STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018080	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH I	516 ELIZABETH STREET WATERFORD, WI 53185

(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 10/03/2025 to 10/07/2025, Surveyor conducted a standard survey at Elizabeth I. Six deficiencies were identified. Census: 4	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 service provider completed 8 hours of training approved by the licensing agency related to health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. Caregiver B was missing continuing education training for 2024. Findings include: On 10/03/2025, Surveyor reviewed employee records and identified the following:	M 246		

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
	0018080	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH I	516 ELIZABETH STREET WATERFORD, WI 53185

(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 246	Continued From page 1 -Caregiver B had a hire date of 08/23/2019. The record only contained 2.25 hours of continuing education training for 2024. On 10/07/2025 at 10:33 AM, Surveyor interviewed Administrator A and shared findings via phone. Administrator A acknowledged Caregiver B did not have evidence s/he completed at least 8 hours of continuing education in 2024. Administrator A stated when s/he was running Relias reports for Caregiver B, s/he noticed that Caregiver B did not complete at least 8 hours of continuing education in 2024. Administrator A stated s/he would review all staff records to ensure compliance.	M 246		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan:	M 260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018080	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH I	516 ELIZABETH STREET WATERFORD, WI 53185

(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 260	Continued From page 2 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were able to easily enter and exit the home. Findings include: The facility was licensed to serve up to 4 non-ambulatory residents in the following client groups: traumatic brain injury, physically disabled, irreversible dementia/Alzheimer's, developmentally disabled, and advanced age. On 10/03/2025 at approximately 7:37 AM, Surveyor toured the home. Surveyor observed the provider's back entrance was blocked by a wheelchair. The wheelchair remained blocking the exit until at least 8:55 AM. Surveyor reviewed the provider's emergency evacuation plan. The back exit that was blocked by a wheelchair was identified as the 2nd exit of the home. On 10/03/2025 at 8:55 AM, Surveyor interviewed Administrator A. Surveyor shared above observation. Administrator A acknowledged the back exit of the home was blocked by a wheelchair. Administrator A stated the wheelchair was supposed to be stored near the front door in a small nook. Administrator A stated s/he would talk to staff.	M 260		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector	M 336		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018080	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH I	516 ELIZABETH STREET WATERFORD, WI 53185

(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 336	Continued From page 3 monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not test each smoke detector monthly to ensure it was operational in 2024, and thus far into 2025. Findings include: On 10/03/2025, Surveyor requested to review monthly smoke detector checks since 2024. Administrator A provided partial monthly smoke detector checks which included the following: -There was only 1 monthly smoke detector check in 2024: 04/10/2024 -There was only 3 monthly smoke detector checks thus far in 2025: 05/14/2025, 06/11/2025, and 08/13/2025. On 10/03/2025 at 12:39 PM, Administrator A sent the Surveyor the following email: "I am now realizing that if staff miss a fire drill for the month, they are also missing the smoke detector test. I have now made that a separate task to be done monthly on a different day as the fire drill." On 10/07/2025 at 10:33 AM, Surveyor interviewed Administrator A and shared findings via phone. Administrator A acknowledged the provider was not in compliance with monthly smoke detector checks for 2024 and thus far in	M 336		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018080	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH I	516 ELIZABETH STREET WATERFORD, WI 53185

(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 336	Continued From page 4 2025. Administrator A reported s/he had made monthly smoke detector checks a separate task in their electronic health record.	M 336		
M 456	88.07(2)(e) ANNUAL HEALTH EXAM The licensee shall ensure that each resident has an annual health exam by a physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had completed an annual health exam by a physician. Resident 1's record did not include an annual health exam for 2024. Findings include: On 10/03/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 06/06/2023. Surveyor observed no evidence showing Resident 1 completed an annual health exam in 2024. On 10/03/2025 at 12:07 PM, Administrator A sent the Surveyor the following email: "I also reached out to [his/her] guardian to request [his/her] latest physical exam. [S/he] stated [s/he] could not get that to me this morning. I did reiterate with [him/her] that we need copies of all his appts (appointments) moving forward." On 10/07/2025 at 10:33 AM, Surveyor interviewed Administrator A and shared findings	M 456		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018080	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH I	516 ELIZABETH STREET WATERFORD, WI 53185

(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 456	Continued From page 5 via phone. Administrator A acknowledged the provider did not have evidence Resident 1 had an annual health exam completed in 2024. Administrator A reported s/he reached out to Resident 1's guardian requesting copies of his/her health exam but still have not received anything. Administrator A stated s/he will work with Resident 1's managed care team and guardian to ensure we get copies of all medical appointments going forward.	M 456		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the resident's right to a safe physical environment. The dryer was vented with a semi-rigid material. Findings include: According to FEMA (Federal Emergency Management Agency), "Facts about home	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018080	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH I	516 ELIZABETH STREET WATERFORD, WI 53185

(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 570	Continued From page 6 clothes dryer fires...2,900 home clothes dryer fires are reported each year and cause an estimated 5 deaths, 100 injuries, and $35 million in property loss...Maintenance-Inspect the venting system behind the dryer to ensure it is not damaged or restricted. Put a covering on outside wall dampers to keep out rain, snow and dirt. Make sure the outdoor vent covering opens when the dryer is on. Replace coiled-wire foil or plastic venting with rigid, non-ribbed metal duct. (Source: https://www.usfa.fema.gov/prevention/outreach/clothes_dryers.html (Retrieval date 10/08/2025))" On 10/03/2025 at 7:42 AM, while inspecting the dryer with Caregiver B, Surveyor observed the dryer's vent was made of semi-rigid material approximately 8 inches long. On 10/03/2025 at 8:55 AM, Surveyor interviewed Administrator A. Surveyor shared above observation. Administrator A acknowledged the semi-rigid dryer vent was not in compliance. Administrator A did not know how long the dryer vent was like that.	M 570		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United	Z 012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018080	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH I	516 ELIZABETH STREET WATERFORD, WI 53185

(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
Z 012	Continued From page 7 States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have evidence of making a good faith effort to obtain out of state background check information for 1 of 1 service provider. Caregiver C indicated on the Background Information Disclosure (BID) form s/he had resided in the state of Texas within the previous 3 years. Findings include: On 10/03/2025, Surveyor reviewed Caregiver C's record. Caregiver C was hired 05/13/2024. Caregiver C's completed BID form, dated 05/12/2024, indicated s/he resided in another state (Texas) in the previous 3 years. The employee record did not contain evidence the provider had made a good faith effort to obtain state of Texas background check.	Z 012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018080	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH I	516 ELIZABETH STREET WATERFORD, WI 53185

(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
Z 012	Continued From page 8 On 10/06/2025 at 3:46 PM, Surveyor sent the following email to Administrator A: "[Caregiver C] indicated on [his/her] BID form s/he lived in Texas in the last 3 years before completing an application. Do you have evidence of an out of state background check being completed? Please send." On 10/07/2025 at 8:29 AM, Surveyor received the following email from Administrator A: "There unfortunately is not an out of state check done for [Caregiver C]." On 10/07/2025 at 10:33 AM, Surveyor interviewed Administrator A and shared findings via phone. Administrator A acknowledged Caregiver C's record did not contain an out of state background check when s/he indicated s/he lived in Texas within the previous 3 years. Administrator A stated s/he was responsible for running background checks on service providers. Administrator A stated the provider had a system in place for running out of state background checks.	Z 012		