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
	0012809	A. BUILDING: _____ B. WING _____	08/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDEN HOME	**3216 29TH ST KENOSHA, WI 53140**

(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 08/13/2026, Surveyor completed a standard survey Linden Home. As a result, 1 deficiency was identified. Census: 4	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 and interview, the provider did not ensure 2 of 3 residents' (Resident 1 and Resident 2) Individual Service Plans (ISP) were signed by all required parties. Resident 1's, ISP was not signed by her/his guardian or her/his managed care organization (MCO). Resident 2's ISP was not signed by her/his MCO. Findings include: On 08/12/2026 at 5:30 PM, Surveyor reviewed resident files and observed the following:	N 389		

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

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N 389	Continued From page 1 Resident 1 was admitted on 04/18/2022. Resident 1's file indicated s/he had an MCO and a legal guardian. Resident 1's ISP was dated 05/10/2026. Resident 1's ISP was not signed by Resident 1's MCO. Resident 2 was admitted on 11/05/2005. Resident 2's file indicated s/he had an MCO and a legal guardian. Resident 2's ISP was dated 05/20/2026. Resident 2's ISP was not signed by Resident 2's MCO or legal guardian. On 08/12/2026, at 5:45 PM, Surveyor interviewed Chief of Operations (COO) A. COO A reported s/he was responsible for updating ISPs. Surveyor inquired why Resident 1 and Resident 2's ISPs were not signed by all members involved in the plan. COO A reported s/he was unaware of the code requirement. COO A reported MCOs will sign when they come to the facility and legal guardians are sometimes mailed the ISPs. COO A reported s/he would ensure future ISP updates are signed by all members involved in the plan. COO A reported if members were not present for ISP updates s/he would email ISPs out for signature.	N 389		