| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| **EXCEL WEST** | **1150 82ND STREET KENOSHA, WI 53143** |

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| N 000 | Initial Comments<br><br>On 07/31/2025, Surveyor concluded an abbreviated survey and complaint investigation at Excel West.<br><br>Six deficiencies were identified.<br><br>One compliant was unsubstantiated.<br><br>Census: 8 | N 000 | | |
| N 219 | 83.17(1) Licensee conduct caregiver background check<br><br>Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12.<br><br>This Rule is not met as evidenced by:<br>Based on record review and staff interview, the provider permitted 1of 1 caregiver to work at the Community Based Residential Facility (CBRF) with substantiated findings of abuse. On Caregiver F's Integrated Background Information System (IBIS), it was documented Caregiver F was placed on the Wisconsin Caregiver Misconduct Registry on 06/22/2023. | N 219 | | |

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

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| N 219 | Continued From page 1 | N 219 | | |

Findings include:

A complete background check consists of a Background Information Disclosure (BID) form by the employee, a report of findings from the DOJ findings, and the IBIS document of findings from the Department of Health Services (DHS).

On 07/24/2025 at 3:30 p.m., Surveyor reviewed Caregiver F's records. The following was identified:

Caregiver F was hired on 12/11/24 and started working on the floor with the residents on 01/07/25. Surveyor reviewed Caregiver F's filled out and signed BID document with no date. Caregiver F did not record a history of abuse and/or neglect history on his/her BID document.

Surveyor reviewed Caregiver F's IBIS document of findings from the Department of Health Services. It included findings of abuse or neglect of a client, or misappropriation of client property in Wisconsin, dated 06/22/2023.

On 07/24/2025 at 3:40 p.m., Surveyor interviewed Caregiver F, who denied any findings on the Wisconsin Caregiver Misconduct Registry.

On 07/24/2025 at approximately 4:45 p.m., Surveyor interviewed Executive Director (ED) B, who stated s/he oversaw the employee files. Surveyor asked ED B why Caregiver F was hired when s/he was placed on the Wisconsin Caregiver Misconduct Registry on 06/22/2023.

On 07/24/2025 at approximately 4:50 p.m., Surveyor interviewed ED B and Program Manager (PM) C, who stated they would replace

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| N 219 | Continued From page 2<br><br>Caregiver F for the remainder of his/her shift. ED B stated, "I do caregiver files. I must have overlooked that on the background check. That's terrible."<br><br>On 07/24/2025 at 5:30 p.m., Surveyor searched Wisconsin Public Misconduct Registry with Caregiver F's name. Under his/her name, it read, "Has a history of misconduct." Under, 'show record detail', Surveyor was taken to another page, with Caregiver F's name on the top, left hand side of the page. The page read, "A substantiated finding of abuse was placed on the Wisconsin Caregiver Misconduct Registry for this individual. Because a substantiated finding is on file, this individual cannot work as a caregiver in DHS regulated facilities in Wisconsin, except those specifically approved under the rehabilitation review process."<br><br>Caregiver F had been working in the facility from 01/07/25 to 07/24/2025, over six months, while on the Wisconsin Caregiver Misconduct Registry.<br><br>On 07/31/2025 at 8:26 a.m., Surveyor received a copy of Caregiver F's case summary from the Office of Caregiver Quality (OCQ) confirming decision of abuse dated 02/12/2023. On 06/22/2023, Caregiver F was placed on the Wisconsin Caregiver Misconduct Registry.<br><br>Cross Reference Y3234 DHS 50.09(1)(e) Treatment | N 219 | | |
| N 220 | 83.17(2)(a) Employees screened for communicable disease.<br><br>The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse | N 220 | | |

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| N 220 | Continued From page 3 | N 220 | | |

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 ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner or licensed registered nurse indicating 1 of 2 employees (Caregiver D) had not been screened for illness detrimental to residents, including tuberculosis (TB), within 90 days before the start of employment.

