STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0008939	A. BUILDING: _____ B. WING _____	C 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE KENOSHA	**10108 74TH ST KENOSHA, WI 53142**

(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 03/07/2025, Surveyor conducted a standard survey and 2 complaint investigations at Brookdale Kenosha. As a result, 3 deficiencies were identified. The 2 complaints were unsubstantiated. Census: 53	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease, within 90 days before the start of employment for 4 of 4 caregivers reviewed (Lead Med Tech (MT) D, Lead MT E, Lead MT F and MT G). Lead MT D, Lead MT E, Lead MT F and MT G were not screened for communicable diseases. MT G's TB	N 220		

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

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N 220	Continued From page 1 test was completed 222 days prior to her/his start date. Findings include: On 03/07/2025 at 10:45 AM, Surveyor reviewed staff files and identified the following: Lead MT D was hired on 01/30/2024. Lead MT D tuberculosis (TB) test was dated 12/09/2023. Lead MT D's record did not contain evidence Lead MT D was screened for communicable diseases. Lead MT E was hired on 08/02/2023. Lead MT E TB test was dated 08/02/2023. Lead MT E's record did not contain evidence Lead MT E was screened for communicable diseases. Lead MT F was hired on 10/10/2023. Lead MT F TB test was dated 10/06/2023. Lead MT F's record did not contain evidence Lead MT F was screened for communicable diseases. MT G was hired on 05/15/2024. MT G test was dated 10/18/2023 which was 222 days prior to MT G's start date. MT G's record did not contain evidence MT G was screened for communicable diseases. On 03/07/2025, at approximately 11:30 AM, Surveyor interviewed Administrator A, Health Wellness Director (HWD) B, and Business Office Manager (BOM) H. BOM H, Administrator A and HWD B reported they were aware of the code. BOM H reported s/he was unaware the TB test did not include communicable disease screening. Administrator A and BOM H reported the new employee packets were from corporate and were unsure why no one was made aware of	N 220		

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N 220	Continued From page 2 communicable disease screening prior to the survey. When Surveyor inquired about MT G's TB testing being completed 222 days prior to her/his start date, BOM H reported s/he thought the time limit was 1 year for a TB test.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 4 employees (Lead	N 239		

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N 239	Continued From page 3 Med Tech (MT) D, Lead MT E, and Lead MT F) obtained all department approved training as required. Lead MT F did not have training in fire safety within 90 days after starting employment. Lead MT D, Lead MT E, and Lead MT F did not have training in first aid and choking within 90 days after starting employment. Lead MT D, Lead MT E, and Lead MT F, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties. Findings include: On 03/07/2025, at 10:45 AM, Surveyor conducted a review of 4 employees to verify compliance with department approved training requirements. Fire Safety Lead MT F was hired on 10/10/2023. Lead MT F's record did not contain evidence of training or evidence of meeting an exemption for fire safety. Lead MT E was hired on 08/02/2023. Lead MT E's record indicated s/he received fire safety training on 03/15/2024. Lead MT E's record did not contain evidence of meeting an exemption for fire safety. Lead MT E did not receive training in fire safety within 90 days after starting employment. On 03/07/2025, Surveyor verified Lead MT F was not on the Community-Based Care and Treatment training registry for fire safety.	N 239		

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N 239	Continued From page 4 First Aid and Choking Lead MT D was hired on 01/30/2024. Lead MT D's record indicated s/he received first aid and choking training on 07/08/2024. Lead MT D's record did not contain evidence of meeting an exemption for first aid and choking training. Lead MT D did not receive training in first aid and choking within 90 days after starting employment. Lead MT E was hired on 08/02/2023. Lead MT E's record indicated s/he received first aid and choking training on 11/19/2023. Lead MT E's record did not contain evidence of meeting an exemption for first aid and choking training. Lead MT E did not receive training in first aid and choking within 90 days after starting employment. Lead MT F was hired on 10/10/2023. Lead MT F's record indicated s/he received first aid and choking training on 07/08/2024. Lead MT F's record did not contain evidence of meeting an exemption for first aid and choking training. Lead MT F did not receive training in first aid and choking within 90 days after starting employment. Standard Precautions Lead MT D was hired on 01/30/2024. Lead MT D's record indicated s/he received standard precautions training on 02/23/2024. Lead MT D's record did not contain evidence of meeting an exemption for standard precautions. Lead MT D did not receive training standard precautions before assuming job responsibilities. Lead MT E was hired on 08/02/2023. Lead MT E's record indicated s/he received standard precautions training on 09/06/2023. Lead MT E's	N 239		

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N 239	Continued From page 5 record did not contain evidence of meeting an exemption for standard precautions. Lead MT E did not receive training standard precautions before assuming job responsibilities. Lead MT F was hired on 10/10/2023. Lead MT F's record indicated s/he received standard precautions training on 11/03/2023. Lead MT F's record did not contain evidence of meeting an exemption for standard precautions. Lead MT F did not receive training standard precautions before assuming job responsibilities. On 03/07/2025, 2:30 PM, Surveyor interviewed Administrator A and Health Wellness Director (HWD) B. Administrator A and HWD B confirmed the code requirement. HWD B confirmed staff performed job responsibilities prior to being trained in standard precautions. Administrator A reported Business Office Manager (BOM) H was responsible for ensuring staff completed the training in the required timeframe. Administrator A reported s/he was unsure why the training was not completed as required.	N 239		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 5 clothes dryers in the laundry	N 488		

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N 488	Continued From page 6 room had vent tubing of rigid material, with a fire rating that exceeded the temperature rating of the dryer. The clothes dryer was observed to have the flexible foil type vent tubing. Findings include: On 03/07/2025, at 1:00 PM, Surveyor toured the facility with Administrator A and Maintenance Manager C. The dryer in hallway C and the dryer in hallway F had flexible foil type vent tubing. On 03/07/2025, at 1:10 PM, Surveyor interviewed Maintenance Manager C. Maintenance Manager C reported s/he used the flexible foil type vent tubing due to the rigid vent tubing would not stay connected to the dryer, which caused lint to fly out and covered the walls. Maintenance Manager C reported by using the flexible foil type vent tubing s/he was able to move the dryer away from the wall to get behind them without having to retape the tubing. Maintenance Manager C reported s/he was unaware if the flexible foil type venting tube met the dryer's specifications. Maintenance Manager C reported s/he would look at the other dryers and replace the vent tubing to a rigid material.	N 488		