

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 410404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/29/2026
NAME OF PROVIDER OR SUPPLIER LINDEN MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1204 FOURTH ST KEWAUNEE, WI 54216		
(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 07/29/2026, Surveyor investigated 2 complaints and conducted a standard survey. Two of 2 complaints were substantiated. As a result of the survey, 4 new deficiencies were identified. Census 12	N 000		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents were screened for clinically apparent communicable diseases, including tuberculosis for 2 of 2 residents, Resident 1 and Resident 2. Findings Include: RESIDENT 1	N 302		

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

TITLE

(X6) DATE

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N 302	Continued From page 1 On 07/29/2026, Surveyor reviewed Resident 1's record and identified s/he was admitted on 01/11/2024. On 07/29/2026, Surveyor reviewed Resident 1's record. The record reflected a document titled, "Health Screen," dated 01/09/2024. The document identified Resident 1 was tested for the presence of tuberculosis, which was negative. The bottom section of the form was not completed and did not identify if Resident 1 was free from all other communicable diseases. RESIDENT 2 On 07/29/2026, Surveyor reviewed Resident 2's record and identified s/he was admitted on 02/09/2022. On 07/29/2026, Surveyor reviewed Resident 2's record. Review of the record identified documentation of Resident 2's tuberculosis skin test on 01/05/2022. The skin test was negative, but the documentation did not identify Resident 2 was free from all other communicable diseases. Interview with Director A and Assistant Director B On 07/29/2026, at 2:45PM, Surveyor interviewed Director A and Assistant Director B. Director B advised s/he could not locate any other information regarding communicable disease screenings for Resident 1 or Resident 2. Director A confirmed s/he would ensure the nurse would complete the screenings.	N 302		
N 352	83.32(3)(h) Rights of Residents: Receive medication	N 352		

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N 352	Continued From page 2 In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents received medications as prescribed for 2 of 2 residents, Resident 1 and Resident 2. Findings Include: On 07/21/2026, the department received complaints alleging residents did not receive medications as prescribed. RESIDENT 1 On 07/29/2026, Surveyor reviewed Resident 1's individual service plan (ISP) dated 05/28/2026. The ISP identified caregivers administer Resident 1's medications. On 07/29/2026, Surveyor reviewed a Report of Incident document dated 07/20/2026. The document identified Resident 1 missed the morning medications of Levetiracetam Sol 100mg/ml on 07/07/2026, 07/08/2026, 07/09/2026, 07/16/2026 and 07/17/2026. The document further noted Resident 1 exhibited fatigue and sleepiness while at the emergency department. It also noted the power of attorney stated Resident 1 exhibited tremors and jerking. On 07/29/2026, Surveyor reviewed a fax 07/20/2026, sent from facility to Resident 1's	N 352		

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N 352	Continued From page 3 physician noting the missed Levetiracetam Sol 100mg/ml on 07/07/2026, 07/08/2026, 07/09/2026, 07/16/2026 and 07/17/2026. RESIDENT 2 On 07/29/2026, Surveyor reviewed Resident 2's ISP dated 07/15/2026. The ISP noted Resident 2 received assistance from caregivers for medication administration. On 07/29/2026, Surveyor reviewed a fax dated 07/20/2026 sent from the facility to Resident 2's physician. The fax noted Resident 2 missed the following: Clopidogrel 75mg on 07/17/2026 Potassium chloride sol on 07/09/2026, 07/16/2026 and 07/17/2026 (morning medication pass) Hydralazine 25mg on 07/17/2026 (morning medication pass) Interview with Director A On 07/29/2026, at 9:11AM, Surveyor interviewed Director A. Director A advised s/he was not in work status during the time of the missed doses. Director A identified the caregivers waited until s/he returned to report it. Director A explained s/he investigated the concern and found while the MARs were initialed, the medication was still in the bubble pack. Director A reported s/he notified the physician and legal decision makers. The caregiver responsible was removed from passing medications and was retrained by the nurse. Director A advised they were using paper MARs but are transitioning to an electronic system.	N 352		
N 394	83.35(5)(b) Annual evaluation of evacuation limits	N 394		

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N 394	Continued From page 4 Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents were evaluated annually of their mental or physical capability to respond to a fire alarm for 2 of 2 residents, Resident 1 and Resident 2. Findings Include: RESIDENT 1 On 07/29/2026, Surveyor reviewed Resident 1's record and identified s/he was admitted on 01/11/2024. On 07/29/2026, Surveyor reviewed Resident 1's Resident Evacuation Assessment dated 01/12/2024. Further review of the record revealed there was no updated assessment. RESIDENT 2 On 07/29/2026, Surveyor reviewed Resident 2's record and identified s/he was admitted on 02/09/2022. On 07/29/2026, Surveyor reviewed Resident 2's Resident Evacuation Assessment dated 02/11/2022. Further review of the record revealed there was no updated assessment. Interview with Director A and Assistant Director B On 07/29/2026, at 2:45PM, Surveyor interviewed Director A and Assistant Director B. Director B	N 394		

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N 394	Continued From page 5 advised s/he could not locate an updated assessment. Director A confirmed s/he would ensure the assessments would be updated.	N 394		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure exits were grade level or ramped to for 1 of 2 exits. Findings Include: The facility is licensed as class CNA nonambulatory to provide care for advanced age and physically disabled residents. On 07/29/2026, at 1:17PM, Surveyor observed the front exit. The door leading outside had a 1 and 1/3 inch drop from the bottom of the door to the concrete patio. The patio continued to lead to the parking lot. Continuing forward from the door to the patio, there was horizontal pink tape strip above a 1 and 3/4 inch drop. On 07/29/2026, at approximately 1:20PM,	N 631		

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N 631	Continued From page 6 Surveyor observed Resident 3 enter the front entrance using his/her walker. Surveyor observed Resident 3 had to lift his/her walker over the 1 and 1/3 inch drop. On 07/29/2026, at 2:45PM, Surveyor interviewed Operations Officer C. Operations Officer C acknowledged the findings and advised s/he would ensure the issue was corrected.	N 631			