STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017873	A. BUILDING: _____ B. WING _____	R-C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KENOSHA PLACE 2	5060 GREEN BAY RD 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 01/30/2025, Surveyor concluded a standard survey, verification visit and two complaint investigations at Kenosha Place 2. Three deficiencies were identified. One complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 28	{N 000}		
N 161	83.12(3)(a) Investigate injuries of unknown source. Investigating injuries of unknown source. A CBRF shall investigate any of the following: 1. An injury that was not observed by any person. 2. The source of an injury to a resident that cannot be adequately explained by the resident. 3. An injury to a resident that appears suspicious because of the extent of the injury or the location of the injury on the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all injuries of unknown source were investigated for 1 of 1 resident reviewed. Resident 2 sustained injuries of unknown origin. Resident 2 was not able to adequately explain the source of his/her injury. Findings include: The facility is licensed to serve irreversible dementia/Alzheimer's, advanced aged, terminally	N 161		

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

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N 161	Continued From page 1 ill, and physically disabled. On 01/02/2025, the department received a complaint alleging administration did not report a resident's injury of unknown origin. On 01/22/2025, between 12:00 p.m. and 2:30 p.m., Surveyor reviewed Resident 2's record and identified the following: Resident 2 was admitted to the facility on 03/28/2024, with diagnoses including dementia, anxiety disorder, and Alzheimer's disease. Resident 2's individual service plan, dated 05/20/2024, indicated Resident 2 ambulated independently. Resident 2 is independent with communicating needs and wants. Resident 2 has garbled speech and goes between speaking Spanish and English. Resident 2's incident reports indicated the following: On 12/14/2024, at 10:45 a.m., Caregiver E reported Resident 2 had several bruises to both arms. Caregiver E wrote, "After observing them closer, they looked like finger marks." Under resident statement, the incident report read, "Due to the resident's diagnosis, [s/he] is not able to comprehend or speak about the incident." On 12/16/2024, at 2:04 p.m., Associate Wellness Director (AWD) D electronically entered Caregiver E's findings into Resident 2's electronic medical record. S/He entered, "Caregiver E noticed bruising to Resident 2's left and right upper arm and right forearm. The bruises looked like finger marks." There was no further documentation the provider investigated the injury of unknown source.	N 161		

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N 161	Continued From page 2 Resident 2's observation notes indicated the following: On 12/14/2024, at 10:50 a.m., Surveyor interviewed Administrator A, who stated back in December, Resident 2 had a report of bruises on his/her arms that appeared to be finger-like. Administrator A stated, "I thought the bruises looked old. I told Former Nurse (FRN) H that there would be no way for us to be able to determine when and how the bruising happened." Surveyor asked for documentation of the investigation and findings. Administrator A stated, "We have an incident report of unknown origins in the computer." On 12/16/2024, at 2:04 p.m., AWD D entered Caregiver E's incident report for injury of unknown source into Resident 2's electronic medical record. There was no documentation the provider investigated the injury. On 01/22/2025 at 12:45 p.m., Surveyor interviewed Caregiver E, who stated on 12/14/2024, s/he called FRN H to report bruising on Resident 2's arms. FRN H called the manager on duty, to go to the facility and investigate. Associate Administrator B went to the facility, talked to the caregivers working and took photographs of Resident 2's bruising. Caregiver E stated, "Nursing would have investigated things after that." On 01/22/2025 at 12:55 p.m., Surveyor asked Administrator A for the completed investigation for Resident 2's injury of unknown source. Administrator A stated the investigation should have been entered into the computer by FRN H. Administrator A stated to close out an incident	N 161		

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N 161	Continued From page 3	N 161		

report, an investigation report must be done. Administrator A looked in his/her computer and stated, "I do not see anything more to print." Administrator A stated s/he relied on his/her wellness director (FRN H) to complete the investigation. Administrator A confirmed it was not completed.

On 01/22/2025 at 3:10 p.m., Surveyor interviewed Administrator A, who confirmed there was no investigation of Resident 2's injury on 12/14/2024. Administrator A stated, "[Corporate Advisor I] though the injury needed to be substantiated abuse to be reported to the department." Administrator A reported Resident 2's injuries on 12/14/2024, were investigated by talking to the staff; however, caregiver misconduct was not substantiated. Administrator A reported when the investigation did not show misconduct and there was no further investigation conducted.

On 01/23/2025 at 9:20 a.m., Surveyor interviewed AWD D, who confirmed Resident 2 is unable to communicate what had happened to him/her. S/He had garbled speech and goes between speaking Spanish and English. S/He is incomprehensible most of the time. AWD D confirmed FRN H interviewed staff after the incident. AWD D stated, "[FRN H] was very uncomfortable because s/he believed there was significant bruising. S/He thought [Resident 2] got grabbed. A couple days later, [FRN H] was out for personal reasons and then never returned to the building. We weren't finished with the investigation, and s/he never came back to complete it. [Administrator A] knew about the bruises. The whole building knew about the bruises."

