

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER Avina on 32nd		STREET ADDRESS, CITY, STATE, ZIP CODE 8633 32nd Ave Kenosha, WI 53142	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Based on observations, record review, and interviews, the facility failed to support the residents' right to voice a grievance or complaint without discrimination or reprisal. The failure created the potential for residents not to file a grievance or complaint as there were no means to do so anonymously or without staff knowledge. This had the potential to affect a pattern of 54 residents who resided at the facility (R8, R9, R10, R11). Findings include: During a Resident Group Interview on 10/01/25 at 2:00 PM with four alert and oriented residents (Resident (R) 8, R9, R10, and R11), it was stated that the Resident Council had requested a Grievance Box be installed with Grievance forms attached so that the residents were able to file a grievance anonymously if desired. Review of the monthly Resident Council minutes revealed the following: 06/14/25 - . Council Members, Residents, would like to know the grievance policy and would like grievance forms available at all times without having to ask the staff . Administrator informed Council Members and Residents forms will be placed at the nursing station .08/07/25 - . Council Members and Residents requested the installation of a complaint box to allow residents to submit written concerns . Administrator informed council and residents that this was ordered and will arrive 9/5 .During an interview on 10/01/25 at 4:20 PM, the Administrator stated, We don't have a grievance box. We have a suggestion box. That's what the residents wanted, a suggestion box. That's what we put up. The Administrator stated, Grievance forms are at the nurses' station. Observation of the Suggestion Box, on 10/01/25 at 4:35 PM revealed an unlocked box on a wall across from the nurses' station. Attached to the side of the box was a holder for Suggestions. The Suggestion card noted, My Suggestion Is, and My Suggestion Would Benefit. Observation of a locked glass cabinet, located across from the nurses' station, on 10/01/25 at 4:39 PM, revealed the Grievance Policy and Procedure was located behind the locked glass, not easily accessible to the residents. Observation of the Nurses' Station, on 10/01/25 at 4:45 PM revealed no Grievance Forms readily available to residents. During an interview on 10/02/25 at 10:03 AM, Register Nurse (RN1) said she had never seen any grievance forms at the nurses' station. During an interview on 10/02/25 at 10:12 AM, the Social Service Director (SSD) stated, They used to be around here. Used to be in a binder when asked to locate the grievance forms which were identified to be at the nurses' station. During an interview on 10/02/25 at 12:30 PM, R8, the Resident Council President, confirmed that the request for a Grievance Box with Grievance forms be available for residents to file a grievance anonymously. We shouldn't have to ask for a Grievance form from the nurse. We've been asking for several months for the box. Review of the facility's undated Resident and Family Grievance policy revealed, . Notices of resident's rights regarding grievances will be posted in prominent locations throughout the facility. A resident or family member may voice grievances with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and other residents, and other concerns regarding their LTC facility stay. The facility will not prohibit or in any way discourage a resident from communicating with external entities including federal and state surveyors or other federal or state health department employees. Upon request, the facility will give a copy of this grievance policy to the resident .</p>		

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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility failed to ensure one of 12 sampled residents (Resident (R) 8) was free from misappropriation of property. The failure to prevent misappropriation of property created the potential for additional misappropriation to have occurred for other residents. Findings include: Review of the admission Record located under the Profile tab in the electronic medical record (EMR) revealed R8 was admitted on [DATE] with diagnoses that included flaccid hemiplegia affecting left nondominant side. Review of R8's quarterly Minimum Data Set (MDS), located under the MDS tab in the EMR, with an Assessment Reference Date (ARD) of 08/20/25, revealed R8 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R8 was cognitively intact. During a resident group interview on 10/01/25 at 2:00 PM with four alert and oriented residents (R8, R9, R10, and R11), R8 said she had an antenna stolen from outside her room where it had been magnetically mounted. R10 stated, I witnessed the staff member (Wound Care Nurse/PM Supervisor, WCN/S) cut the wires and take the antenna. R8 said she reported the missing antennae to the Administrator who told her that he would replace it. R8 said she did not have the antennae, nor was it replaced by the Administrator. When asked when the incident occurred, R8 stated, A few months ago. During an interview on 10/02/25 at 12:30 PM, R8 stated, The antenna was taken when I was napping. I was in a room directly across from [R10]. The antenna was magnetically attached to the top of the doorframe on the outside of the door. The staff member cut the wire and took the antennae. I used it for my gaming. During an interview on 10/02/25 at 12:46 PM, the Administrator said the allegation of misappropriation of property was reported on 06/04/25. He stated that he did not have all of the investigation in the file. The Administrator confirmed that the misappropriation of property was not reported to the State of Wisconsin. The Administrator said the resident did not have a replacement antenna as he was unaware that Corporate cancelled the order he had placed until it was brought to his attention during the Complaint Survey. The Administrator stated, We don't know where it (antenna) went. During an interview on 10/02/25 at 2:10 PM, the accused staff member (WCN/S) stated, I wasn't even in the facility when the antenna was said to be taken. I don't know why I'm being accused. Review of the facility's undated Abuse, Neglect, Exploitation Policy and Procedure, revealed it is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. The facility will designate an Abuse Prevention Coordinator in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review, the facility failed to report an allegation of misappropriation of property for one of 12 sampled residents (Resident (R) 8). The failure to report allegations of misappropriation created the potential for additional misappropriation to have occurred for other residents. Findings include: Review of the admission Record located under the Profile tab in the electronic medical record (EMR) revealed R8 was admitted on [DATE] with diagnoses that included flaccid hemiplegia affecting left nondominant side. Review of R8's quarterly Minimum Data Set (MDS), located under the MDS tab in the EMR, with an Assessment Reference Date (ARD) of 08/20/25, revealed R8 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated R8 was cognitively intact. During a resident group interview on 10/01/25 at 2:00 PM with four alert and oriented residents (R8, R9, R10, and R11), R8 said she had an antenna stolen from outside her room where it had been magnetically mounted. R10 stated, I witnessed the staff member (Wound Care Nurse/PM Supervisor, WCN/S) cut the wires and take the antenna. R8 said she reported the missing antennae to the Administrator who told her that he would replace it. R8 said she did not have the antennae, nor was it replaced by the Administrator. When asked when the incident occurred, R8 stated, A few months ago. During an interview on 10/02/25 at 12:30 PM, R8 stated, The antenna was taken when I was napping. I was in a room directly across from [R10]. The antenna was magnetically attached to the top of the doorframe on the outside of the door. The staff member cut the wire and took the antennae. I used it for my gaming. During an interview on 10/02/25 at 12:46 PM, the Administrator said the allegation was reported to him on 06/04/25. He stated that he did not have all of the investigation in the file. The Administrator confirmed that the misappropriation of property was not reported to the State of Wisconsin. The Administrator said the resident did not have a replacement antenna as he was unaware that Corporate cancelled the order he had placed until it was brought to his attention during the Complaint Survey. The Administrator stated, We don't know where it (antenna) went. During an interview on 10/02/25 at 2:10 PM, the accused staff member (WCN/S) stated, I wasn't even in the facility when the antenna was said to be taken. I don't know why I'm being accused. Review of the facility's undated Abuse, Neglect, Exploitation Policy and Procedure, revealed It is the policy of this facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. The facility will designate an Abuse Prevention Coordinator in the facility who is responsible for reporting allegations or suspected abuse, neglect, or exploitation to the state survey agency and other officials in accordance with state law.</p>		