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	0016721	A. BUILDING: _____ B. WING _____	C 04/03/2025

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KENOSHA PLACE	5048 GREEN BAY RD KENOSHA, WI 53144

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N 000	Initial Comments On 04/03/2025, Surveyor completed a standard survey and complaint investigation. As a result, 6 deficiencies were identified, 2 deficiencies were repeat deficiencies. The complaint was unsubstantiated. Census: 24	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis (TB), within 90 days before the start of employment for 5 of 6 caregivers reviewed (Caregiver C, Caregiver D, Caregiver E, Caregiver F, and Caregiver G).	N 220		

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

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N 220	Continued From page 1 Findings include: On 03/31/2025, at 12:25 PM, Surveyor reviewed staff files and identified the following: Caregiver C was hired on 11/11/2024. Caregiver C's record contained a communicable disease screening, dated 11/11/2024. Caregiver C's record did not contain evidence Caregiver C was screened for TB. Caregiver D was hired on 05/14/2024. Caregiver D's record contained a communicable disease screening, dated 05/14/2024. Caregiver D's record did not contain evidence Caregiver D was screened for TB. Caregiver E was hired on 11/11/2024. Caregiver E's record contained TB test results dated 01/07/2025. A note at the bottom of the page indicated during an audit, it was discovered Caregiver E was missing a TB screening. Caregiver E's record did not contain evidence Caregiver E was screened for communicable diseases. Caregiver F was hired on 05/14/2021. Caregiver F's record contained TB test results dated 05/17/2021. Caregiver F's record did not contain evidence Caregiver F was screened for communicable diseases. Caregiver G was hired 04/22/2022. Caregiver G's record contained TB test results dated 02/17/2022. Caregiver G's record did not contain evidence Caregiver G was screened for communicable diseases. On 03/31/2025, at 3:30 PM, Surveyor interviewed Administrator A, Former Administrator I and	N 220		

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N 220	Continued From page 2 Regional Wellness Director (RWD) H. RWD H confirmed the code requirement. RWD H reported the facility nurse performs the communicable disease screening and TB tests. RWD H reported they would use sister facility nurses or regional nurses to complete the screening also. RWD H and Former Administrator I reported they were unsure why the screenings were missed.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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N 239	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 6 employees (Caregiver B, Caregiver C, and Caregiver D) obtained all department approved training as required. Caregiver B, Caregiver C, and Caregiver D did not have training in fire safety within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) P70Y11, dated 04/07/2023. Findings include: On 03/31/2025, at 12:25 PM, Surveyor conducted a review of 6 employees to verify compliance with department approved training requirements. Fire Safety Caregiver B was hired on 10/9/2024. Caregiver B's record did not contain evidence of training or evidence of meeting an exemption for fire safety. Caregiver C was hired on 11/11/2024. Caregiver C's record did not contain evidence of training or evidence of meeting an exemption for fire safety. Caregiver D was hired on 05/14/2024. Caregiver D's record indicated s/he received fire safety training on 10/24/2024. Caregiver D's record did not contain evidence of meeting an exemption for fire safety. Caregiver D did not receive training in fire safety within 90 days after starting employment. On 03/31/2025, Surveyor verified Caregiver B	N 239		

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N 239	Continued From page 4 and Caregiver C were not on the Community-Based Care and Treatment training registry for fire safety. On 03/31/2025, at 3:30 PM, Surveyor interviewed Administrator A, Former Administrator I and Regional Wellness Director (RWD) H. Administrator A, Former Administrator I and RWD H confirmed the code requirement. Administrator A reported Maintenance Director J had been an approved trainer but let her/his certification lapse and did not renew it, so now they needed to use outside sources for fire safety training.	N 239		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 1, Resident 2, and Resident 3) comprehensive individual service plan (ISP) identified the	N 386		

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residents' needs, desired outcomes, measurable goals, methods for delivering care, who was responsible for delivering the care, and the frequency for the needed care.

Findings include:

In 03/31/2025, at 1:00 PM, Surveyor reviewed resident records and identified the following:

- Resident 1 was admitted on 11/07/2024 with diagnoses including type 2 diabetes, hypertensive heart disease without heart failure, atrial fibrillation, and bradycardia. Resident 1's individual service plan (ISP), dated 01/31/2025, reported "not applicable" in the following areas:

Physical Health - general health and chronic illnesses

Mental and Emotional Health - self concepts, maturation, attitude, interaction with others, and aggressive/combative

Social Participation - interpersonal relationships, leisure time activities, family contacts, community contacts, and religious activities

Independent Living Skills - educational skills, vocational skills, communication skills, shopping, public transportation, seeking/retaining employment, and food preparation

Housekeeping skills indicated Resident 1 utilized standard housekeeping services but did not indicate the frequency of service, goals and outcomes, or service provider responsibilities.

