STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018212	A. BUILDING: _____ B. WING _____	C 02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME INSPIRED SENIOR LIVING	1201 VILLAGE CENTRE DRIVE KENOSHA, WI 53144

(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 02/12/2026, Surveyor completed a complaint investigation at Home Inspired Senior Living. As a result, 2 deficiencies were identified. The complaint was substantiated. Census: 26	N 000		
N 327	83.31(4)(b) Allowable reasons for involuntary discharge. Discharge or transfer initiated by CBRF. Reasons for involuntary discharge. The CBRF may not involuntarily discharge a resident except for any of the following reasons: 1. Nonpayment of charges, following reasonable opportunity to pay. 2. Care is required that is beyond the CBRF ' s license classification. 3. Care is required that is inconsistent with the CBRF ' s program statement and beyond that which the CBRF is required to provide under the terms of the admission agreement and this chapter. 4. Medical care is required that the CBRF cannot provide. 5. There is imminent risk of serious harm to the health or safety of the resident, other residents or employees, as documented in the resident ' s record. 6. As provided under s. 50.03 (5m), Stats. 7. As otherwise permitted by law. This Rule is not met as evidenced by: Based on record review and interview, the provider issued a 30-day discharge notice to 1 of 1 resident (Resident 1) on 01/05/2026 for reasons other than nonpayment of charges, inconsistency with the provider's statement, care concerns, as provided under s. 50.03(5)(m) or as permitted by	N 327		

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

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N 327	Continued From page 1 law. Findings include: On 01/09/2026, the Department received a complaint regarding compliance with involuntary discharge requirements. The provider is licensed as a CNA Non-ambulatory to serve up to 32 residents from client groups to include: developmentally disabled, physically disabled, terminally ill, advanced age and irreversible dementia/Alzheimer's. On 02/02/2026, at approximately 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/01/2023 with diagnoses including vascular dementia. Resident 2's record contained a 30-day discharge notice dated 01/05/2026 which stated, " ...This letter serves as a notice of discharge from Home Inspired Senior Living. The reason for your being discharged is that: (Check One) Your needs can't be met by this facility [sic] or you require care other than that which this facility is licensed and required to provide, or for medical reasons as ordered by your physician ... Your health and/or safety and/or the safety of others is endangered by your remaining at this facility ..." Resident 1's individual service plan (ISP), with an updated date of 12/15/2025, indicated the following: "Increased monitoring/supervision - Directions:	N 327		

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N 327	Continued From page 2 Daily care instructions [sic] resident is on increased monitoring due to safety and supervision concerns. Complete visual checks every 30 minutes if any concerns document [sic] document [sic] resident location, behavior, and interactions if any concerns. Communication and device use [sic] resident is approved to use landline phone only. No personal cell phone use permitted. Report any attempts to access restricted devices to the [Registered Nurse] (RN)/Administrator. Behavioral expectations and redirection [sic] monitor residents verbalizations and interactions in common areas. If inappropriate language or behavior occurs: provide calm verbal redirection. Reinforce appropriate boundaries. Redirect to a quiet or structured activity if needed. Avoid confrontation; maintain respectful, supportive communication. Environmental safety [sic] maintain line of sight awareness when resident is in common areas. Ensure resident is not engaging in behavior that causes discomfort or distress to others. Reduce over stimulation when needed quiet space, structured activity. Documentation and reporting [sic] document all monitoring checks in the designated log or progress notes. Report the following immediately to RN/Administrator: [sic] escalation in behavior repeated redirection requiring any safety concerns or incidents [sic] complete an incident report if behavior impacts resident or other safety. Resident rights and dignity [sic] provide care in a manner that preserves resident dignity, privacy, and respect. Increased monitoring is for the safety purposes only and is not disciplinary ... Current Status: Resident has demonstrated behaviors requiring increased supervision to ensure safety, comfort, and well-being of self and others. Behaviors have included inappropriate	N 327		

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verbalizations, use of personal device in an unsafe manner, and difficulty maintaining appropriate boundaries in shared and common areas. Interventions to reduce risk have been implemented ..."

Surveyors reviewed the following progress notes:

"11/13/2025 at 4:00 PM - good morning didn't want to come down to the dining room for breakfast due to [her/him] wanting to watch adult videos ...when going to pick up room tray [sic] resident was speaking into [her/his] phone asking [virtual voice activated assistant] to search up [explicit adult content]. From 8am [sic] to 1:30 PM [s/he] tried searching up videos [s/he] shouldn't be watching ....[Power of Attorney] (POA) is trying to put parent control on [her/his] cell phone ..."

