

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018212	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/20/2026
NAME OF PROVIDER OR SUPPLIER HOME INSPIRED SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1201 VILLAGE CENTRE DRIVE KENOSHA, WI 53144		
(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 07/20/2026, Surveyor completed a complaint investigation and 2 verification visits for Statement of Deficiency (SOD) 3X9613 and SOD VV7G11 for Home Inspired Senior Living. As a result, 3 of the previous deficiencies were corrected, and 1 new deficiency identified. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. Census: 30	{N 000}		
N 163	83.12(4)(a) Reporting when resident's whereabouts unknown A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time a resident 's whereabouts are unknown, except those instances when a resident who is competent chooses not to disclose his or her whereabouts or location to the CBRF, the CBRF shall notify the local law enforcement authority immediately upon discovering that a resident is missing. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies or persons recovering from substance abuse. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the department when a resident's whereabouts was unknown for 1 of 1 resident (Resident 3). Findings Include:	N 163		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 163	Continued From page 1 On 07/20/2026, at approximately 7:15 AM, Surveyor reviewed the department's files for the provider's self-reports. There were no self-reports on file for resident elopements. On 07/20/2026, at 1:00 PM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 03/09/2026 with diagnoses including Alzheimer's disease. Resident 3's individual service plan (ISP) indicated Resident 3 needed complete supervision and redirection to avoid and prevent wandering and exit seeking episodes. Surveyor reviewed the following progress note: "06/22/2026 ...resident went back outside and [caregiver] went after [her/him] through back and [caregiver] went to the front. Resident went out of sight and staff couldn't find the resident. Writer found resident and [s/he] was all the way back by the pond. [Maintenance D] saw the resident and picked [her/him] up and brought resident back in the facility. Resident [sic] been following the maintenance [person] around the building helping [her/him] move boxes ..." On 07/20/2026, at 1:40 PM, Surveyor interviewed Executive Director (ED) A and Director of Nursing (DON) C. ED A and DON C confirmed the code requirement. ED A reported s/he thought Maintenance D had Resident 3 under supervision during the time of the incident. ED A confirmed the progress note indicated staff lost sight of Resident 3.	N 163		