Laundry services indicted Resident 1 utilized standard laundry services but did not indicate the

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frequency of service, goals and outcomes, or service provider responsibilities.

Resident 1's initial assessment, undated, did not contain evidence Resident 1 was assessed in physical health, mental and emotional health, social participation, and independent living skills.

Resident 2 was admitted on 08/18/2022, with diagnoses including Parkinson's disease, chronic kidney disease stage 3, anemia, atherosclerotic heart disease of native coronary artery without angina pectoris, and asthma. Resident 2's ISP, dated 03/22/2025 reported "not applicable" in the following areas:

Physical Health - general health and chronic illnesses

Mental and Emotional Health - self concepts, maturation, attitude, interaction with others, and aggressive/combative

Social Participation - interpersonal relationships, family contacts, community contacts, and religious activities

Independent Living Skills - educational skills, vocational skills, shopping, public transportation, seeking/retaining employment, and food preparation

Housekeeping skills indicated Resident 2 utilized standard housekeeping services but did not indicate the frequency of service, goals and outcomes, or service provider responsibilities.

Laundry services indicted Resident 2 utilized standard laundry services but did not indicate the frequency of service, goals and outcomes, or

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N 386	Continued From page 7 service provider responsibilities. Resident 2's ISP indicated Resident 2 was a fall risk. Resident 2's ISP indicated her/his last fall occurred on 12/17/2024 which resulted in an injury to her/his right ankle. Resident 2's ISP indicated Resident 2 had chair and bed alarms, the bed is to be in the lowest position, and s/he had a fall mat placed next to her/his bed. Surveyor reviewed the following fall reports: 12/29/2024 at 3:00 AM - Resident 2 was found face down lying on her/his stomach. Complaints of arm pain, no visible injury. Call placed to nurse at 3:24 AM, advised call to hospice. 01/01/2025 at 1:44 AM - Resident 2 was found on floor. No injuries. Nurse called at 6:17 AM and hospice called at 6:21 AM. 1/11/2025 at 3:30 AM - Resident 2 was found on the floor after pressing pendant alarm. Resident seemed very confused, no making any sense with her/his explanation. No injuries noted. Administrator A notified at 6:30 AM, family notified at 9:37 AM. 01/16/2025 at 5:30 AM - Staff walked in to find Resident 2 on the floor. Resident 2 reported s/he was trying to use the bathroom. No injuries noted. Called nurse at 5:40 AM, called hospice, called family at 6:00 AM. 01/19/2025 at 5:20 AM - Caregiver walked into resident room and found her/him lying on top of her/his pillow on the floor. No injury noted. Called nurse at 5:30 AM. 01/21/2025 at 4:25 AM - Staff heard Resident 2	N 386		

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yell for help, found Resident 2 on the floor. A 3-4-inch gash was identified on left forehead area. Nurse called at 4:34 PM, called family at 4:38 PM, called hospice at 4:40 PM. Sent to hospital.

02/07/2025 at 1:55 PM - Witnessed fall, staff observed Resident 2 leaned down to grab something off the floor and fell. No injury noted. Family called at 2:01 PM, nurse called at 2:04 PM, hospice called at 2:06 PM.

02/07/2025 at 7:40 PM - Caregiver found resident face down on the floor, blood observed to head. Sent to hospital. Family, nurse, and hospice contacted at 7:45 PM.

Surveyor did not review evidence where Resident 2's ISP was updated with Resident 2's falls.

