STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018970	A. BUILDING: _____ B. WING _____	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING MADE EASY HOMES SITE 4	N61 W14855 WIGWAM 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 09/17/2025 to 09/19/2025, Surveyor conducted a standard licensing survey at Living Made Easy Homes Site 4. Six deficiencies were identified. Census: 4	M 000		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not prevent conditions that put the safety of residents at risk. The provider did not schedule 2 staff members when 2 residents required 2-person assist in the event of an emergency. Resident 3 also required 24-hour supervision. The provider's secondary exit did not provide a ramp to grade when Resident 1 and Resident 2 used assistive devices. Findings include: On 09/17/2025 at 8:00 AM, Surveyor entered the facility. Surveyor observed Caregiver C as the only service provider within the home. Caregiver C reported currently there was 3 residents in the home.	M 230		

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

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M 230	Continued From page 1 On 09/17/2025 at 8:20 AM, Surveyor interviewed Resident 1 in his/her room. Surveyor observed a wheelchair and walker in Resident 1's room. Resident 1 reported due to his/her obesity, s/he required assistance with all activities of daily living. Resident 1 reported s/he used his/her wheelchair within the kitchen and living room because s/he couldn't fit on any chairs. Resident 1 stated s/he used a walker to get through doorways and down the front entrance ramp. Resident 1 reported s/he can walk with the walker for approximately 10 minutes before s/he gets shortness of breath, so the wheelchair was needed for long distances. Resident 1 stated s/he could get out the back exit of the facility, but would require assistance to get down the cement steps. On 09/17/2025 at 8:30 AM, Surveyor interviewed Licensee A. Surveyor asked about the staffing levels within the home. Licensee A reported 1 caregiver typically works each shift with Resident 3 requiring 1:1 staff up to 4 hours per day, so each day there was crossover with 2 staff at the facility. On 09/17/2025 at 8:13 AM, Surveyor observed the secondary exit. Surveyor did not observe a ramp to grade. Surveyor observed an approximately 6-inch drop to a cement step that was as wide as the screen door. The cement step led to an additional cement stair before getting down to ground level. The exit did not have any handrails. On 09/18/2025, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the provider on 09/13/2024 with a diagnosis of obesity. Resident	M 230		

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M 230	Continued From page 2	M 230		

1's medical examination form dated 09/11/2024 indicated s/he weighed close to 500 lbs. Resident 1's most recent individual support plan (ISP) dated 05/05/2025 documented: "24-hour supervision was marked, needs total assistance was marked, evacuation: needs complete assistance to properly get through evacuation. Verbal and physical cuing necessary. Resident 1's evacuation assessment dated 09/17/2024 indicated s/he had impaired mobility (needs full assistance/very slow), s/he had impaired consciousness (totally impaired), and s/he required assistance from two persons during most of the evacuation.

-Resident 2 was admitted to the provider on 09/19/2023 with diagnoses including developmental delay with cognitive impairment and was non-verbal. Resident 2 had a guardian. Resident 2's initial assessment dated 09/01/2023 documented: "Mobility and Transferring-Requires full assistance including physician and verbal assistance with walking needs. Requires hands-on assistance with helping stand up, helping use any walking devices, and helping sit down/lay down." Resident 2's evacuation assessment dated 10/14/2024 indicated s/he required assistance from two persons during most of the evacuation and s/he requires considerable attention or may not respond.

-Resident 3 was admitted to the facility on 04/07/2022 with a diagnosis of autism. Resident 3 had a guardian. Resident 3's ISP dated 05/29/2025 documented: "24-hour supervision was marked, cannot make needs known was marked, requires help with all activities of daily living.
-Self-abusive-supervision: to receive complete supervision and constant monitoring and cuing to