Findings include:

On 07/24/2025 at 3:30 p.m., Surveyor reviewed Caregiver D's records. The following was identified:

-Caregiver D transferred from another facility on 03/16/2022. Caregiver D started working with the residents after 03/16/2022. Caregiver D's file has a hand-written note on the inside cover, that read, "Needs current TB and physical!"

Caregiver D's record contained a TB screening questionnaire dated 01/09/2015; which did not meet the criteria of being screened for tuberculosis (TB) within 90 days before the start

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| N 220 | Continued From page 4<br>of employment. Caregiver D's file had no documentation of a TB test in his/her record.<br><br>On 07/24/2025 at 3:40 p.m., Surveyor interviewed Executive Director (ED) B, who confirmed that Caregiver D did not have complete communicable disease screenings before they started on the floor working with residents. | N 220 | | |
| N 480 | 83.42(3) Access to resident records.<br><br>The employee in charge on each work shift shall have a means to access resident records.<br><br>This Rule is not met as evidenced by:<br>Based on record review, observation and interview, the provider did not ensure the employee in charge on each work shift had a means to access resident records.<br><br>Findings include:<br><br>On 07/24/2025, Surveyor requested to review Resident 1's Individual Service Plans (ISP). Caregiver D stated s/he could show me the resident MAR's. Caregiver D stated the resident records were not kept at the facility. Surveyor asked Caregiver D if s/he had computer access to any of the resident records and s/he stated, "The Executive Director (ED) has the paper charting."<br><br>On 07/24/2025, at approximately 12:30 p.m., Surveyor interviewed Program Manager (PM) C, who stated s/he did not have the resident charts at the facility. S/he stated ED B kept all the resident binders to the home office. Surveyor asked PM C how staff in charge would be able to | N 480 | | |

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| N 480 | Continued From page 5<br>review resident records if they needed. PM C stated they would not be able to unless they contacted him/her, and s/he brought it back to the facility. PM C stated, "[ED B] has always done it like that. I just followed directions."<br><br>On 07/24/2025 at12:40 p.m., PM C stated, "I see what you mean about the resident records being available. We will work on that." | N 480 | | |
| N 631 | 83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits<br><br>All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 2 of 2 exits provided unobstructed travel to the outside. The front exit and back/side exits, both identified as emergency exits, were not to grade.<br><br>Findings include:<br><br>On 08/04/2022, the facility was licensed as a Class CNA (non-ambulatory) to serve 8 residents with traumatic brain injuries, developmental disabilities, public funding, emotionally disturbed/mental illness and physical disabilities. | N 631 | | |

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| N 631 | Continued From page 6<br><br>On 07/24/2025, at 11:35 a.m., Surveyor toured the facility with Caregiver D and identified the following:<br><br>Located on the wall of the facility was a diagram of the emergency exits. The diagrams identified the front door and the back/side door as emergency exits.<br><br>Front Door:<br>From the cemented front porch, identified as an emergency exit, to the sidewalk, contained a 1¼-inch rise between the seam of the concrete.<br><br>Back/Side Door:<br>From the back/side door, identified as an emergency exit, to the cement patio, contained a ½-inch rise between the door and the concrete patio.<br><br>On 07/24/2025, at approximately 12:35 p.m., Surveyor interviewed Program Manager (PM) C, who confirmed Resident 5 utilized a wheelchair for mobility. PM C reported 2 of 8 residents utilized walkers for mobility and 1 of 8 utilized a cane for mobility. The remaining 4 residents were ambulatory. PM C confirmed the front door, and the back/side door were primary emergency exits.<br><br>On 07/24/2025 at 12:48 p.m., Surveyor observed Resident 5 in a wheelchair.<br><br>On 07/24/2025 at 12:50 p.m., Surveyor interviewed Resident 5, who stated s/he was in the wheelchair for about one year and that s/he, "get's help out the front door."<br><br>On 07/24/2025, at approximately 2:10 p.m., Surveyor interviewed Executive Director (ED) B, | N 631 | | |

