

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>525282                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                        | (X3) DATE SURVEY<br>COMPLETED<br><br>06/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avina on 32nd                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8633 32nd Ave<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                 |                                                 |
| F 0801<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on interview and record review, the facility did not employ sufficient staff with the appropriate competencies and skill sets to carry out the functions of the food and nutrition services. Dietary Manager (DM)-G did not have a qualified certificate to manage the kitchen. This deficient practice had the ability to affect all 50 residents who receive meals from the kitchen. Findings include: On 6/23/26 at 11:04 AM, DM-G provided Surveyor a copy of their certificate of completion for Food Safety for Handlers. DM-G stated they are working on getting a manager certificate. Surveyor confirmed that DM-G's certificate is not a national certification for food service management and safety from a national certifying body. Surveyor noted DM-G's hire date was documented as 9/20/2023. On 6/23/26 at 1:28 PM, Surveyor interviewed DM-G, who confirmed they have not started a course yet, but they plan to do a certified food manager course. DM-G stated their previous certificate expired in 2020 and has not been renewed since then. DM-G denied having an associate's degree in food service or hospitality. DM-G was not aware if the facility had a waiver in place for not having the proper certification. On 6/23/26 at 2:59 PM, Surveyor shared concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, director of operations-C, and regional nurse consultant-D that DM-G did not have a national certification for food service management and safety from a national certifying body. Director of operations-C confirmed no waiver was in place. Director of operations-C stated they thought DM-G had the proper certification and would look for it. On 6/24/26 at 12:36 PM, Director of operations-C provided Surveyor with a copy of the same Food Safety for Handlers certification for DM-G. Director of operations-C stated they were aware the certification is not from an accredited national certifying body. On 6/24/26 at 1:31 PM, Director of operations-C stated they reached out to the facility's corporate team to get DM-G signed up for the correct program.</p> |                                                                                 |                                                 |

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.

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

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| F 0851<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on interview and record review, the facility did not ensure accurate mandatory submission of staffing information based on payroll data in a uniform electronic format to the Centers of Medicare and Medicaid Services (CMS). Staffing information for Fiscal Year Quarter 2 2026 (January 1, 2026 - March 31, 2026) of the Payroll Based Journal (PBJ) was not accurately submitted to CMS. This deficient practice has the potential to affect all 51 residents residing in the facility. Findings include: The CMS Electronic Staffing Data Submission Payroll-Based Journal, Long-term Care Facility Policy Manual, dated June 2022, documents: Chapter 1: Overview, 1.1 introduction. (U) mandatory submission of staffing information based on payroll data in a uniform format. Long-term care facilities must electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. 1.2 Submission Timelines and Accuracy. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate. Report Quarter: staffing and census data will be collected for each fiscal quarter. Staffing data includes the number of hours paid to work by each staff member each day within a quarter. Census data includes the facility's census on the last day of each of the three months in a quarter. The fiscal quarters are as follows: Fiscal Quarter, Date range: (quarter) 1 October 1-December 31, (quarter) 2 January 1-March 31, (quarter) 3 April 1-June 30, (quarter) 4 July 1-September 30. Surveyor reviewed the PBJ Staffing Data Report, CASPER Report 1705D, for Fiscal Year Quarter 2 2026 (January 1 - March 31, 2026; run date 6/8/2026), which documented the facility had excessively low weekend staffing and one star staffing rating. Surveyor reviewed facility weekend schedules with nurse postings for Quarter 2 2026 (January 1 - March 31, 2026). Surveyor reviewed the facility assessment and noted staffing ratios, and Surveyor compared them to the schedules provided. No discrepancies were found between the schedules during Quarter 2 for 2026. Surveyor noted licensed nurses and certified nursing assistants on each shift and unit scheduled per facility assessment. Surveyor noted schedules included call ins and documented the staff that picked up the shift. On 6/29/26 at 11:13 AM, Surveyor interviewed human resources director (HRD)-S, who stated they complete all the scheduling for the facility. HRD-S stated they do not directly handle the facility's PBJ reporting, but they do assist the director of recruitment-AA with audits or if there are any discrepancies director of recruitment-AA reaches out to them about. HRD-S stated sometimes a nurse's hours or a medication technician's hours do not get added correctly on the timecard, which could cause a discrepancy on the PBJ report. On 6/29/26 at 2:03 PM, Surveyor interviewed director of recruitment-AA via phone call. Director of recruitment-AA stated they take the timecard data from the facility and upload it into different software, which analyzes the data and creates any alerts such as missing staff coverage. Director of recruitment-AA stated if there are any alerts, they will reach out to HRD-S to see if there was a call in that was not fixed on the timecard, or if some other staffing data is missing from the timecard related to that alert. Director of recruitment-AA stated once they are satisfied that the data is accurate, they upload the data to CMS and receive confirmation that the information was accepted. Director of recruitment-AA was not sure why the facility specifically triggered for one star staffing and excessively low weekend staffing during Quarter 2 2026. Director of recruitment-AA stated if the facility gets alerted for something really concerning like no registered nurse (RN) coverage, they will fix that right away, but for other triggers on the PBJ report, the data really is not investigated. On 6/29/26 at 2:30 PM, Surveyor shared concern with Nursing Home (continued on next page)</p> |                                                                                 |                                                 |