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M 230	Continued From page 3	M 230		

avoid/prevent self-abusive behavior.
-Destructive/abusive supervision: must be supervised to help prevent and alleviate any destructive/abusive behaviors or incident. Contact proper providers if necessary.
-Evacuation-assist/supervise: needs complete assistance to properly get through evacuation. Verbal and physical cuing necessary.
-Aggressive/Combative constantly supervise and assist resident in redirecting aggressive/combative behaviors. Notify appropriate providers if necessary."
Resident 3's behavior support plan (BSP) dated 12/13/2024 documented:
-"[Resident 3 currently resides at [provider name] with [fe/male] housemates. Prior to living there [Resident 3] resided at [School D] and at home but experienced behaviors such as aggression, elopement, and sexual behaviors. [Resident 3] has a history of attempting to wander from the family home but has not eloped from the AFH. Member has limited verbal abilities an struggles to process [his/her] needs."

On 09/18/2025, Surveyor reviewed the provider's August and September 2025 staff schedule which documented 1 staff was scheduled for the AM, PM, and NOC shifts. The schedule showed daily overlap of 1-4 hours in which 2 staff were present in the home during the AM and PM shifts. The NOC shift only had 1 staff scheduled.

On 09/18/2025 at 10:32 AM, Surveyor sent the following email to Licensee A: "Also, both [Resident 2's] and [Resident 1's] assessment indicate they need 2 staff to evacuate in the event of an emergency, but there is only 1 staff scheduled for shifts. I see an overlap of 1-4 hours most days where there is 2 staff in home, but other times, there's only 1. What happens if there

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M 230	Continued From page 4 is a fire during a time there is only 1 staff in the home? With [Resident 2's] need to hold staff's hands during ambulation and [Resident 1's] use of the walker/w/c during an emergency, 1 staff could not manage all of this." On 09/18/2025 at 1:38 PM, Licensee A sent the following email to the Surveyor: "...Me and my team are meeting immediately to go over the DHS 88 and fine tune all the areas that we were not compliant. We will work until we have audited all files and create a better way so that this is never the issue again." On 09/18/2025 at 2:49 PM, Surveyor interviewed Licensee A. Surveyor reviewed concerns regarding adequate staffing levels when the provider's evacuation assessment for Resident 1 and Resident 2 indicated they both required assistance from 2 staff in the event of an emergency. Additionally, Surveyor noted Resident 3 required 24-hour supervision due to his/her behaviors. Licensee A acknowledged the provider had completed the above assessments indicating Resident 1 and Resident 2 needed 2 staff to evacuate. Licensee A acknowledged the provider's staff schedule indicated 1 staff was present for most shifts and each NOC shift. Licensee A reported Resident 1's and Resident 2's evacuation assessments were not completed accurately, and his/her team would be reassessing all residents.	M 230		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or	M 262		

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M 262	Continued From page 5 walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure that access within the home was provided for 2 of 2 residents who were unable to ambulate without the use of a wheelchair and/or walker. The facility did not have 2 exits ramped to grade. The bathroom did not have enough space to provide a turning radius for residents utilizing assistive devices for mobility. Findings include: The provider was licensed on 11/14/2022 to serve up to 4 ambulatory residents in the following client groups: Correctional Clients, Physically Disabled, Developmentally Disabled, Emotionally Disturbed/Mental Illness, Irreversible	M 262		

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M 262	Continued From page 6 Dementia/Alzheimer's, Advanced Age, Pregnant Women/Counseling, Terminally Ill, and Alcohol/Drug Dependent. On 09/17/2025 at approximately 8:00 AM, Surveyor noted when walking up to the home, there was a wooden ramp leading to the front door. Upon entering the home, Surveyor observed a wheelchair stored in the corner of the living room. On 09/17/2025 at 8:08 AM, Surveyor interviewed Caregiver C. Caregiver C reported Resident 1 used a wheelchair and walker within the home. Caregiver C stated Resident 2 used a walker within the home. On 09/17/2025 at 8:13 AM, Surveyor observed the secondary exit. Surveyor did not observe a ramp to grade. Surveyor observed an approximately 6-inch drop to a cement step that was as wide as the screen door. The cement step led to an additional cement stair before getting down to ground level. The exit did not have any handrails. On 09/17/2025 at 8:20 AM, Surveyor interviewed Resident 1 in his/her room. Surveyor observed Resident 1 sitting up in his/her hospital bed playing online video games. Resident 1 reported s/he was their own decision maker. Resident 1 stated s/he had been living at the home for over a year. Surveyor observed a wheelchair and walker in Resident 1's room. Resident 1 reported due to his/her obesity, s/he required assistance with all activities of daily living. Resident 1 reported s/he used his/her wheelchair within the kitchen and living room because s/he couldn't fit on any chairs. Resident 1 stated s/he used a walker to get through doorways and down the front	M 262		

