STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018212	A. BUILDING: _____ B. WING _____	R-C 01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME INSPIRED SENIOR LIVING	1201 VILLAGE CENTRE DRIVE KENOSHA, WI 53144

(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
{N 000}	Initial Comments On 01/07/2026, Surveyors completed a verification visit and 1 complaint investigation at Home Inspired Senior Living LLC. As a result, 3 deficiencies were corrected, and 1 new deficiency was identified. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 27	{N 000}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 2) reviewed received her/his medications in the dosage and at intervals prescribed by the practitioner. Resident 2's hydralazine was administered or held 6 times outside of the physician ordered parameters and her/his metoprolol was administered 9 times outside of physician ordered parameters. Findings include: On 01/07/2026, at 9:35 AM, Surveyors reviewed Resident 2's record. Resident 2 was admitted on 09/15/2025 with diagnoses including hypertension	N 352		

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
	0018212	A. BUILDING: _____ B. WING _____	R-C 01/07/2026

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HOME INSPIRED SENIOR LIVING	1201 VILLAGE CENTRE DRIVE KENOSHA, WI 53144

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N 352	Continued From page 1	N 352		

essential nonbenign. Resident 2's medication administration record (MAR) indicated Resident 2 was prescribed hydralazine 10 milligram (mg) tablet (tab) take 1 tablet (10mg total) by mouth 2 (two) times daily. Hold if systolic blood pressure (SBP) < (less) than 110. Resident 2's MAR indicated s/he was prescribed metoprolol tartrate 25mg (Lopressor) take 0.5 tablets (12.5mg total) by mouth every 12 (twelve) hours. Hold if heart rate less than 60 beats per minute (bpm).

Resident 2's MAR indicated Resident 2's hydralazine was administered or held outside of specified parameters, SBP below 110, on the following dates:

- 10/06/2025 AM dose: SBP 139 (REFUSED - No pass per vitals)
- 10/07/2025 PM dose: SBP 114 (REFUSED - No pass per vitals)
- 10/20/2025 PM dose: SBP 152 (REFUSED - No pass per vitals)
- 10/20/2025 PM dose: SBP 145 (REFUSED - No pass per vitals)
- 11/23/2025 PM dose: SBP 84 - Administered
- 12/02/2025 PM dose: SBP 131 (REFUSED - No pass per vitals)

Resident 2's MAR indicated Resident 2 was administered metoprolol outside of specified parameters, hold if heart rate less than 60 bpm, on the following dates:

- 10/01/2025 PM dose: pulse 59 - Administered
- 10/02/2025 PM dose: pulse 59 - Administered
- 10/04/2025 AM dose: pulse 59 - Administered
- 10/04/2025 PM dose: pulse 59 - Administered
- 10/05/2025 PM dose: pulse 53 - Administered
- 10/08/2025 PM dose: pulse 59 - Administered
- 10/09/2025 PM dose: pulse 59 - Administered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018212	A. BUILDING: _____ B. WING _____	R-C 01/07/2026

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N 352	Continued From page 2 - 10/10/2025 PM dose: pulse 59 - Administered - 10/18/2025 PM dose: pulse 59 - Administered On 01/07/2026, at 1:02 PM, Surveyors interviewed Executive Director (ED) B and Registered Nurse (RN) K. RN K reported Care Coordinator L conducted medication quality assurance checks monthly. RN K confirmed Resident 2's metoprolol and hydralazine were administered outside of prescribed physician parameters. ED B and RN K reported staff would be retrained on blood pressure medications and parameters.	N 352		