STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020106	A. BUILDING: _____ B. WING _____	R-C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED LIVING OF KENOSHA II	5905 19TH AVE 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 08/06/2026, Surveyor completed a verification visit, 1 complaint, and 1 self-report investigation at Kindred Living of Kenosha II. As a result, SOD YR1E11 was corrected, 2 new deficiencies were identified, and 1 complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 12	{N 000}		
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 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	N 387		

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

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N 387	Continued From page 1 management team, or the Licensee/ Administrator signed the individual service plan (ISP), acknowledging their involvement in, understanding of, and agreement with the ISP for 2 of 4 (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 3 was admitted on 01/19/2026. 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 04/24/2026, was not signed by Resident 3 or her/his MCO care managers. Resident 4 was admitted 04/06/2026. Resident 4's record indicated s/he was her/his own person. Resident 4 was enrolled in an MCO care management program. Resident 4's ISP, dated 04/06/2026, was not signed by Resident 4 or her/his MCO care managers. On 08/06/2026, at approximately 3:00 PM, Surveyor interviewed Administrator G and Community Liaison C. Administrator G and Community Liaison C confirmed the code requirement. Community Liaison C reported House Manager B was responsible for ISP updates. Administrator G and Community Liaison C confirmed House Manager B signed all ISP's but did not have residents, guardians, or MCO case managers sign ISPs as applicable. Administrator G reported House Manager B and other staff members were fired, and s/he recently took the administrator position and hired a new	N 387		

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N 387	Continued From page 2 executive director who started on 08/03/2026. Administrator G 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 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 1 of 4 residents (Resident 3) was 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 01/19/2026. Resident 3's record contained and evacuation	N 393		

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N 393	Continued From page 3 assessment dated 04/27/2026. Resident 3's record 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 community based residential facility (CBRF) within 2 minutes. On 08/06/2026, at approximately 3:00 PM, Surveyor interviewed Administrator G. Administrator G confirmed the code requirement. Administrator G and Surveyor reviewed Resident 3's physical and electronic file. Administrator G confirmed Resident 3'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 G reported s/he would ensure all future residents were evaluated within the required timeframe.	N 393		