Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016144	A. BUILDING: _____ B. WING _____	C 02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING MADE EASY HOMES LLC SITE 2	**2135 NORTH 39TH STREET MILWAUKEE, WI 53208**

(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 02/29/2024, Surveyor conducted a standard survey and complaint investigation at Living Made Easy Homes LLC Site 2. One deficiency identified. Complaint unsubstantiated. Census: 3	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 there was a smoke detector in 2 of 6 required locations. There were no smoke detectors in the dining/living room and Resident 1's bedroom. Findings include:	M 334		

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
	0016144	A. BUILDING: _____ B. WING _____	C 02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING MADE EASY HOMES LLC SITE 2	**2135 NORTH 39TH STREET MILWAUKEE, WI 53208**

(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 334	Continued From page 1 On 02/29/2024, at 9:45 AM, Surveyor toured the home and observed the following: -The living/dining room did not contain a smoke detector, only the base was attached to the ceiling. -Resident 1's bedroom did not contain a smoke detector, only the base was attached to the ceiling. On 02/29/2024, at 10:30 AM, Surveyor interviewed Licensee A and regarding the smoke detectors. Licensee A reported s/he was not sure why there was not one in the dining room/living room. Caregiver B reported to him/her they needed a new battery for that smoke detector, so they took it out about two days ago. Licensee A stated Resident 1 would take his/her smoke detector off in their room. Licensee A stated s/he would add shift checks to staff tasks to ensure that Resident 1's smoke detector was up at all times moving forward.	M 334		