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 03/31/2026

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 03/31/2026, Surveyor conducted a verification visit and complaint investigation 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, SOD O4KC11, dated 08/15/2025 and SOD O4KC12, dated 12/12/2025. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{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 2 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, SOD O4KC11, dated 08/15/2025 and SOD O4KC12, dated 12/12/2025. Findings include:	{M 342}		

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 342}	Continued From page 1 On 03/31/2026 at approximately 11:45 a.m., Surveyor interviewed Caregiver E regarding resident needs. Caregiver E stated the provider staffed with 2 staff members during the day and evening, but only 1 staff member overnight. Caregiver E identified Resident 1 as the only resident that required assistance of 2 for transfers. Caregiver E stated Resident 1 used a hoyer lift but never got out of bed so staffing only 1 caregiver overnight was adequate. Surveyor asked how staff would assist 1 out of bed if there was an emergency and only 1 staff member present in the home. Caregiver E stated staff would contact Licensee A who was "on call" when not at the home or direct firefighters to the room in the event of a fire. On 03/31/2026 at 11:52 a.m., Surveyor reviewed a weekly schedule provided by Caregiver E that documented only 1 caregiver present for the following dates: - Mon, 03/30: Entire day - Tues, 03/31: 3:30 p.m. to 6:30 a.m. - Wed, 04/01: 3:30 p.m. to 6:30 a.m. - Thu, 04/02 2:30 p.m. to 6:30 a.m. - Fri, 04/03: 2:30 p.m. to 6:30 p.m. - Sat, 04/04: Entire day - Sun, 05/05: Entire day On 03/31/2026 at 12:30 p.m., Surveyor interviewed Resident 1. Resident 1 stated there was frequently only 1 staff member present in the evening and overnight hours. On 03/31/2026 at 1:12 p.m., Surveyor interviewed Licensee A regarding the plan to immediately and safely evacuate residents from the home if needed. Licensee A stated s/he now staffed the	{M 342}		

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{M 342}	Continued From page 2 home with 2 caregivers during the AM and PM. Licensee A stated the overnight hours were staffed with only 1 caregiver, but s/he was on call and could arrive to the home within 15 minutes. Surveyor shared concern that 15 minutes would not ensure an immediate evacuation from the home. Licensee A stated s/he thought s/he had a reasonable plan in place. Licensee A voiced frustration that s/he had issued a 30-day termination of placement to Resident 1 in April 2025 and routinely followed up with Resident 1's managed care organization regarding placement efforts but felt as though no one was assisting him/her with relocating Resident 1. On 03/31/2026 at 1:30 p.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 individual service plan (ISP), dated 05/29/2025, indicated s/he required a hoyer lift for transfers. Resident 1's evacuation assessment, dated 08/13/2025, documented that s/he was strongly resistant to evacuation and required assistance of 2 staff.	{M 342}		