STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020106	A. BUILDING: _____ B. WING _____	C 03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED LIVING OF KENOSHA II	5905 19TH 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 03/10/2026, Surveyor completed 2 complaint investigations at Kindred Living of Kenosha II. As a result, 2 deficiencies were identified, and 2 complaints were substantiated. Census: 10	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department within 7 days when the verbal abuse involving 1 of 1 resident (Resident 1) occurred. Caregiver D was heard swearing and yelling at Resident 1. Caregiver D was fired for the incident, but no	N 158		

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

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N 158	Continued From page 1 report was submitted to the Department. Findings include: On 01/12/2026, the Department received a complaint that a caregiver was overheard belittling and swearing at a resident in the facility. Record Review On 03/09/2026, at approximately 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/24/2025 with diagnoses including alcohol abuse. On 03/09/2026, at approximately 11:45 AM, Surveyor reviewed Caregiver D's file. Caregiver D was hired on 03/26/2025. Surveyor did not review any disciplinary actions or incident reports in Caregiver D's file. Caregiver D's file contained a termination letter, dated 03/02/2026 which indicated the following: "... this notice is to document the termination of employment for [Caregiver D] from Kindred Living of Kenosha. A complaint was received stating that [Caregiver D] was witnessed yelling at a member [Resident 1] after the member requested coffee and became impatient. During the interaction, [Caregiver D] responded by yelling and using inappropriate language toward the member. It was also reported that s/he used profanity while addressing the member. Regardless of the circumstances, staff are expected to maintain professionalism and treat all members with dignity, respect, and patience at all times. Verbal aggression and the use of profanity	N 158		

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N 158	Continued From page 2 toward members is unacceptable and violates the standards of care and conduct expected at Kindred Living of Kenosha. Due to this incident involving inappropriate conduct toward a member, the decision has been made to terminate [Caregiver D's] employment effective March 2, 2026. [Caregiver D] will no longer be permitted to work at Kindred Living of Kenosha..." On 03/09/2026, at approximately 2:30 PM, Surveyor reviewed Department files. Surveyors did not locate any evidence of a self-report filed within 7 days of allegations of caregiver abuse/misconduct. Interview On 03/09/2026, at approximately 10:15 AM, Surveyor interviewed House Manager B and Consultant E. House Manager B reported s/he started in her/his current position for one week but worked in the facility for an agency prior. House Manager B reported s/he observed Caregiver D yelling and "swearing" at Resident 1. Consultant E and House Manager B confirmed Caregiver D was spoken to and terminated after the incident. House manager B reported Caregiver D has not worked in the facility after the incident, but her/his termination was effective on 03/02/2026. On 03/09/2026, at approximately 11:30 AM, Surveyor interviewed Administrator F. Administrator F reported s/he was not aware of the code requirement. Administrator F reported s/he did not submit a self-report after House Manager B reported Caregiver D's misconduct towards Resident 1.	N 158		

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N 158	Continued From page 3 On 03/10/2026 at approximately 1:00 PM., Surveyor interviewed House Manager B, Community Liaison C, and Consultant D. Community Liaison C confirmed the code requirement. Community Liaison C reported the incident occurred "around Christmas" and s/he was present for the verbal abuse. Community Liaison C confirmed Caregiver D was fired from the facility after the incident occurred. Community Liaison C acknowledged a report should have been submitted to the Department.	N 158		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's Individual Service Plan (ISP) was implemented for 2 of 2 residents (Resident 1 and Resident 2). Resident 1's and Resident 2's physicians were not notified after alcohol use. Findings include: On 02/09/2026, the Department received a complaint alleging residents were consuming alcohol in the facility. Example 1 - Resident 1 On 03/09/2026, at approximately 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/24/2025 with diagnoses including alcohol abuse. Resident 1's ISP, dated	N 388		

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N 388	Continued From page 4 01/23/2026, indicated the following: "...Recovery - Desired Outcome & Timeline - No use of illegal drugs, non-prescribed drugs or alcohol x 1 year - Residents' needs and staff approaches related to desired Outcome - Staff to monitor for any signs of alcohol or drug use...MD notified of any drug/alcohol use. Staff will call supervisor on call to determine the need for emergency evaluation. o [History] (Hx) of (Alcohol and Other Drug Abuse) AODA; staff has found beer in her/his room on one occasion in her/his bedroom. Admin spoke with [Resident 1] regarding the beer, and s/he was asked to sign a ethyl alcohol (ETOH) risk agreement and s/he refused. Admin will ask again for [Resident 1] to sign." Resident 1's progress notes indicated the following: - 01/21/2026 -- "I collected food tray from her/him and s/he smells like liquor" - 01/27/2026 -- "[Resident 1] was doing something either drinking or something was going outside with almost no jacket on in the cold..." Surveyor did not locate any evidence Resident 1's physician was notified after alcohol was found in her/his room, or after reported incidents of smelling of alcohol. Example 2 - Resident 2 On 03/09/2026, at approximately 10:30 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 12/26/2025 with diagnoses including ETOH with intoxication and psychoactive substance use. Resident 2's ISP, dated 01/26/2026, indicated the following:	N 388		

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N 388	Continued From page 5 "...Recovery - Desired Outcome & Timeline - No use of illegal drugs, non-prescribed drugs or alcohol x 1 year - Residents' needs and staff approaches related to desired Outcome - Staff to monitor for any signs of alcohol or drug use...MD notified of any drug/alcohol use. Staff will call supervisor on call to determine the need for emergency evaluation. o [History] (Hx) of AODA but no current use to the facilities [sic] knowledge." - Resident 2's progress note, dated 01/27/2026, indicated the following: "[Resident 2] was in [Resident 1's] room and both was [sic] acting either drunk or something talking loud stumbling and up all night" Surveyor did not review any evidence Resident 2's physician was notified after suspected alcohol use with Resident 1. On 03/09/2026, at approximately 11:00, Surveyor reviewed House Rules and identified the following: "... 7. No use/storing of alcohol or other drugs on the property..." Interviews On 03/09/2026, at approximately 9:45 AM, Surveyor interviewed House Manager B. House Manager B reported s/he started in her/his current position for one week but worked in the facility for an agency 3 consecutive weeks prior. House Manager B reported s/he did not observe Resident 1 drinking in the facility and was unaware of any issue related to alcohol. House Manager B reported it is against the facility policy/	N 388		

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N 388	Continued From page 6 house rules to keep or consume alcohol in the facility. On 03/09/2026, at approximately 10:35 AM, Surveyor interviewed Owner A. Owner A reported s/he was aware of "a rumor [Resident 1] consumed alcohol in the facility..." Owner A reported s/he does not oversee medical care or treatment for residents and did not observe Resident 1 drinking in the facility. On 03/10/2026 at approximately 1:00 PM., Surveyor interviewed House Manager B, Community Liaison C, and Consultant D. Community Liaison C reported s/he was unaware the prior administrator did not notify Resident 1's or Resident 2's physician after allegations of alcohol use occurs. House Manager B and Community Liaison C confirmed no further instances of alcohol have been noted involving Resident 1 or Resident 2. Community Liaison C and House Manager B reported ISPs would be updated for Resident 1 and Resident 2 and any instances of alcohol would be reported to each residents physician as outlined in the current ISPs.	N 388		