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 _____	R 03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESHORE HEALTH KENOSHA 3	**1834 60TH ST 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 03/05/2025, Surveyor conducted a verification visit at Lakeshore Health Kenosha 3. Two deficiencies were identified. Two of 2 were repeat deficiencies (see Statement of Deficiency LH8E11, dated 12/10/2024). Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
{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 disease, including tuberculosis (TB), by a physician, physician assistant, clinical nurse	{N 302}		

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

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{N 302}	Continued From page 1 practitioner or a licensed registered nurse within 90 days before or 7 days after admission for 2 of 2 residents (Resident 7 and Resident 8) reviewed. This is a repeat deficiency. See Statement of Deficiency LH8E11, dated 12/10/2024. Findings include: On 03/05/2024 at 10:25 a.m., Surveyor reviewed resident records and identified the following: Resident 7 was admitted on 12/22/2024. Resident 7's record did not contain evidence of a TB screening or communicable disease screening. Resident 8 was admitted on 12/18/2024. Resident 8's record did not contain evidence of a TB screening or communicable disease screening. On 03/05/2024 at 10:30 a.m., Surveyor interviewed Administrator A, who reported s/he was sure Resident 7 and Resident 8 were screened for communicable diseases, including TB, prior to admission. Surveyor gave Administrator A until 5:00 p.m. on 03/06/2025 to provide documentation to the department. As of 03/06/2025 at 5:00 p.m., no documentation had been received.	{N 302}		
{N 386}	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the	{N 386}		

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{N 386}	Continued From page 2 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 2 of 2 residents (Resident 7 and Resident 8) within 30 days. This is a repeat deficiency. See Statement of Deficiency LH8E11, dated 12/10/2024. Findings include: On 03/05/2024 at 10:30 a.m., Surveyor reviewed resident records and identified the following: - Resident 7 was admitted on 12/22/2024 and was his/her own decision maker. Resident 7's record did not include an ISP. - Resident 8 was admitted on 12/18/2024 and was his/her own decision maker. Resident 8's record did not include an ISP. On 03/05/2024 at 10:40 a.m., Surveyor interviewed Administrator A who stated, "Those not being done are on me. When I came back, I	{N 386}		

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{N 386}	Continued From page 3 got so busy trying to clean things up. I let [Resident 7's] and [Resident 8's] ISPs slip."	{N 386}		