STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017350	A. BUILDING: _____ B. WING _____	C 12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESHORE HEALTH KENOSHA 2	5095 19TH AVE KENOSHA, WI 53140

(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 12/09/2024, Surveyor conducted 3 complaint investigations at Lakeshore Health Kenosha 2. As a result, 3 deficiencies were identified and 3 complaints were substantiated. Census: 8	N 000		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 10 of 10 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, Resident 8, Resident 9, and Resident 10) were served a 30-day written advance notice of discharge. Residents were not provided a 30-day written notice of discharge when residents were moved to another Community Based Residential Facility (CBRF). Findings include:	N 326		

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

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N 326	Continued From page 1 On 09/16/2024, 09/19/2024 and 09/23/2024, the Department received 3 complaints alleging the provider moved residents to another CBRF without proper notice. On 12/05/2024, at 3:45 PM, Surveyor reviewed the facility's file with the department. On 09/13/2024, a self-report was sent in by Former Administrator C. The self-report indicated on 09/09/2024, residents were moved to another location due to an infestation of bed bugs. On 12/09/2024, at 9:45 AM, Surveyor requested the discharge notices for all residents regarding the move on 09/09/2024. On 12/09/2024, at 9:45 AM, Surveyor interviewed Supervisor B. Supervisor B reported s/he was unsure if any notice was sent out when the residents were moved. On 12/09/2024, at 9:51 AM, Surveyor interviewed Administrator A. Administrator A confirmed Former Administrator C did not send out any notices to residents or resident's legal representatives. Administrator A reported s/he came in 2-3 days after the move took place and started to call guardians. Administrator A confirmed the code requirement notice was to be provided 30 days prior to the move.	N 326		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the	N 481		

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N 481	Continued From page 2 intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 8 of 8 residents' environment was safe, clean, and comfortable. The furniture was torn and broken, the carpet was dirty, the laundry room floor was covered in water. Findings include: On 09/19/2024, the Department received a complaint alleging unsafe conditions within the home. On 12/09/2024, at 9:15 AM, Surveyor toured the home with Supervisor B and observed the following: South front entrance way When walking through the exterior door, there is a small area between the exterior door and the interior door. The paint in this area between was cracked up the length of the wall. There were areas of missing paint. One area measured approximately 4 inches by 3 inches. The front exterior door had a gap between the door and the doorframe. The interior door was unable to latch. Southside living room - A recliner with ripped fabric on the footrest measured approximately 6 inches in length and 3 inches in width, which exposed the wood framing. The recliner was a grey microsuede type material. The fabric on the armrests was worn down. The fabric in these areas appeared	N 481		

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N 481	Continued From page 3 brownish in color and was hard when Surveyor touched these areas. - A second grey recliner in the living room appeared to lean back and to the left. There was no torn fabric on this recliner, but brownish staining on the armrests. Southwest stairway - The stairway leading to the upstairs from the south front entrance was carpeted. In the area where the step meets the riser, was thick grey substance consistent with dust. The areas in the middle of the steps, consistent where someone would step to utilize the stairs, was stained brownish greyish in coloring. Dining room - The flooring transition between the area by the staircase and the south dining room was missing. The flooring was uneven. Northside living room - The dark brown couch in the living room was torn on both armrests. The tear on the left side measured approximately 10 inches in length. The left side had whitish speckling on the side, similar to paint speckling. In between the backrest cushions, in the cracks, the couch had what appeared to be a whitish residue. On the right side, the couch had areas which were lighter in color, almost tan on the couch cushion and armrest. The area appeared to be where someone would sit and rest their arm on the armrest. Laundry room	N 481		

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N 481	Continued From page 4 - The laundry room floor was wet. This area measured 6 feet in length and 56 inches in width to the washing machine. There was water under the washing machine. There was debris on the floor and in the water, the debris was consistent with lint. On 12/09/2024, at 10:45 AM, Surveyor interviewed Supervisor B and Administrator A. Supervisor B reported the laundry area during the summer had a strong sewage smell, which traveled upstairs. Administrator A and Supervisor B acknowledged Surveyor's concerns with the home. Supervisor B and Administrator A reported they have reported the concerns to the owner, but nothing had been done.	N 481		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure toxic substances and cleaning compounds were securely stored in 1 of 1 closet. Findings include: This facility was licensed to serve up to 15 ambulatory residents in the client groups of alcohol/drug dependent, developmentally disabled, emotionally disturbed/mental illness, and irreversible dementia/Alzheimer's. On 12/09/2024, at 9:15 AM, Surveyor toured the	N 499		

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N 499	Continued From page 5 facility. Surveyor observed a closet door in one of the dining rooms. The closet door had a locking mechanism which was not engaged. Surveyor observed a bottle of Clorox bleach, a bottle of Clorox toilet bowl cleaner, Great Value furniture polish, Clorox bleach spray, and Scrubbing Bubbles foaming shower spray. On 12/09/2024, at 10:00 AM, Surveyor interviewed Supervisor B. Supervisor B confirmed cleaning supplies should be securely stored. Supervisor B reported s/he did not know who had a key to unlock the closet. On 12/09/2024, at 10:45 AM, Surveyor interviewed Administrator A. Administrator A confirmed all cleaning supplies were to be securely stored. Administrator A reported only the housekeeper had keys to the closet and was unsure why the closet was unlocked.	N 499		