STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014854	A. BUILDING: _____ B. WING _____	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMITHS LOVING HANDS LLC	5538 N 40TH STREET MILWAUKEE, WI 53209

(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 03/26/2026, Surveyor conducted an abbreviated survey at Smiths Loving Hands. As a result, 4 deficiencies were identified. Census: 4	M 000		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure smoke detectors were in 1 of 7 required locations. Resident 1's bedroom did not contain a smoke detector. Findings include: On 03/26/2026, at 10:30 AM, Surveyor toured the facility. Resident 1's bedroom did not contain a smoke detector. There were 2 screws in the ceiling, but no base was attached to the ceiling.	M 334		

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

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M 334	Continued From page 1 On 03/26/2026, at 1:00 PM, Surveyor interviewed Licensee A and Licensee B. Licensee A, and Licensee B confirmed the code requirement. Licensee A confirmed Resident 1's bedroom did not contain a smoke detector. Licensee A reported they had a spare and would ensure the smoke detector was replaced.	M 334		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the semi-annual fire drills documented the date and actual evacuation time for each drill for 1 of 2 years. Fire drills conducted in 2025 did not indicate what date the fire drills were conducted and how long it took for the residents to evacuate. The drills conducted in 2026 did not indicate what the evacuation time was. Findings include: On 03/26/2026, at 11:56 AM, Surveyor reviewed the facility safety files and identified fire drills were conducted monthly: 2025 January 7:30 AM - 7:45 AM February 8:00 AM - 8:15 AM March 8:00 AM - 8:15 AM April 7:00 AM - 7:15 AM May 7:30 AM - 7:45 AM	M 348		

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M 348	Continued From page 2 June 7:45 AM - 8:00 AM July 7:00 AM - 8:00 AM August 1 6:50 AM - 7:02 AM September 7:30 AM - 8:00 AM October 8:00 AM November 8:00 AM December 8:00 AM 2026 01/03/2026 7:30 AM 02/01/2026 8:30 AM 03/01/2026 8:30 AM The drills completed in 2025 did not contain the date and evacuation time for the drills. The drills completed in 2026 did not contain the evacuation time for the drills On 03/26/2026, at 1:00 PM, Surveyor interviewed Licensee A and Licensee B. Licensee B acknowledged Surveyors concerns regarding the documentation. Licensee B reported they would ensure compliance with the code.	M 348		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a safe and sanitary manner for 4 of 4 residents in the home. Food was stored in a cooler in the dining room. The inside temperature of the cooler was 44°	M 474		

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M 474	Continued From page 3 Fahrenheit (F). Findings include: On 03/26/2026, at 10:15 AM, Surveyor entered the facility to conduct a licensing survey. Surveyor observed a large white cooler in the dining room. The cooler was next to a refrigerator, also located in the dining room. The refrigerator did not have doors. Surveyor opened the cooler and observed condiments including mustard, Kraft ranch salad dressing, Sweet Baby Ray's barbeque sauce, Heinz ketchup, bag of Tyson breaded chicken, a gallon of milk, plastic containers with colored liquid similar to juice, and a plastic container filled with rice, broccoli, and a chicken leg. Surveyor took the temperature of the inside of the cooler. The temperature of the cooler was 44° F. "Refrigeration slows bacterial growth. Bacteria exist everywhere in nature. They are in the soil, air, water, and the foods we eat. When they have nutrients (food), moisture, and favorable temperatures, they grow rapidly, increasing in numbers to the point where some types of bacteria can cause illness. Bacteria grow most rapidly in the range of temperatures between 40 and 140 °F, the 'Danger Zone,' some doubling in number in as little as 20 minutes. A refrigerator set at 40 °F or below will protect most foods." (Source: USDA.gov, Refrigeration & Food Safety, March 23, 2015, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/refrigeration (retrieval date: 03/30/2026).) On 03/26/2026, at 1:00 PM, Surveyor interviewed Licensee A and Licensee B. Licensee A, and Licensee B acknowledged Surveyor's concerns.	M 474		

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M 474	Continued From page 4 Licensee A and Licensee B reported the refrigerator had stopped working, and they attempted to replace it, however the refrigerator was too big to fit through the door of the kitchen. Licensee B reported they had someone come out and measure to ensure they would get a refrigerator which was big enough for the food and fit through the door.	M 474		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregiver background checks were completed every 4 years for 2 of 2 caregivers reviewed. Caregiver C and Caregiver D did not have a background check completed at least every 4 years. Findings include: On 03/26/2026, at 12:30 PM, Surveyor reviewed caregiver files and identified the following:	Z 022		

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Z 022	Continued From page 5 Caregiver C was hired on 02/16/2017. Caregiver C's original background information disclosure (BID) was not in Caregiver C's record. Caregiver C's record did contain a Department of Justice check (DOJ) and Governmental Findings Report (GFR), dated 08/07/2018. Caregiver C's record did not contain evidence of a 4-year background check in 2022. Caregiver C's record did not contain evidence of a background check from August 2018 to date in March 2026. Caregiver D was hired on 03/10/2019. Caregiver D's original BID was not in Caregiver D's record. Caregiver D's record did contain a DOJ and GFR, dated 10/16/2018. Caregiver D's record also contained a DOJ, dated 10/13/2020. Caregiver D's record did not contain evidence of a 4-year background check in 2024. Caregiver D's record did not contain evidence of a background check from October 2020 to date in March 2026. On 03/26/2026, at 1:00 PM, Surveyor interviewed Licensee A and Licensee B. Licensee A, and Licensee B confirmed the code requirement. Licensee A and Licensee B reported if the backgrounds were not in the files, they were not completed. Licensee A and Licensee B reported the 4-year background checks would be completed immediately.	Z 022		