STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0021169	A. BUILDING: _____ B. WING _____	C 05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELITE CARE ADULT FAMILY HOME LLC	3040 N 37TH ST MILWAUKEE, WI 53210

(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 05/11/2026, Surveyor conducted a standard survey and 1 complaint investigation at Elite Care AFH. Three deficiencies were identified. One complaint was unsubstantiated. Census: 0	M 000		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the facility did not ensure 1 of 1 clothes dryer vent was maintained. Dryer vent was not attached at the base of the dryer which allowed the dryer to exhaust directly into the laundry room. Findings include: On 05/11/2026 at approximately 1:00 PM, Surveyor toured the physical environment which included 1 laundry area with 1 clothes dryer on the main floor. The dryer was located in a room east of kitchen. The dryer vent extended approximately 4 inches from the back of dryer. It was not connected to the outside vent which allowed the dryer to exhaust directly into the laundry room.	M 278		

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

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M 278	Continued From page 1 On 05/13/2026, at approximately 11:00 AM, Surveyor described the above findings to Licensee A. Licensee A confirmed they were aware the vent was not attached to the dryer, explaining they had been dealing with a bird building a nest inside the vent. Licensee A report they were planning to get the vent fixed.	M 278		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 4 residents' bedrooms had at least 1 screened window which was capable of being opened to the outside. The bedroom identified as bedroom 2 had 1 window with a screen that was not secured to the frame. Findings include: On 05/11/2026, at approximately 1:00 PM , Surveyor toured the home and observed the following: - The bedroom identified as bedroom 2 on the floor plan had only 1 window. The screen for the window was not secured to the frame. On 05/13/2026, at approximately 11:00 AM,	M 298		

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M 298	Continued From page 2 Surveyor interviewed Licensee A who reported s/he was not aware of the detached screen but would have it repaired.	M 298		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 required fire extinguisher was mounted to the wall. The fire extinguisher on the 2nd floor was observed laying on the floor at the top of the stairs. Findings include:	M 332		

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M 332	Continued From page 3 On 05/11/2026, at approximately 1:00 PM, Surveyor conducted an onsite tour and observed the fire extinguisher on the 2nd level laying on the floor at the top of the stairs. On 05/13/2026, at approximately 11:00 AM, Surveyor interviewed Licensee A who reported they were aware the fire extinguisher was no longer mounted to the wall and would have it re-mounted immediately.	M 332		