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| N 631 | Continued From page 7<br>who reported s/he was aware of the code requirement for and ramps to grade. ED B stated the cement had settled and they had to repair at another facility. ED B reported s/he would have the items corrected. | N 631 | | |
| Y3234 | 50.09(1)(e) Treatment<br><br>(1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to:<br><br>(e) Be treated with courtesy, respect and full recognition of the resident's dignity and individuality, by all employes of the facility and licensed, certified or registered providers of health care and pharmacists with whom the resident comes in contact.<br><br>This Rule is not met as evidenced by:<br>Based on interview and record review, the provider did not to ensure all residents were treated with courtesy and respect by all employees of the facility.<br><br>Resident 1 was not treated with courtesy and respect. Staff was outside in his/her car and denied care upon resident request.<br><br>Findings include: | Y3234 | | |

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| Y3234 | Continued From page 8<br><br>On 7/24/2025, Surveyor conducted a complaint investigation containing allegations of mistreatment from the staff. The following was identified:<br><br>On 07/24/2025 at 2:30 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/04/2022 with diagnosis including anxiety disorder, pervasive developmental disorder, obsessive compulsive disorder and an encounter for autism screening. Resident 1 had a guardian.<br><br>On 07/24/2025 at 3:30 p.m., Surveyor reviewed Caregiver F's records. The following was identified:<br><br>Caregiver F was hired on 12/11/24 and started working on the floor with the residents on 01/07/25. Surveyor reviewed Caregiver Fs Background Information Disclosure (BID) document. The BID was filled out and signed, however, it did not contain a date.<br><br>Surveyor reviewed Caregiver F's Integrated Background Information System (IBIS) document of findings, from the Department of Health Services, dated 01/30/2025. Caregiver F did not record a history of abuse and/or neglect history on his/her BID document.<br><br>Surveyor reviewed Caregiver F's IBIS document of findings, from the Department of Health Services dated 01/30/2025. Surveyor observed findings of abuse, or neglect of a client, or misappropriation of client property in Wisconsin, dated 06/22/2023.<br><br>On 7/24/2025 at 7:20 p.m., Surveyor received a copy of completed in-house grievance. The | Y3234 | | |

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| Y3234 | Continued From page 9 | Y3234 | | |

document stated that on 06/19/2025, ED B received a telephone call from Family H, who stated s/he called Resident 1 because s/he was having difficulty finding his/her remote control. Family H asked to speak to Caregiver F. Resident 1 informed Family H that Caregiver F was out in his/her car. Family H attested that Caregiver H was, " ...in his/her car for a long time."
On 06/20/2025, ED B presented a new policy and procedure to staff. The policy titled, "No parking on grounds during work hours and no sitting in vehicles during work hours" stated employees must not remain in personal or company vehicles during assigned work hours, including breaks, meals, downtime, and smoking (smoking must be done on company property) unless approved by a supervisor for specific circumstances (e.g., health-related needs). On 06/23/2025, Caregiver F signed and dated the policy and procedure, that read, "No parking on Excel grounds and no sitting in vehicles during work hours acknowledgement form."

On 07/23/2025 at 4:59 p.m., Surveyor received an email from Guardian G, that contained an email from Resident 1, dated 06/20/2025 at 2:25 p.m. On 06/09/2025, Resident 1 described in the email that s/he was frustrated, looking for his/her missing belongings. Resident 1 called Family H, who encouraged Resident 1 to ask Caregiver F for assistance. Resident 1 wrote in the email, "[Caregiver F] refused to talk to [Family H] when s/he was busy doing [sic] who knows what crazy [sic] stuff s/he was doing in his/her car when s/he was supposed to be in the house watching us clients." Resident 1 reported in his/her email, "Every evening after dinner, [Caregiver F] was always back and forth in and out of his/her car." Resident 1 informed Guardian G that, "When I go in the personal fridge [sic] to get my personal

