STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017349	A. BUILDING: _____ B. WING _____	12/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESHORE HEALTH KENOSHA 3	1834 60TH ST KENOSHA, WI 53140

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N 000	Initial Comments On 12/09/2024, Surveyor completed a standard survey and 2 complaint investigations at Lakeshore Health Kenosha 3. As a result, 9 deficiencies were identified, and 2 complaints were substantiated. Census: 6	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 1 of 1 caregiver reviewed. Caregiver D's record did not contain evidence of a completed TB test and communicable disease screening.	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 12/09/2024 at 11:00 AM, Surveyor reviewed staff files and identified the following: Caregiver D was hired on 10/01/2024. Caregiver D's record did not record did not contain evidence Caregiver D received a TB test and was screened for communicable diseases. On 12/12/2024, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed s/he was aware of the code requirement. Administrator A reported all staff received TB testing and communicable disease screening, but s/he was unsure of where the documentation was.	N 220		
N 223	83.18(1) Employee records maintained and current. A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12; (e) Documentation of training, or exemption verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record which contained documentation of training and a	N 223		

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N 223	Continued From page 2 completed background check. Findings include: On 12/09/2024, at 11:00 AM, Surveyor requested Caregiver D's record. Caregiver D was hired on 10/01/2024. Administrator A was unable to find Caregiver D's record. On 12/12/2024, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A reported Caregiver D was hired by Previous Administrator E and s/he was unsure of where Caregiver D's record was.	N 223		
N 284	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee's continuing education hours were documented. Caregiver C's record did not contain all continuing education hours in 2023 and 2024. Findings include: On 12/09/2024, at 11:00 AM, Surveyor reviewed employee records and identified the following: Caregiver C was hired on 11/07/2014. Caregiver C's record did not include annual training in resident rights, training in client group, prevention and reporting of abuse, neglect, and misappropriation, fire safety and safety	N 284		

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N 284	Continued From page 3 procedures including first aid. On 12/12/2024, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A reported s/he was aware of the annual 15 hour continued education requirement. Administrator A reported trainings were done but s/he was unable to print the documentation due to no longer having access to the Relias training website. Administrator A reported s/he was not made aware of the discontinued membership with Relias therefore training documentation could not be printed or accessed.	N 284		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation of a screening for clinically apparent communicable	N 302		

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N 302	Continued From page 4 disease, including tuberculosis (TB), by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse within 90 days before or 7 days after admission for 1 of 2 residents (Resident 1) reviewed. Findings include: On 12/09/2024 at 11:00AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 02/21/2024. Resident 1's record contained an undated communicable disease screening. Resident 1's record did not contain evidence of TB screening. On 12/12/2024, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A reported Resident 1 was screened for communicable diseases, including TB, prior to admission. Administrator A reported s/he was unsure where the documentation was.	N 302		
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	N 326		

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N 326	Continued From page 5 resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 6 of 6 residents (Resident 1, Resident 2, Resident 3, Resident 4, Resident 5, Resident 6) 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: On 09/19/2024, the Department received 2 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 Previous Administrator E. 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 9:51 AM, Surveyor interviewed Administrator A. Administrator A confirmed Previous Administrator E 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		

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N 386	Continued From page 6	N 386		
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 staff interview, the provider did not develop a comprehensive individual service plan (ISP) for 1 of 1 resident reviewed (Resident 1) within 30 days. Findings include: On 12/09/2024,at 11:00AM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 02/21/2024 and was his/her own decision maker. -Resident 1's record did not include an ISP. On 12/12/2024, at approximately 10:00 AM, Surveyor interviewed Administrator A and Supervisor B. Administrator A reported previous Administrator E was responsible for the	N 386		

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N 386	Continued From page 7 completion of ISPs within 30 days of admission. Supervisor B was unable to locate an ISP for Resident 1.	N 386		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's Individual Service Plan (ISP) was updated annually and signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and agreement with the resident's ISP. Resident 2 did not have an annual ISP. Findings include: On 12/09/2024, at 11:00 AM, Surveyor reviewed resident files and identified the following: Resident 2 was admitted to the facility on	N 389		

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N 389	Continued From page 8 01/11/2021. Resident 2's record indicated Resident 2 had a Power of Attorney (POA). Resident 2's last ISP was signed and dated 03/10/2023. Resident 2 ISP was due for an update 03/2024. Resident 2's record did not include an annual ISP for 2024. On 12/12/2024, at 10:00AM, Surveyor interviewed Administrator A and Supervisor B. Administrator A reported the Previous Administrator E was responsible for ensuring the ISPs were updated annually and signed. Administrator A and Supervisor B were unsure if Resident 2's ISP was updated in 2024.	N 389		
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 intended use of the room. This Rule is not met as evidenced by: Based on observation and interviews, the provider did not ensure the living environment was safe, clean, comfortable, and homelike. The facility needed cleaning and some repairs. This had the potential to affect 6 of 6 residents. Findings include: On 12/09/2024, at 9:15 AM, Surveyors toured the facility and observed the following: First Floor Bathroom	N 481		

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N 481	Continued From page 9 - The vanity was missing one side of the front door. The vanity paint was peeling and faded in color. The vanity drawers did not open freely and were off track. The inside of the vanity drawers appeared warped and swollen from possible water damage. Kitchen - The lazy susan located next to the stove contained a brown crumbly substance on each surface of the circular drawers. The lazy susan contained loose sugar packets and a yellow thick sticky substance on the surface of each circular drawer. Basement - The wall behind the dryer contained a grey matter similar to lint which covered approximately 4 feet in height and 4.5 feet in width. -Refrigerator contained a thick dried light-yellow substance on the top shelf and 2 bags of expired salad in the bottom of the refrigerator. The lettuce appeared brown and wilted with condensation inside the bag. The salads were dated in black marker with a date of 11/12/2024. The "best if used by" date was 11/21/2024. -Deep Freezer contained a brown rust like substance throughout the freezer. The side panel had 3 open areas which appeared dark copper brown in color similar to rust. One of these areas measured approximately 2 inches in length and a 1/2 inch in width. On 12/12/2024, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A reported staff had daily cleaning schedules and confirmed the code requirement. Administrator A reported s/he would follow up with staff and maintenance to address facility concerns.	N 481		

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N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident bathrooms had a safe water temperature. The water temperature in the first-floor bathroom was 134.2° Fahrenheit (F). Findings include: The facility was licensed on 04/01/2019, to serve up to 8 residents in the client groups of advanced aged, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, alcohol/drug dependent and developmentally disabled. On 12/09/2024, at 9:00 AM, Surveyor toured the facility. Surveyor tested the water temperature in the first-floor bathroom. The temperature was 134.2° F. On 12/12/2024, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed the water temperature should be under 115° F. Administrator A reported the caregivers and house supervisor were responsible for taking the water temperature monthly. Administrator A	N 617		

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N 617	Continued From page 11 reported s/he returned to the facility in September 2024. Administrator A reported s/he was not aware of the water temperature exceeded 115° F.	N 617		