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entrance ramp. Resident 1 reported s/he can walk with the walker for approximately 10 minutes before s/he gets shortness of breath, so the wheelchair was needed for long distances. Resident 1 stated s/he was admitted with his/her wheelchair and/or walker.

On 09/17/2025 at 8:30 AM, Surveyor interviewed Licensee A and House Manager B. Surveyor shared observations and interview with Resident 1. House Manager B confirmed Resident 1 used his/her wheelchair within the home. Licensee A reported s/he had another home in a different BAL region and s/he was in the process of converting that home to non-ambulatory and was planning to do the same with this facility. Licensee A noted the ramp in the front of the facility was built at the beginning of the summer and s/he planned to add a second ramp to the back of the building in the coming days. Surveyor asked Licensee A if s/he contacted the regional office about amending his/her ambulatory license. Licensee A stated s/he did not and tried to get this home into compliance, but "you beat me to the punch."

On 09/17/2025 at 9:25 AM, Surveyor toured the provider's bathroom across from Resident 1's room. Surveyor observed the bathroom did not have adequate space to navigate an assistive device, such as a walker or wheelchair.

On 09/17/2025 at 9:30 AM, Surveyor observed Resident 2 in his/her room with Licensee A, House Manager B, and Caregiver C. Surveyor observed a 4-wheeled walker next to Resident 2's bed. Surveyor observed Resident 2 stand up from his/her recliner with assistance from Caregiver C. Resident 2 took a few steps while holding onto Caregiver C's hands. Surveyor asked for

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clarification on Resident 2's mobility status. House Manager B reported Resident 2 was blind, so s/he required staff to hold his/her hands while ambulating. House Manager B reported Resident 2 had declined over the past few months resulting in him/her using a walker at times. Surveyor asked about the wheelchair stored in the living room. Licensee A stated that wheelchair belonged to Resident 2, but s/he never used it. Surveyor kept getting different accounts to what Resident 2's mobility status was.

On 09/172025, Surveyor reviewed resident record and identified the following:

-Resident 1 was admitted to the provider on 09/13/2024 with a diagnosis of obesity. Resident 1's medical examination form dated 09/11/2024 indicated s/he weighed close to 500 lbs. Resident 1's most recent individual support plan (ISP) dated 05/05/2025 did not indicate s/he used a wheelchair or walker. Resident 1's progress notes documented:
-"08/31/2025: [Resident 1] awake and sitting in [his/her] w/c when I arrived for my shift.
-08/30/2025:...[Resident 1] is now in [his/her] wheel chair on [his/her] computer.
-08/25/2025: During shift [Resident 1] was up in [his/her] wheelchair on [his/her] computer."

-Resident 2 was admitted to the provider on 09/19/2023 with diagnoses including developmental delay with cognitive impairment and was non-verbal. Resident 2 had a guardian. Resident 2's initial assessment dated 09/01/2023 documented: "Mobility and Transferring-Requires full assistance and verbal assistance with walking needs. Requires hands-on assistance with helping stand up, helping use any walking devices, and helping sit down/lay down."