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N 389	Continued From page 4	N 389		
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 update the Individual Service Plan (ISP) when there was a change in needs, abilities, or condition for 1 of 1 resident (Resident 2) reviewed. Resident 2 eloped on 04/07/2024 and 08/02/2024. Information from Resident 2's elopement risk assessments dated 05/02/2024 was not integrated into Resident 2's ISP. Resident 2's ISP dated 05/20/2024, did not identify the interventions and approaches the staff would provide, the established measurable goals, specific methods for delivering needed care and who was responsible for delivering the care to minimize Resident 2's elopement risk. Resident 2's ISP was not updated to indicate hospice care was added on 11/11/2024. Findings include:	N 389		

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N 389	Continued From page 5 On 01/22/2025, between 12:00 p.m. and 2:30 p.m., Surveyor reviewed Resident 2's record and identified the following: Resident 2 was admitted to the facility on 03/28/2024, with diagnoses including dementia, anxiety disorder, and Alzheimer's disease. Resident 2's individual service plan, dated 05/20/2024, indicated Resident 2 ambulated independently. Resident 2 was independent with communicating needs and wants. Resident 2 had garbled speech and went between speaking Spanish and English. Example One Department Records On 01/21/2025, Surveyor reviewed the provider's self-report history. The following was identified for Resident 2: On 04/07/2024, the Department received a self-report alleging Resident 2 exited the building using the southwest door. Staff responded to the alarm and redirected the resident back into the building. On 04/08/2024, Associate Administrator (AA) C wrote, "Action taken to ensure residents safety: The community will implement the following interventions to his/her care plan: increased, frequent checks. Staff will continue to engage to encourage his/her interest in being in the common areas more." On 08/02/2024, the Department received a self-report alleging Resident 2 exited the building using the southwest door. On 08/05/2024, Associate Administrator (AA) C wrote, "Action taken to ensure residents safety: The community	N 389		

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will implement the following interventions to his/her care plan: increased, frequent checks. Staff will continue to engage to encourage his/her interest in being in the common areas more."

Resident 2's Record

Resident 2's evaluation was not dated. Under the section labeled orientation/behavior, the section labeled, "Needs occasional prompting or orientation," was checked. Under the section labeled, "Wanders with exit seeking behavior," the box was not checked. A separate Saint Louis University Mental Status (SLUMS) examination, dated 03/08/2024, was stapled to the back of the evaluation and was signed by Former Wellness Director (FWD) L. Hand-written on the document, it read, "Patient refused."

Resident 2's elopement risk assessment tool, dated 05/02/2024, rated behaviors with number values. Some of Resident 2's notable behaviors: History of elopement within last year: 6/6. Wanders/expresses intent to leave: 6/6. Inappropriate behavior occurrence: 5/5. Anxiety, confusion, suspiciousness: 5/5. Disorientation: 5/5. Intermittent confusion: 5/5. Resistance to care, uncooperative with activities of daily living (ADLs): 3/3.

Resident 2's ISP was dated 05/20/2024. Under the section labeled orientation/behavior, the column titled 'action' read, "[Resident 2] experiences agitation: anxious, fluctuates emotionally [sic] [Resident 2] experiences agitation and fluctuations in his/her emotional state. Care staff [sic] will monitor for signs and symptoms of aggression, agitation, anxiety, or other behavioral issues and notify the Medication-technician and Nurse for as needed

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(PRN) anti-anxiety meds (medication). The goal is for [Resident 2] to remain stable in his/her emotional state through his/her next review."

Resident 2's ISP, dated 05/20/2024, did not identify the interventions and approaches the staff would provide, the established measurable goals, specific methods for delivering needed care and who was responsible for delivering the care to minimize Resident 2's elopement risk. Resident 2's ISP was not signed or dated by activated healthcare power of attorney (AHCPOA) M.

On 01/22/2025 at 9:45 a.m., Surveyor interviewed Caregiver F who stated Resident 2 lived on east end of building and had tried to elope on the west side of the building. When Resident 2 attempted to go out the door, the staff would fill out a behavior log and turn it into Administrator A or Associate Administrator (AA) C. Surveyor asked what new interventions were provided to assist caregivers with Resident 2's exit seeking behavior. Caregiver F stated, "We are not given any new ideas on how to work with him/her. We are told to redirect him/her." Caregiver F stated, "I just learn as I go. Management does not help staff figure this out. I had to figure out how to redirect by myself."

On 01/22/2025 at 11:15 a.m., Surveyor interviewed Caregiver G, who stated Resident 2 had his/her moments of difficult behaviors and elopements. Resident 2 likes to try to get out the back door. Staff will try to redirect him/her. Surveyor asked Caregiver G where s/he learned the interventions for Resident 2. Caregiver G stated, "I sometimes try to go off what family has told us. Resident 2 likes his/her back rubbed. I try to give him/her a doll. I thought that might work to redirect him/her."

