STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020103	A. BUILDING: _____ B. WING _____	C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED LIVING OF KENOSHA I	6024 18TH AVE 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
N 000	Initial Comments On 08/06/2026, Surveyor completed a standard survey, self-report, and 2 complaint investigations at Kindred Living of Kenosha I. As a result, 4 deficiencies were identified and 2 complaints were unsubstantiated. Census: 13	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 including tuberculosis (TB), within 90 days before the start of employment for 1 of 2 (Facility Coordinator E) staff reviewed. Facility Coordinator E's TB test was not signed by a physician, physician assistant, clinical nurse practitioner or a	N 220		

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

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N 220	Continued From page 1 registered nurse. Findings include: On 08/03/2026, at approximately 10:0 AM, Surveyors reviewed staff files and identified the following: Facility Coordinator E was hired on 03/31/2026. Facility Coordinator E's record contained the results of a TB test dated 04/03/2026, signed by Community Liaison B who is a Licensed Practical Nurse (LPN). The TB test was not signed by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse. On 08/06/2026, at approximately 3:00 PM, Surveyor interviewed Community Liaison B and Administrator A. Community Liaison B confirmed s/he administered and read Facility Coordinator E's TB skin test. Community Liaison B confirmed s/he or the facility Registered Nurse (RN) would administer TB tests. Community Liaison B confirmed if s/he completes the TB test, the RN must sign off on the results. Community Liaison B confirmed the code requirement and confirmed the TB was not signed of by an RN. Community Liaison B reported the prior administrator was responsible for ensuring the form was signed by the RN after the test was completed. Administrator A reported s/he would ensure at TB tests were read by and RN or above.	N 220		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual	N 387		

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N 387	Continued From page 2 service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident or the resident's legal representative (if applicable), Managed Care Organization (MCO) care management team, or the Licensee/ Administrator signed the individual service plan (ISP), acknowledging their involvement in, understanding of, and agreement with the ISP for 3 of 4 (Resident 2, Resident 3, and Resident 4) residents reviewed. Findings include: On 08/04/2026, at approximately 11:00 AM, Surveyor reviewed resident records and identified the following: Resident 2 was admitted on 06/05/2026. Resident 2's record indicated s/he had a guardian. Resident 2 was enrolled in an MCO care management program. Resident 2's ISP, dated 06/15/2026, was not signed by Resident 2's	N 387		

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N 387	Continued From page 3 guardian or MCO care managers. Resident 3 was admitted on 06/29/2026. Resident 3's record indicated s/he was her/his own person. Resident 3 was enrolled in an MCO care management program. Resident 3's ISP, dated 07/09/2026, was not signed by Resident 3 or her/his MCO care managers. Resident 4 was admitted 05/04/2026. Resident 4's record indicated s/he had a guardian. Resident 4 was enrolled in an MCO care management program. Resident 4's ISP, dated 06/04/2026, was not signed by Resident 4's guardian or MCO care managers. On 08/06/2026, at approximately 2:30 PM, Surveyor interviewed Administrator A and Community Liaison B. Administrator A and Community Liaison B confirmed the code requirement. Community Liaison B reported Administrator D was responsible for ISP updates. Administrator A and Liaison B confirmed Administrator D signed all ISPs but did not have residents, guardians, or MCO case managers sign ISPs as applicable. Administrator A reported Administrator D and other staff members were fired, and s/he recently took the administrator position and hired a new executive director who started on 08/03/2026. Administrator A reported s/he would ensure ISPs are signed by all parties involved.	N 387		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is	N 393		

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N 393	Continued From page 4	N 393		

able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 2 of 4 residents (Resident 3 and Resident 4) were evaluated, using the form provided by the Department, within 3 days of the resident's admission to determine whether the resident was able to evacuate the community based residential facility (CBRF) within 2 minutes.

Findings include:

On 08/04/2026, at approximately 11:00 AM, Surveyor reviewed resident records and identified the following:

Resident 3 was admitted on 06/29/2026. Resident 3's record did not contain evidence of a completed resident evacuation assessment.

Resident 4 was admitted 05/04/2026. Resident 4's record did not contain evidence of a completed resident evacuation assessment.

On 08/06/2026, at approximately 11:45 AM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A and Surveyor reviewed Resident

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N 393	Continued From page 5 3 and Resident 4's physical and electronic file. Administrator A confirmed Resident 3's and Resident 4's files did not contain evidence of a completed resident evacuation assessment within 3 days of the resident's admission to determine whether the resident was able to evacuate the CBRF within 2 minutes. Administrator A reported s/he would ensure all future residents were evaluated within the required timeframe.	N 393		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted for 1 of 2 quarters in 2026. There were no fire drills conducted in the first quarter of 2026.	N 525		

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N 525	Continued From page 6 Findings include: This facility was licensed on 01/01/2026 to serve up to 6 ambulatory residents in the client groups of traumatic brain injury, pregnant women/counseling, developmentally disabled, alcohol/drug dependent, advanced age, terminally ill, irreversible dementia/ Alzheimer's, and emotionally disturbed/ mental illness. On 08/04/2026, at approximately 10:45 AM, Surveyor reviewed safety records and identified the following: A fire drill was conducted on 6/17/2026. Surveyor did not review evidence of any other fire drills conducted in 2026. On 08/04/2026, at approximately 12:00 PM, Surveyor interviewed Community Liaison B and Consultant C. Community Liaison B and Consultant C confirmed the code requirement. Community Liaison B and Consultant C reported the drills were conducted by the prior administrators and were documented and placed in a binder. Consultant C reported s/he could not locate the files after searching. Consultant C reported s/he would ensure Administrator A is aware of the code requirement and that they would be conducted quarterly.	N 525		