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M 262	Continued From page 9 The provider's program statement document: "We can service up to four ambulatory residents for this location. Our focus is on creating a supportive and nurturing environment thus enabling each resident to be more carefree while having an opportunity to engage in meaningful activities." On 09/18/2025 at 2:49 PM, Surveyor conducted an exit conference and shared findings with Licensee A. Surveyor reviewed concern that the provider currently had 2 residents requiring an assistive device for mobility and the home's back exit and bathrooms did not accommodate assistive devices. Licensee A acknowledged the facility was out of compliance and s/he had already started the process of giving Resident 1 a 30-day notice. Licensee A reported Resident 1 was supposed to be admitted to one of his/her other facilities, but the bed ended up getting filled. Licensee A stated s/he was hopeful the provider could retain Resident 2 if s/he amended his/her license and added a ramp to the back of the home.	M 262		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and	M 380		

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M 380	Continued From page 10 screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received a health examination by a physician to identify health problems and screen for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission. Resident 1 did not have a TB test completed within 90 days prior to admission or within 7 days after admission. Findings include: On 09/17/2025, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the facility on 09/13/2024. Resident 1's record did not include a TB test. On 09/18/2025 at 10:32 AM, Surveyor sent the following email to Licensee A requesting additional documentation: " ....[Resident 1]-case manager contact information, practitioner order to administer medications, TB test (the form provided did not contain a TB test, it was blank)." On 09/18/2025 at 1:38 PM, Licensee A sent the following email to the Surveyor: "...1) [Resident 1]: The resident examination form for TB test was not checked and the doctor did check the incorrect box for medication administration."	M 380		

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M 380	Continued From page 11 On 09/18/2025 at 2:49 PM, Surveyor interviewed Licensee A. Licensee A acknowledged Resident 1 did not have A TB test completed upon admission.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an admission agreement was completed, dated, and signed by each resident, guardian or designated representative, and licensee, prior to admission for 2 of 2 residents reviewed. Resident 1 and Resident 2 did not have signed admission agreements at admission. Findings include: On 09/17/2025, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted to the provider on	M 384		

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M 384	Continued From page 12 09/13/2024 with a diagnosis of obesity. Resident 1's record indicated s/he was his/her own person. Resident 1's record contained a signed service agreement dated 12/04/2024, 82 days after Resident 1's admission to the facility. - Resident 2 was admitted to the provider on 09/19/2023 with diagnoses including developmental delay with cognitive impairment and was non-verbal. Resident 2's record indicated s/he had a legal guardian. Resident 2's record contained a signed service agreement dated 10/29/2023, 40 days after Resident 2's admission to the facility. On 09/18/2025 at 2:49 PM, Surveyor interviewed Licensee A regarding the above concerns. Licensee A reported Resident 1 was supposed to move to another facility, no excuse, but that's the reasoning. Licensee A acknowledged both resident's service agreements were completed after admission.	M 384		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on observations, record review, and interview, the provider did not ensure Resident 1's individual service plans (ISP) described the services staff would provide to meet resident	M 412		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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 412	Continued From page 13 needs. Resident 1's ISP did not include information regarding how staff were to manage his/her toileting needs, ambulation status, and bed rails. Findings include: On 09/17/2025, Surveyor reviewed Resident 1's record and identified the following: On 09/17/2025 at 8:20 AM, Surveyor interviewed Resident 1 in his/her room. Surveyor observed a wheelchair and walker in Resident 1's room. Also, Surveyor observed half length bed rails attached to both sides of Resident 1's hospital bed. Resident 1 reported due to his/her obesity, s/he required assistance with all activities of daily living. Resident 1 reported s/he used his/her wheelchair within the kitchen and living room because s/he couldn't fit on any chairs. Resident 1 stated s/he used a walker to get through doorways and down the front entrance ramp. Resident 1 reported s/he can walk with the walker for approximately 10 minutes before s/he gets shortness of breath, so the wheelchair was needed for long distances. - Resident 1 was admitted to the provider on 09/13/2024 with a diagnosis of obesity. Resident 1's record indicated s/he was his/her own person. Resident 1's ISP dated 05/05/2025 documented: "Toileting: Independent, no assistance required. Bowel movement monitoring: staff to assist in toileting. Staff to monitor and document bowel movements. Mobility & Walking: requires monitoring and cuing with all walking needs. Issuance of verbal prompting and physical assistance as needed."	M 412		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018970	A. BUILDING: _____ B. WING _____	09/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING MADE EASY HOMES SITE 4	N61 W14855 WIGWAM DRIVE MENOMONEE FALLS, WI 53051