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N 389	Continued From page 8 On 01/22/2025 at 11:55 a.m., Surveyor interviewed Caregiver K, who stated Resident 2 was, "Cute but gets combative and aggressive went s/he tried to elope." Surveyor asked what new interventions and approaches the staff were provided to redirect Resident 2. Caregiver K stated, "His/her care plan has not been updated, but s/he has gotten new as needed (PRN) medications." Example Two Resident 2's ISP was dated 05/20/2024. Resident 2's ISP did not contain information regarding services provided by hospice care dated 11/11/2024. Resident 2's observation note, dated 11/08/2024, stated [Former Wellness Director (FWD) H] received order from physician for Hospice evaluation and treatment. The information was sent over to Hospice to evaluate Resident 2. Resident 2's observation note, dated 11/11/2024, stated Resident 2 was admitted to hospice. [FWD H] updated face-sheet. Resident 2's comprehensive assessment and plan of care update report for hospice care, dated 11/11/2024, was signed by Hospice Nurse (HRN) N. Resident 2's ISP was not updated to address Resident 2's admission to hospice on 11/11/2024. On 01/22/2025 at 10:30 a.m., Surveyor interviewed Administrator A who verified Resident 2, "doesn't try to leave. S/He just pushes on the door." Administrator A stated Resident 2 went	N 389		

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onto hospice care in either October or November last year. Administrator A stated, "[FWD H] thought hospice care would be helpful to [Resident 2]." Administrator A stated, "[Resident 2] should have been reassessed. There was a lot of communication between me and [FWD H]. I am not sure if it got done."

On 01/22/2025 at 11:15 a.m., Surveyor interviewed Caregiver G, who stated Resident 2 was on hospice and had medication for agitation.

On 01/22/2025 at 12:05 p.m., Surveyor interviewed Caregiver E, who stated s/he was not sure if Resident 2's care plan was updated to add hospice. Caregiver E stated Resident 2 went onto hospice at the beginning of November.

On 01/22/2025 at 2:35 p.m., Surveyor interviewed Caregiver O, who stated when care plans are updated, management puts them in the front of communication book, for all staff to review. After a caregiver reviews them, they are supposed to sign and date the last page. Surveyor asked if Resident 2's care plan had been revised since s/he went onto hospice. Caregiver O stated s/he did not think so. Caregiver O stated, "When I need to redirect Resident 2, I just lean into my experience and my floor training. We get to know the residents and what they like. Surveyor and asked if that information was in the resident's care plan, Caregiver O stated, "No, it's just our hands on experience."

On 01/22/2025 at 2:50 p.m., Surveyor interviewed Administrator A who confirmed Resident 2's ISP dated 05/20/2024, did not identify the interventions and approaches the staff would provide, the established measurable goals, specific methods for delivering needed care and

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N 389	Continued From page 10 who was responsible for delivering the care to minimize Resident 2's elopement risk, nor did the ISP contain information regarding Resident 2's hospice care.	N 389		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the	Z 012		

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provider did not make a good faith effort to obtain an out of state criminal records history for 2 of 2 caregivers (Caregiver G and Caregiver K), who disclosed residing in another state within the past 3 years.

Findings include:

On 01/22/2025, at approximately 11:05 a.m., Surveyor requested Administrator A provide the employee files, including completed caregiver background checks for Caregiver G and Caregiver K. The following was identified:

Caregiver G

On 01/22/2025 at 1:50 p.m., Surveyor reviewed Caregiver G's records. Caregiver G was hired on 02/06/2023.

Surveyor reviewed Caregiver G's Background Information Disclosure (BID) dated 01/27/2023. Question number four on Caregiver G's BID read, "Have you resided outside of Wisconsin in the last three (3) years? If yes, list each state and the dates you resided there." Surveyor observed handwritten answer, "Il [sic] (Illinois), still reside."

Caregiver C's record contained no evidence of an attempt or complete criminal history report from Illinois.

Caregiver K

On 01/22/2025 at 2:05 p.m., Surveyor reviewed Caregiver K's records. Caregiver K was hired on 07/08/2024.

Surveyor reviewed Caregiver K's Background Information Disclosure (BID) dated 06/13/2024.

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Z 012	Continued From page 12 Question number four on Caregiver K's BID read, "Have you resided outside of Wisconsin in the last three (3) years? If yes, list each state and the dates you resided there." Surveyor observed handwritten answer, "Arizona-2005-2015 and Utah- 2015-2019." Caregiver K's record contained no evidence of an attempt or complete criminal history report from Illinois. On 01/22/2025 at 4:25 p.m., Surveyor interviewed Caregiver K who stated, "I believe they did a background check on me." Caregiver K could not confirm if the provider completed an out of state background check. On 01/23/2025 at 1:34 p.m., Surveyor received an email from Administrator A who stated s/he was unable to locate out of state background checks for Caregiver G and Caregiver K. S/He stated s/he resent everything to the corporate Human Resources to run. Administrator A explained Former Human Resources (FHR) J used to run these reports. S/He is no longer with the company.	Z 012		