"11/14/2025 at 2:00 PM - [Resident 1] required a few redirections today but responded well each time. [S/He] expressed concern about [her/his] phone and was reminded that [s/he] is still taking a break from the internet, which [s/he] accepted with some reassurance ...."

"11/15/2025 at 6:45 AM - At start of shift resident kept calling because [s/he] is still upset [her/his] phone is on child restriction mode. Eventually [s/he] fell asleep ...."

"12/02/2025 at 3:00 PM - ...Facility reports that patient continued to attempt to search for sexual content and was using [a different platform for virtual voice activated assistant], this has made staff and patient roommate/family uncomfortable. Facility intervention patient cellphone was removed and provided a landline phone at bedside ...". Surveyor noted the progress note was written by Resident 1's hospice provider.

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N 327	Continued From page 4 Surveyor reviewed an email, dated 12/11/2025, to POA B from Executive Director (ED) A. The email was titled "Family Communication Letter", which indicated a concern regarding the issue of inappropriate language and visual proof of inappropriate searches. The email indicated there was an agreement between ED A and POA B to remove Resident 1's cell phone a place a land line phone for Resident 1 to use. On 02/02/2026, at 12:15 PM, Surveyors interviewed ED A. ED A reported the involuntary discharge was issued due to Resident 1's sexual behaviors. ED A reported Resident 1 would conduct the behaviors in common areas, along with her/his room, which s/he shared with Resident 2. ED A reported Resident 2 was moved after the family filed a grievance due to the escalation of Resident 2's behaviors. ED A reported Resident 1's POA placed a "child lock" on Resident 1's phone so s/he could not complete the searches, and Resident 1 was able to find another avenue in her/his cellphone. ED A expressed concern of other residents bringing family members into the facility. ED A reported staff, and other residents became uncomfortable regarding Resident 1's behaviors. On 02/12/2026, at 2:30 PM, Surveyor interviewed Director of Nursing (DON) C. DON C confirmed the involuntary discharge of Resident 1 pertained to her/his behaviors of watching adult content around other residents. DON C acknowledged Surveyors concerns. Cross Reference DHS0328 83.31(4)(c) Involuntary Discharge Notice Requirements	N 327		

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N 328	Continued From page 5	N 328		
N 328	83.31(4)(c) Involuntary discharge notice requirements. Discharge or transfer initiated by CBRF. Notice requirements. Every notice of involuntary discharge shall be in writing to the resident or resident ' s legal representative and shall include all of the following: 1. A statement setting forth the reason and justification for discharge listed under par. (b). 2. A statement that the resident or the resident ' s legal representative may ask the department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the department ' s regional office with a copy to the CBRF. The notice shall state that the request must provide an explanation why the discharge should not take place. 3. The name, address and telephone number of the department ' s regional office director. 4. The name, address and telephone number of the regional office of the board on aging and long term care ' s ombudsman program. For residents with developmental disability or mental illness, the notice shall include the name, address and telephone number of the protection and advocacy agency designated under s. 51.62(2)(a), Stats. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that an involuntary discharge notice provided to 1 of 1 resident (Resident 1), included a statement that the resident may ask the Department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the Department's regional office with a copy to the CBRF (community based residential	N 328		

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facility). The notice did not state that the request must provide an explanation why the discharge should not take place.

Findings include:

On 02/02/2026, at approximately 10:30 AM, Surveyor reviewed Resident 1's record. Surveyor reviewed the involuntary discharge notice, dated 01/05/2026. The notice stated, "This letter serves as a notice of discharge from Home Inspired Senior Living. The reason for your being discharged is that: (Check One)

Your needs can't be met by this facility [sic] or you require care other than that which this facility is licensed and required to provide, or for medical reasons as ordered by your physician ...

Your health and/or safety and/or the safety of others is endangered by your remaining at this facility ...

You have a right to relocation assistance and to be prepared for and oriented to being discharged. A separate notice will be provided [sic] inviting you and others to a discharge planning conference you have a right to contact an advocate to discuss this notice, and to seek assistance. You may call or write an Ombudsman or a representative from Disability Rights Wisconsin .... please feel free to contact me to answer any questions about this notice or your impending discharge from this facility ...."

The notice did not include a statement that the resident may ask the Department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the Department's regional office with

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N 328	Continued From page 7 a copy to the CBRF. The notice did not state that the request must provide an explanation why the discharge should not take place. On 02/12/2026, at 2:30 PM, Surveyor interviewed Director of Nursing (DON) C. DON C confirmed Executive Director (ED) A was responsible for the discharge notice. DON C reported s/he would let ED A know about the missing requirement for the notice. Cross Reference DHS0327 83.31(4)(b) Allowable Reasons For Involuntary Discharge	N 328		