STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015616	A. BUILDING: _____ B. WING _____	C 02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENOSHA SENIOR LIVING	3109 30TH 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 02/24/2026, Surveyor conducted a standard survey and complaint investigation at Kenosha Senior Living. One of 1 complaint was substantiated. Three deficiencies were identified. Census: 29	N 000		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time	N 383		

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

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N 383	Continued From page 1 activities, family and community contacts and vocational needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) was completely assessed for elopement. Findings include: On 02/24/2026, at 10:00 AM, Surveyor reviewed Resident 1's records. Resident 1 was admitted to the facility on 01/21/2016, with diagnoses of cerebral infarction, type II diabetes, hyperlipidemia, dementia in other diseases classified elsewhere and Alzheimer's disease. Resident 1's individualized service plan (ISP), dated 09/01/2025, identified Resident 1 had an activated healthcare power of attorney (POA). Surveyor reviewed Resident 1's most recent "Wisconsin Elopement Risk Evaluation," dated 09/01/2025. The evaluation allowed the evaluator to check applicable boxes relevant to the resident. - The box asking if "Resident is cognitively impaired, with poor decision-making skills and/or pertinent diagnosis (e.g. dementia, organic brain syndrome, Alzheimer's disease, mental illness)" was left unchecked. Per Resident 1's ISP dated 09/01/2025, resident had a diagnosis of Alzheimer's dementia. - The box asking if "Resident has a legal guardian/SDM (substitute decision maker)" was	N 383		

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N 383	Continued From page 2 left unchecked. Per Resident 1's ISP dated 09/01/2025, Resident 1 had an activated POA - The box asking if "Resident is on antipsychotic or mood-altering medications." Was left unchecked. Per Resident 1's ISP dated 09/01/2025, Resident is currently on quetiapine (classified as an antipsychotic medication), sertraline (classified as an antidepressant), and Depakote (listed as a mood-stabilizer). - The box asking if "Resident is on behavior monitoring, requires redirection for behaviors, or is difficult to redirect" was left unchecked. Per Resident 1's ISP dated 09/01/2025, "Resident requires frequent monitoring." - The only box that was checked asked "none of the above is applicable." Resident 1's individual service plan (ISP), dated 09/01/2025, also noted under the heading of "Personal safety r/t (related to) cognitive impairment" Resident 1 requires "FREQUENT SAFETY CHECKS" and "Resident's photograph and description are accessible in the residents' chart." On 02/24/2026 at 11:00 AM, Surveyor interviewed Executive Director A, Executive Director A confirmed that the evaluation reflected that Resident 1 was not at risk for eloping. Executive Director A also confirmed that the ISP was accurate. Executive Director A stated s/he did not feel Resident 1 was truly an elopement risk.	N 383		
N 423	83.37(3)(g) Medication storage: controlled substances.	N 423		

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N 423	Continued From page 3 Controlled substances. The CBRF shall provide separately locked and securely fastened boxes or drawers or permanently fixed compartments within the locked medications area for storage of schedule II drugs subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure schedule II drugs were kept separately locked in a securely fastened box, drawer, or permanently fixed compartment within the locked medication area for 1 of 2 medication carts observed. The provider had morphine sulfate oral syringes not separately locked. Findings include: On 02/24/2026, at 10:00 AM, Surveyor observed the medication carts. While reviewing the "Front cart" medication Cart, Surveyor noted multiple morphine sulfate oral syringes not double locked. 1. Resident 2 - 14 syringes 2. Resident 3 - 50 syringes 3. Resident 4 - 10 syringes 4. Resident 5- 15 syringes 5. Resident 6 - 10 syringes 6. Resident 7 - 10 syringes On 02/14/2026 at 11:00 AM, Surveyor interviewed Executive Director A. Executive Director A stated s/he was not aware of the morphine syringes not being double locked and would make sure they were securely stored right away.	N 423		

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N 426	Continued From page 4	N 426		
N 426	83.38(1)(b) Supervision. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review, and interview, the provider did not provide supervision appropriate to meet the residents' needs for 1 of 1 resident(s). Resident 1 left the facility, without staff knowledge, fell outside the facility and was outside long enough to experience cold exposure. Findings include: On 01/28/2026, the department received a complaint that a resident was not properly supervised and eloped from the building. On 02/24/2026, at 10:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 01/21/2016, with diagnoses of cerebral infarction, type II diabetes, hyperlipidemia, dementia in other diseases classified elsewhere and Alzheimer's disease. Resident 1 had an activated healthcare Power of Attorney (POA). Resident 1's Individualized Service Plan (ISP),	N 426		

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N 426	Continued From page 5 dated 09/01/2025, under the heading of "Personal safety r/t (related to) cognitive impairment" identified Resident 1 requires "FREQUENT SAFETY CHECKS" and "Resident's photograph and description are accessible in the residents' chart." On 02/24/2026 at 10:45 AM, Surveyor reviewed the self-report submitted by the facility, which stated " ...On 1/25/26 resident was observed at 12:30 AM awake and in wheelchair in common front area. Caregivers were completing rounds and noted when they returned to the front area, resident was not in view. Caregivers checked resident room, and noted s/he was not present, completed a building sweep and then checked all out door [sic] areas. As caregivers searched outdoor area, they observed resident lying on the sidewalk near the dumpster and parking lot area, wheelchair nearby..." The weather on the day that Resident 1 left the facility had a low of 7°F and a high of 12°F (Source: timeanddate.com https://www.timeanddate.com/weather/usa/kenosha/historic?month=1&year=2026 (retrieval date 05/04/2026)) Surveyor reviewed Resident 1's "After Visit Summary" (AVS) that included documentation stating, "Patient presented the ER (emergency room) with concern regarding cold exposure from his/her right [sic] facility ...." On 02/24/2026 at 11:00 AM, Surveyor interviewed Executive Director A, Executive Director A stated Resident 1 had never attempted to leave the facility before, and staff did not feel Resident 1 was likely to leave the facility. The weather on the day that Resident 1 left the facility had a low of 7 degrees Fahrenheit and a	N 426		

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N 426	Continued From page 6 high of 12 degrees Fahrenheit. (Source: timeanddate.com, Past Weather in Kenosha, Wisconsin, dated 01/25/2026, https://www.timeanddate.com/weather/usa/kenosha/historic?month=1&year=2026 (retrieval date 05/04/2026).)	N 426		