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M 412	Continued From page 14 Surveyor reviewed Resident 1's progress notes and identified the following: -From 08/01/2025 to 09/16/2025, staff document daily entries of cleaning Resident 1's portable toilet. -"08/31/2025: [Resident 1] awake and sitting in [his/her] w/c when I arrived for my shift. -08/30/2025:...[Resident 1] is now in [his/her] wheel chair on [his/her] computer. -08/25/2025: During shift [Resident 1] was up in [his/her] wheelchair on [his/her] computer." Resident 1's ISP did not document services related to staff providing a level of assistance with toileting, his/her ambulation status using a wheelchair and/or walker, and use of bed rails. On 09/18/2025 at 10:32 AM, Surveyor sent the following email to Licensee A requesting additional documentation: " ...[his/her] ISP did not identify [s/he] uses a wheelchair or walker, or toileting needs (emptying urinal, cleaning up bm), [his/her] ISP says [s/he's] independent with toileting." On 09/18/2025 at 1:38 PM, Licensee A sent the following email to the Surveyor: "...8. [Resident 1's] ISP is not completed with the items you did list. We will revise it immediately and can send it to you for your review." On 09/18/2025 at 2:49 PM, Surveyor interviewed Licensee A regarding the above concerns. Licensee A acknowledged Resident 1's ISP did not include services related to staff providing a level of assistance with toileting, his/her ambulation status using a wheelchair and/or walker, and use of bed rails. Licensee A reported the provider was in the process of reviewing all resident ISP's to ensure compliance.	M 412		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018970	A. BUILDING: _____ B. WING _____	09/19/2025

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LIVING MADE EASY HOMES SITE 4	N61 W14855 WIGWAM DRIVE MENOMONEE FALLS, WI 53051

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M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents' (Resident 1, Resident 2 and Resident 3) individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's, Resident 2's, and Resident 3's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 09/17/2025, Surveyor reviewed residents' records and identified the following: -Resident 1 was admitted to the provider on 09/13/2024 with a diagnosis of obesity. Resident 1's record indicated s/he was his/her own person. Resident 1's ISP dated 05/05/2025, was not signed by the resident. -Resident 2 was admitted to the provider on 09/19/2023 with diagnoses including developmental delay with cognitive impairment and was non-verbal. Resident 2's record indicated s/he had a legal guardian. Resident 2's ISP dated 09/01/2023, was not signed by his/her guardian.	M 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018970	A. BUILDING: _____ B. WING _____	09/19/2025

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M 420	Continued From page 16 Resident 3 was admitted to the facility on 04/07/2022 with a diagnosis of autism. Resident 3's record indicated s/he had a legal guardian. Resident 3's ISP dated 05/29/2025, was not signed by his/her guardian. On 09/18/2025 at 2:49 PM, Surveyor interviewed Licensee A regarding the above concerns. Licensee A acknowledged residents' ISPs did not include a signed statement of agreement with all parties. Licensee A requested additional time to review records to see if signature pages could be found. Surveyor noted any additional documentation would need to be submitted to later than 12pm on 09/19/2025. On 09/19/2025 at 11:53 AM, Licensee A sent the following email to the Surveyor: " ...Regarding the outstanding signatures, we currently do not have the signatures for [Resident 3's] Guardian, [Resident 2's] [brother/sister], or [Resident 1's] signature on their respective documents. We recently implemented a new digital signature feature through ECP, and it appears that this transition may have led to some documents not being fully executed by all required parties. We are actively working to update our files and will ensure that all necessary signatures are obtained and fully executed as quickly as possible."	M 420		