STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017842	A. BUILDING: _____ B. WING _____	C 10/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFESTYLE LIVING ADULT FAMILY HOME	4427 W CAPITOL DR MILWAUKEE, WI 53216

(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 09/30/2024, with information gathered through 10/28/2024, Surveyor conducted a standard licensing survey and complaint investigation at Lifestyle Living Adult Family Home, an AFH located in Milwaukee, WI. As a result of the survey, 2 violations of Chapter DHS 88 was issued. The complaint was unsubstantiated. Census: 3	M 000		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents were evaluated for evacuation time. Resident 1 and Resident 3 did not have documented resident evacuation assessments for 2022, 2023, and to date in 2024. Findings include: On 10/28/2024, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted 06/28/1998. Resident 1's record did not contain evidence of an	M 346		

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
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M 346	Continued From page 1 evaluation for evacuation abilities for 2022, 2023, and to date in 2024. -Resident 3 was admitted 08/01/2021. Resident 3's record did not contain evidence of an evaluation for evacuation abilities for 2022, 2023, and to date in 2024. On 10/28/2024, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not conduct the assessments. Licensee A stated, "I didn't know that I needed to do those, that was never explained to me." Surveyor explained the requirements of Chapter DHS 88 regarding resident evacuation assessments. Licensee A stated s/he understood the requirements.	M 346		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on interview, the provider did not maintain a record for 1 of 1 resident. There were no documented records for Former Resident 4. Findings include: On 06/03/2024, the Department received a complaint that alleged a resident did not receive medications that were prescribed, and the resident was served a 30 day discharge notice	M 482		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 482	Continued From page 2 that was not warranted. On 10/28/2024, Surveyor asked Licensee A for Former Resident 4's closed record to review. Licensee A stated s/he did not have any records for Former Resident 4. Licensee A stated Former Resident 4 only lived at the facility for a month, approximately 04/2024 through May 28, 2024. Licensee A acknowledged that s/he should have kept records. On 10/28/2024, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that s/he needs to keep documents for all residents that reside at the facility.	M 482		