did not have a background check on file for Caregiver B. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). On 08/13/2025 at 10:00 a.m., Surveyor reviewed employee records provided by Licensee A. Records documented Caregiver B was hired on 09/03/2024. Caregiver B's record did not contain a DOJ or IBIS.	M 114		

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M 114	Continued From page 2 On 08/13/2025 at approximately 10:15 a.m., Surveyor interviewed Licensee A and asked if s/he had a DOJ and IBIS for Caregiver B. Licensee A replied, "No." Licensee A stated s/he had requested the background check, but didn't have paper to print the document and was no longer able to access the document online, so s/he had no record from the time of Caregiver B's hire to provide Surveyor.	M 114		
M 342	88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN The licensee shall have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. The plan shall identify an external meeting place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not sure there was a plan for the immediate and safe evacuation for 1 of 3 residents in the home. The provider was unable to immediately evacuate Resident 1 in the event of a fire. This is a repeat deficiency. See Statement of Deficiency (SOD) YCQ711, dated 11/28/2022. Findings include: On 08/13/2025 at 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 05/21/2024 with diagnoses of spinal cord injury and quadriplegia. Resident 1's individual service plan (ISP), dated 05/29/2025, stated s/he required a hoyer lift and electric wheelchair for transfers. Resident 1's	M 342		

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M 342	Continued From page 3 evacuation assessment, 05/27/2024, documented that Resident 1 was very slow with evacuation and could be argumentative with staff. On 08/13/2025 at 10:30 a.m., Surveyor reviewed the provider's fire drills, which documented an evacuation time of 30-45 minutes. On 08/13/2025 at 11:00 a.m., Surveyor interviewed Licensee A regarding Resident 1's ability to evacuate the home. Licensee A stated s/he completed fire drills when 2 caregivers were present since Resident 1 required assistance of 2, but that the home was typically staffed with 1 caregiver. Licensee A stated fire drills took 30-45 minutes with 2 caregivers due to Resident 1 being a difficult transfer. Surveyor shared concern that 30-45 minutes did not appear to be a safe evacuation time. Licensee A agreed and asked Surveyor what s/he should do about the situation.	M 342		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure services specified in 1 of 2 individual service plans (ISP) reviewed was provided. The provider did not staff to meet the transfer needs of Resident 1.	M 436		

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M 436	Continued From page 4 Findings include: On 08/13/2025 at 8:45 a.m., Surveyor arrived to the provider's home. Caregiver C was the only caregiver present and stated the home was typically staffed with just 1 caregiver each shift. On 08/13/2025 at 9:30 a.m., Surveyor interviewed Resident 1. Resident 1 stated staff were good to him/her, but Resident 1 wished there was more to do at the home. Resident 1 stated s/he stayed in bed because the home was only staffed with 1 caregiver and it wasn't safe for 1 caregiver to assist Resident 1 with transfers. Resident 1 stated s/he had a hoyer lift and slideboard for transfers. On 08/13/2025 at 10:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 05/21/2024 with diagnoses of spinal cord injury and quadriplegia. Resident 1's ISP, dated 05/29/2025, stated s/he required a hoyer lift and electric wheelchair for transfers. On 08/13/2025 at 10:30 a.m., Surveyor interviewed Licensee A regarding Resident 1's cares. Licensee A stated Resident 1 required a hoyer lift for transfers, which required assist of 2 to complete. Licensee A stated Resident 1 would not be a safe 1 person assist. Licensee A stated Resident 1 continuously refused to get out of bed, so rather than staffing the home with 2 caregivers, a caregiver contacted Licensee A to come to the home if Resident 1 wished to get out of bed and Licensee A made sure s/he was available whenever Resident 1 had an appointment to leave the home to assist Resident 1 getting ready.	M 436		

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M 436	Continued From page 5 On 08/13/2025 at 11:00 a.m., Surveyor shared concern that the home was not staffed to meet the needs of Resident 1 with Licensee A. Licensee A acknowledged Surveyor's concern and reiterated that Resident 1 often refused to get out of bed. Licensee A stated Resident 1 was moving to another AFH soon, but s/he would do whatever it took to meet Resident 1's needs in the interim.	M 436		