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 _____	R 12/12/2025

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 On 12/12/2025, Surveyor conducted a verification visit at Elizabeths Loving Care LLC, an AFH in Menomonee Falls. One deficiency was identified. This is a repeat deficiency. See Statement of Deficiency (SOD) YCQ711, dated 11/28/2022 and O4KC11, dated 08/15/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{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 and SOD O4KC11, dated 08/15/2025. Findings include: On 12/12/2025 at 8:40 a.m., Surveyor interviewed Caregiver D regarding resident needs. Caregiver D	{M 342}		

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

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ELIZABETHS LOVING CARE LLC	N92 W17353 FOREST DRIVE MENOMONEE FALLS, WI 53051

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{M 342}	Continued From page 1 stated Resident 1 required a hoyer lift and assist of 2 for transfers. Caregiver D stated the home was typically staffed with only 1 caregiver, but the licensee would come to the home around lunchtime most days. Surveyor asked if Resident 1 routinely got out of bed. Caregiver D replied, "No," and stated Resident 1 had last got up for him/her approximately 1 month ago for an appointment. Caregiver D stated s/he and Licensee A assisted with the transfer at that time. Surveyor asked Caregiver D how Resident 1 would evacuate in the event of a fire. Caregiver D stated s/he would not evacuate Resident 1 but would close the door and direct the fire department to Resident 1's room or window for evacuation. On 12/12/2025 at 9:00 a.m., Surveyor reviewed provider documentation which stated the following: Fire Evacuation Plan, dated 09/10/2025: - Primary Staff Roles (1 person): Call 911 immediately upon discovering the smoke or fire, activate the fire alarms, assist residents in evacuating according to the evacuation route which is located on the wall in the kitchen area nearest to the refrigerator, conduct a headcount at the designated meeting location, non-ambulatory residents will be carried out with a sheet or a slide board to be removed from the house. - Backup Staff Role (2nd person): Double check all rooms (if safe) for any remaining residents, bring emergency supplies and resident facesheet information, if time and safety allows, assist with non-ambulatory residents if needed. Staffing Overview, not dated:	{M 342}		

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ELIZABETHS LOVING CARE LLC	N92 W17353 FOREST DRIVE MENOMONEE FALLS, WI 53051

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{M 342}	Continued From page 2 - Day Shift: 1-2 staff - Evening Shift: 1-2 staff - Overnight Shift: 1 awake staff minimum - Backup/On-Call 24/7 (Owner) Available within 15 minutes if called in to assist during emergency or if any staff are unavailable - Note: If any resident has mobility limitation, cognitive impairments, or needs 1:1 assistance, staffing will be increased accordingly to ensure full evacuation within 2-3 minutes. On 12/12/2025 at 9:12 a.m., Licensee A arrived to the home. Surveyor inquired about residents' needs and the provider's evacuation plan. Licensee A confirmed Resident 1 required assist of 2 for transfers and to evacuate the home. Licensee A stated Resident 1 had been issued a 30-day notice in April 2025 and had yet to find alternate placement. On 12/12/2025 at 9:35 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 05/21/2024 with diagnoses including quadriplegia and spinal cord injury. Resident 1's "Member Centered Plan," dated 11/24/2025, indicated s/he required staff assistance with repositioning, transferring and mobility. Resident 1's individual service plan (ISP), dated 12/16/2024, indicate ds/he required a hoyer lift for transfers and a power chair for mobility. Licensee A stated s/he used both the "Member Centered Plan" and ISP for Resident 1's care. Resident 1's evacuation assessment, dated 08/13/2025, documented that s/he was strongly resistant to evacuation and required assistance of 2 staff. On 12/12/2025 at 9:52 a.m., Surveyor reviewed	{M 342}		

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{M 342}	Continued From page 3 concern with Licensee A that there was not a plan for the immediate and safe evacuation of Resident 1. Surveyor reviewed that Resident 1 required the assistance of 2 for transfers and the home was not staffed with 2 caregivers. Licensee A acknowledged Surveyor's concern and stated s/he was aware the home should have 2 staff present while Resident 1 was residing in the home and s/he tried to provide that as best s/he could by staff working split shifts as well as Licensee A and his/her family covering shifts. Licensee A reiterated that Resident 1's managed care organization was supposed to be seeking alternate placement since the 30-day notice issued in April 2025 but had yet to secure alternate placement. Licensee A voiced frustration working with Resident 1's managed care organization stating the case manager never came to the home to meet with him/her and did not provide timely updates.	{M 342}		