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| Y3234 | Continued From page 10<br>belongings [sic] I'm not aloud [sic] in the kitchen from 5-6pm because s/he's busy cooking our dinner [sic] even when s/he's cooking his/her own dinner [sic] I try to be gentle and ask him/her if I can go through to go in the laundry room [sic] because sometimes s/he can be really sassy about the kitchen when all residents should be treated with the same amount of rights that we have to our house."<br><br>Interviews<br><br>On 07/23/2025 at 4:50 p.m., Surveyor interviewed Guardian G, who stated Resident 1 had submitted an email to him/her, concerned about staff treatment.<br><br>On 07/24/2025 at 3:40 p.m., Surveyor interviewed Caregiver F, who stated s/he had been a caregiver for over ten years. S/He stated s/he had all the basic training, including resident rights training.<br><br>On 7/24/2025 at 4:15 p.m., Surveyor interviewed Resident 1, who stated Caregiver F was, "Snappy and rude. S/he goes out to his/her car a lot. When residents get on his/her nerves s/he says we [expletive] him/her off."<br><br>On 7/24/2025 at 4:45 p.m., Surveyor interviewed ED B, who stated s/he took Family H's grievance over the phone. Family H reported Caregiver F was in his/her car when Family H called. "Apparently, s/he was outside in his/her car listening to music and ignoring [Resident 1]. That's not okay. I created a policy so that staff could know that they should always remain available to residents. You would think caregivers would know that." | Y3234 | | |

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| Y3234 | Continued From page 11<br>Cross Reference N0219 DHS 83.17(1) Licensee Conduct Caregiver Background Check | Y3234 | | |
| Y3235 | 50.09(1)(f) Privacy<br><br>(1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to:<br><br>(f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to:<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure all residents had the rights to not be filmed and recorded. The facility was equipped with multiple video cameras in resident areas.<br><br>Electronic video monitoring is the use of cameras or other equipment to transmit images of residents, visitors, or staff within or around a Community Based Residential Facility (CBRF) for possible instant viewing at another location or | Y3235 | | |

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| Y3235 | Continued From page 12<br>recording to view at another time.<br><br>Findings include:<br><br>On 07/24/2025, at 11:35 a.m., Surveyor toured the facility with Caregiver D and identified the following:<br>Surveyor observed cameras on in the following areas: Two surveillance cameras on the front porch, which observed residents coming and going from the door of the home. One camera on the back door facing the back patio where residents smoke and garden. One camera on the side door, overlooking the facility parking lot, where residents get in and out of transport vehicles.<br><br>Throughout the day, Surveyor observed residents going in and out of front door and back door on-to patio. No signs were posted about electronic monitoring.<br><br>On 07/24/2025, at 11:40 a.m., Surveyor reviewed the Wisconsin Department of Health Services guidance on video monitoring. "The Department will view electronic recording or video monitoring or filming by the provider in these locations as a violation of resident privacy rights even with the residents' informed, written consent due to concern about violating resident's right to privacy and right to a living environment that is as homelike as possible and the least restrictive.<br><br>Provided that the facility posts signs indicating that monitoring or filming is taking place, BAL has determined that electronic recording, video monitoring and filming in the following locations will not infringe upon resident privacy rights in AFHs and CBRFs regulated by BAL: Parking areas; Locations where individuals may enter or | Y3235 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018909 | A. BUILDING: _____ B. WING _____ | C 07/31/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EXCEL WEST** | **1150 82ND STREET KENOSHA, WI 53143** |

| (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 |
|---|---|---|---|---|
| Y3235 | Continued From page 13<br>exit the building."<br><br>(Source: Wisconsin Department of Health Services Website. Assisted Living: Guidance for the use of Electronic Recording, Video Monitoring, or Filming, Equipment https://www.dhs.wisconsin.gov/regulations/assisted-living/technology-guidance.htm (retrieval date-July 24, 2025).)<br><br>On 07/24/2025, at 11:30 a.m., Surveyor interviewed Caregiver D and asked about the cameras. Caregiver D stated s/he believed the cameras were working and Executive Director (ED) B received the images.<br><br>On 07/24/2025, at 5:05 p.m., Surveyor conducted an exit conference and shared findings with Licensee A, ED B, and Program Manager C. ED B stated, all staff signed documentation confirming their understanding of working under surveillance. "Staff understand they are monitored or filmed." Surveyor asked about the residents being filmed. ED B stated, "I wasn't aware that was not allowed." | Y3235 | | |