Resident 3 was admitted on 03/25/2023 with diagnoses including hyperlipidemia, unspecified atrial fibrillation, and the presence of cardiac pacemaker. Resident 3's ISP, dated 03/31/2025, reported "not applicable" in the following areas:

Physical Health - general health and chronic illnesses

Mental and Emotional Health - self concepts, maturation, attitude, interaction with others, and aggressive/combative

Social Participation - interpersonal relationships, family contacts, community contacts, and religious activities

Independent Living Skills - educational skills, vocational skills, shopping, public transportation, seeking/retaining employment, and food

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N 386	Continued From page 9 preparation Housekeeping skills indicated Resident 3 utilized standard housekeeping services but did not indicate the frequency of service, or service provider responsibilities. Laundry services indicted Resident 3 utilized standard laundry services but did not indicate the frequency of service, or service provider responsibilities. On 03/31/2025, at 3:30 PM, Surveyor interviewed Administrator A, Former Administrator I and Regional Wellness Director (RWD) H. RWD H reported the wellness director was responsible for the assessments. RWD H reported the wellness director left employment, so they were filling in with other nurses from other facilities. RWD H reported the assessments were put into the electronic charting program, which then formed the ISP. RWD H reported the areas Surveyor questioned about had not been included on the assessment in the past and s/he was unaware they needed to be included as it had never been brought up in past surveys. RWD H reported s/he would review the code and the assessment paperwork to ensure all code requirements were met.	N 386		
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:	N 499		

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N 499	Continued From page 10 Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 2 of 2 areas. Cleaning compounds and toxic substances were not securely stored in a kitchenette area and the main kitchen. This is a repeat deficiency. See Statement of Deficiency (SOD) P70Y11, dated 04/07/2023. Findings include: The facility was licensed on 11/01/2018 to serve up to 30 residents in client groups including terminally ill, irreversible dementia/Alzheimer's, physically disabled and advanced aged. On 03/31/2025, at 9:35 AM, Surveyor toured the facility and observe the following: - The kitchenette area, in a cabinet under the sink was a can of Claire air freshener, a container of Clorox disinfectant wipes and 2 bottles of Foamy Mac restroom cleaner. The cabinet did not contain a locking mechanism. - The main kitchen door was open. The door contained a locking mechanism. Surveyor observed the cook leave the facility. Inside the kitchen was 6 bottles of Dawn dish detergent, a bottle of TMA premium pot and pan detergent, 2 bottles of TMA dish sanitizer, a bottle of TMA Pro-dry rinse additive, a bottle of TMA mechanical dish detergent, 2 bottles of quaternary sanitizer, a spray bottle with the word "degreaser" written on it, a bottle of TMA grill cleaner, 2 bottles of TMA Nusheen cleaner and polish, and a container of Clorox germicidal wipes. Surveyors observed residents moving freely	N 499		

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N 499	Continued From page 11 throughout the facility. On 03/31/2025, at 3:30 PM, Surveyor interviewed Administrator A, Former Administrator I and Regional Wellness Director (RWD) H. Administrator A, Former Administrator I and RWD H confirmed the code requirement. Administrator A reported s/he would talk with staff to ensure all chemicals were securely stored.	N 499		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 2 of 2 gas furnaces were inspected at least every 3 years. The provider was not able to provide documentation of the furnace inspection. Findings include: On 03/31/2025, at 10:00 AM, Surveyor requested the inspection report for the 2 furnaces.	N 504		

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N 504	Continued From page 12 On 03/31/2025, at 3:30 PM, interviewed Administrator A. Administrator A reported Maintenance Director J had an appointment and s/he had not been able to contact her/him. Surveyor requested the furnace inspections to be sent to Surveyor by 10:00 AM on 04/01/2025. On 04/01/2025, at 3:41 PM, Surveyor emailed Administrator A requesting the furnace inspections. As of 04/03/2025, at 10:30 AM, Surveyor did not receive the furnace inspections from the provider.	N 504		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not placed within 3 feet of 1 of 2 furnaces and 1 of 1 water heater. There was a plastic mop bucket with a folded carpet rug, and a black plastic bag stored within 18 inches of the furnace. There was a plastic shelf with combustible materials stored within 26 inches of the water heater. Findings include: On 03/31/2025, at 10:19 AM, Surveyor toured the maintenance room with Administrator A. The maintenance room contained 2 furnaces and a water heater. Surveyor observed a mop bucket with a folded carpet rug stored within 18 inches of one of the furnaces. Near the water heater was a	N 507		

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N 507	Continued From page 13 plastic shelf, which contained mop heads, cleaning cloths, toilet bowl brush heads, dust mop heads, cleaning clothes similar to microfiber, boxes of batteries, box of Kleenex, a green and yellow pom, a box of magic erasers, and black trash bags. On the other side of the water heater was a carpet cleaner. On 03/31/2025, at 10:30 AM, Surveyor interviewed Administrator A. Administrator A reported s/he would speak with maintenance to ensure the shelf was moved and to talk with housekeeping staff on ensuring items were not to be stored near the furnace.	N 507		