Wisconsin Department of Health Services

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 09/17/2025

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 09/17/2025, Surveyor conducted 2 complaint investigations at Brookdale Kenosha. One complaint was unsubstantiated One complaint was substantiated. One deficiency was identified. Census: 53	N 000		
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, observation, and interview, the provider did not ensure 1 of 1 resident's (Resident 1's) Individual Service Plan (ISP) was reviewed and updated with a change in needs, abilities or physical or mental condition. Resident 1's ISP was not updated when s/he had a change in needs from being independent with toileting and wearing regular underwear to require assistance with toileting and requiring incontinent garments.	N 389		

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

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N 389	Continued From page 1 Findings include: On 09/17/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 9/17/2024, with diagnoses including, unspecified dementia, major depressive disorder, and anxiety disorder. The ISP provided was dated 9/17/2025. The ISP stated Resident 1 was independent with toileting and wore regular underwear. On 09/17/2025, Surveyor toured Resident 1's room and observed packs of incontinent products in their bathroom with their name on it. On 09/17/2025, at approximately 11:00 AM, Surveyor interviewed Executive Director (ED) A and Wellness Director (WD) B. WD B confirmed Resident 1 was incontinent and required assistance with changing his/her incontinent products and had been that way for months. WD B stated they did not know why the ISP was not updated to reflect the change in level of assistance. WD B confirmed there was no other written documentation to tell caregivers what cares Resident 1 required, but changes in need were communicated verbally.	N 389		