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 02/26/2026

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 02/26/2026, Surveyor completed a verification visit and 2 complaint investigations at Kenosha Place 2. As a result, 3 previous deficiencies were corrected, and 2 new deficiencies were identified. Two complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 25	{N 000}		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report an incident to the Department within 3 working days of a serious injury in 1 of 1 resident (Resident 1). Resident 2 sustained 2 fractures. Findings include: On 07/17/2025, the Department received a complaint with concerns regarding falls. On 02/26/2026, at 10:30 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 03/28/2024 with diagnoses including Alzheimer's disease. Resident 2's fall report, dated 07/28/2025, indicated Resident 2 attempted to	N 165		

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

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N 165	Continued From page 1 step over another resident's feet, tripped, and fell. Resident 2 landed on her/his left side on the floor. The injury information on the fall report indicated Resident 2 was sent to the emergency room (ER) and was discharged with no injury but was sent to the ER again and had a torn left meniscus. On 02/26/2026 at 2:00 PM, Surveyor interviewed Administrator C and Director of Wellness (DOW) P. Administrator C, and DOW P confirmed the code requirement. Administrator C reported DOW P would have been responsible for reporting to the Department. DOW P reported s/he would have reported the injury, but Resident 2 never returned to the facility from the hospital. DOW P reported s/he was unaware the injury was confirmed.	N 165		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.	N 525		

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N 525	Continued From page 2	N 525		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure quarterly fire drill reports documented a total evacuation time for 3 of 4 quarters for 2025. The provider did not evacuate the residents from the building during all quarterly fire drills; therefore, the provider was unable to accurately document a total evacuation time for the fire drills. Fire drills were missing total evacuation times.

Findings include:

On 12/29/2025, the Department received a complaint alleging fire drills were not being conducted.

On 02/26/2026, at 11:30 AM, Surveyor reviewed the facility's safety records and identified the following:

01/14/2025 at 12:30 PM - Evacuation time 3 minutes; Were all residents evacuated? No to the hall
02/13/2025 at 7:30 PM - Evacuation time 3 minutes, 30 seconds; Were all residents evacuated? No
03/21/2025 at 11:30 PM - Evacuation time 4 minutes; Were all residents evacuated? No
04/15/2025 at 11:30 AM - Evacuation time 3 minutes; Were all residents evacuated? Yes to [Kenosha Place 3] (KP3)
05/15/2025 at 5:30 PM - Evacuation time 5 minutes, 15 seconds; Were all residents evacuated? Yes to KP3
06/21/2025 at 1:00 AM - Evacuation time [none recorded]; Were all resident evacuated? No "staff placed pillows outside doors"

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N 525	Continued From page 3 07/14/2025 at 10:30 AM - Evacuation time "over 5 minutes"; Were residents evacuated? Yes to KP3 08/31/2025 at 1:52 PM - Evacuation time 5 minutes; Were residents evacuated? Yes "to front vestibule" 09/21/2025 at 11:45 PM - Evacuation time [Surveyor unable to determine time]; Were residents evacuated? No 10/31/2025 at 9:30 AM - Evacuation time [none recorded]; Were all residents evacuated? Yes "to front vestibule" 11/21/2025 at 6:30 PM - Evacuation time 4 minutes; Were residents evacuated? Yes 12/2025 at 11:30 AM [Surveyor unable to determine date of drill] Evacuation time [none recorded]; Were residents evacuated? Yes On 02/26/2026, at 2:00 PM, Surveyor interviewed Administrator C. Administrator C reported s/he or the maintenance director was responsible for completing the fire drills. Administrator C reported if there was a fire they would evacuate to Kenosha Place 3. Administrator C reported they would bring the residents to the front door but not evacuate the residents due to the facility being utilized as a memory care facility and it would be confusing for the residents.	N 525		