STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017779	A. BUILDING: _____ B. WING _____	C 02/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING OF KENOSHA	8351 SHERIDAN ROAD KENOSHA, WI 53143

(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
U 000	INITIAL COMMENTS On 02/03/2026, Surveyor completed an abbreviated survey and a complaint investigation at Charter Senior Living of Kenosha. One deficient practice was identified. The complaint was substantiated. Census: 56	U 000		
Z 055	DHS 13.05 (3) (a) ENTITY ALLEGATION REPORTING REQUIREMENTS Entity's duty to report to the department. Except as provided under pars. (b) and (c), an entity shall report to the department any allegation of an act, omission or course of conduct described in this chapter as client abuse or neglect or misappropriation of client property committed by any person employed by or under contract with the entity if the person is under the control of the entity. The entity shall submit its report on a form provided by the department within 7 calendar days from the date the entity knew or should have known about the misconduct. The report shall contain whatever information the department requires. This Rule is not met as evidenced by: Based on record review and interview, the provider did not contact the licensing agency within 7 days when they had reasonable cause to	Z 055		

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

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Z 055	Continued From page 1 suspect caregiver misconduct for 1 of 1 incident. Between 10/04/2025 and 10/22/2025, Caregiver A allegedly charged $492 worth of goods and services using Tenant 1's debit card. On 10/29/2025, Financial Power of Attorney C reported Caregiver A to Administrator B for allegation of misappropriation. Findings include: On 12/15/2025, the Department received a complaint alleging tenant was financially exploited by a caregiver. On 02/03/2026, Surveyor reviewed Adult Protective Services (APS) records which included a complete investigation of the allegations. The investigation, dated 10/29/2025, included a review of Tenant 1's bank statement and identified the following: On 09/29/2025 three automated-teller machine withdrawals for $200, $200 and $160 at 8211 Sheridan Rd., all of which had $2 service fees added. There was an additional $20 transaction at the BP gas station. Thirteen Door Dash transactions as follows: 10/04/2025 - $116.19 at Giordano's 10/06/2025 - $32.35 at "Dolla" 10/07/2025 - $25.30 at "Lotsa" 10/11/2025 - at "GyroG" 10/14/2025 - $22.50 at "Buffa" 10/17/2025 - $20.66 at Taco Bell 10/17/2025 - $25.91 at I Hop 10/17/2025 - $26.12 at McDonald's 10/18/2025 - $26.33 at Taco Bell 10/19/2025 - $31.01 at I Hop	Z 055		

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Z 055	Continued From page 2 10/20/2025 - $20.38 at "Speed" 10/23/2025 - $57.32 at McDonald's 10/22/2025 - $55.75 at "Pizza" The case investigation concluded that financial exploitation had occurred. On 02/03/2026, Surveyor reviewed Tenant 1's records. Tenant 1 was admitted on 05/04/2025 and had an activated Financial Power of Attorney. On 02/03/2026 at approximately 12:45 PM, Surveyor requested to review the facility investigation of the allegations of caregiver misappropriation. Administrator B confirmed they became aware of the allegations on 10/29/2025 when Tenant 1's Financial Power of Attorney informed them. Administrator B stated, "there was no investigation because the employee was terminated when [they] did not show up for their shift on 10/28/2026." Surveyor then asked Administrator B if a Misconduct Incident Report (MIR) was submitted to the Department. Administrator B stated, "I called my corporate office and was told I did not need to do a report because the employee no longer worked for us." On 02/05/2026 at 10:00 AM, Surveyor spoke with Administrator B regarding the need to submit a MIR to www.dhs.wisconsin.gov/caregiver/complaints.htm regarding the allegations. Administrator B stated, "I will submit what I know."	Z 055		