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| F 0851<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | Administrator (NHA)-A, Director of Nursing (DON)-B, Director of Operations-C, and Regional Nurse<br>Consultant-D that PBJ data was not submitted accurately for Quarter 2 2026. |                                                                                 |                                                 |

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| F 0607<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | Develop and implement policies and procedures to prevent abuse, neglect, and theft.<br><br>Based on record review and interview, the facility did not implement written policies and procedures that prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property. The facility did not conduct a background information disclosure (BID) every four years for certified nursing assistant (CNA)-M or CNA-V. This has the potential to affect residents who may receive care from CNA-M or CNA-V. Findings include: The facility policy titled Abuse, Neglect, and Exploitation with implemented date 1/2026 and revised date 2/25/26 documents: . Policy: 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. Screening . potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. screenings may be conducted by the facility itself, third-party agency or academic institution. the facility will maintain documentation of proof that the screening occurred. On 6/24/26, Surveyor requested employee files for 8 randomly selected employees from human resources director (HRD)-S. Surveyor reviewed facility employee files to ensure completed background checks, including background information disclosure (BID) with Department of Justice (DOJ) response and Integrated Background Information system (IBIS) letter, which are to be completed every four years by State of Wisconsin regulation. Surveyor reviewed the employee file for CNA-M, with hire date documented as 9/14/21, and located a BID form dated 9/3/21, DOJ response document dated 9/8/21, and IBIS letter document dated 9/8/21. Surveyor noted the dates of these screenings were greater than four years old. Surveyor reviewed the employee file for CNA-V, with hire date documented as 9/1/22, and located a BID form dated 9/20/21, DOJ response document dated 10/1/21, and IBIS letter document dated 10/1/21. Surveyor noted the dates of these screenings were greater than four years old. In an interview on 6/24/26 at 2:15 PM, HRD-S stated they were aware the background checks for CNA-M and CNA-V were out of compliance and was unable to locate any updated background checks from the last four years for CNA-M or CNA-V. HRD-S clarified CNA-V's original hire date was in October 2021, but then CNA-V was rehired on 9/1/22. On 6/24/26 at 3:06 PM, Surveyor shared concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, director of operations-C, and regional nurse consultant-D that CNA-M and CNA-V did not have a BID, DOJ response, and IBIS letter completed every four years per state regulation. |                                                                                 |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review the facility did not ensure residents are free from unnecessary psychotropic or antipsychotic medications for 2 (R3 and R9) of 5 sampled residents.R3 had orders to decrease Abilify (Aripiprazole) which was incorrectly transcribed, resulting in an increase of the medication. Specific behaviors explaining the need for the medication and to justify the increase in the medication were not identified and documented.R9 had orders for Quetiapine Fumarate (Seroquel) scheduled at bedtime and every 12 hours PRN (as needed) upon admission to the facility. The scheduled dose was increased twice within 2 months with no evidence of behaviors to justify the increase in dosage and the PRN order extended beyond 14 days. In addition, Haloperidol PRN was ordered and extended beyond 14 days. There was no evidence of behaviors to justify use of the medication.Findings include:The facility policy titled Use of Psychotropic Medication(s) dated 1/1/26 documents (in part) . It is the intent of this policy to ensure that residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated. Additionally, these medications should only be used to treat the resident's medical symptoms and not used for discipline or staff convenience, which would deem it a chemical restraint. Chemical restraint refers to any drug used for discipline or that makes it more convenient (i.e., less effort) for staff to care for a resident and not required to treat medical symptoms. This includes instances when a psychotropic medication may be approved to treat certain symptoms, however nonpharmacological interventions should be used or attempted, unless clinically contraindicated, because they are less dangerous to a resident's health and safety.2. Psychotropic medications are to be used only when a practitioner determines that the medication is appropriate to treat a resident's specific, diagnoses and documented condition and the medication is beneficial to the resident as demonstrated by monitoring and documentation of the resident's response to the medication.5. The indications for initiating, maintaining, or discontinuing medication as well as the use of nonpharmacological approaches, will be determined by evaluating the resident's physical, behavioral, mental and psychosocial signs and symptoms in order to identify and rule out any underlying medical conditions.12. Residents who use psychotropic drugs shall receive gradual dose reductions, unless clinically contraindicated, in an effort to discontinue these drugs.15. The resident's response to the medication, including progress towards goals and presence/absence of adverse consequences, shall be documented in the resident's medical record.16. Psychotropic medications used on a PRN basis must have a diagnosed specific condition and indication for the PRN use documented in the resident's medical record.b. PRN orders for antipsychotic medications shall be limited to 14 days with no exceptions. If the attending physician or prescribing practitioner believes it is appropriate to write a new order for the PRN antipsychotic, they must first evaluate the resident to determine if the new order for the PRN antipsychotic is appropriate.The facility policy titled Medication Reconciliation dated 1/1/26 documents (in part) . Medication reconciliation refers to the process of verifying that the resident's current medication list matches the physician's orders for the purpose of providing the correct medications to the resident at all points throughout his or her stay.4. Daily process:c. Obtain and transcribe any new orders in accordance with facility procedures.1.) R3 was admitted to the facility on [DATE] and has diagnoses of vascular dementia, auditory hallucinations, Schizophrenia and major depressive disorder.Surveyor review of R9's January 2026 Medication Administration Record (MAR) documented the following order: Abilify (Aripiprazole) 2 MG - give 2 tablets by mouth one time a day (continued on next page)</p> |                                                                                 |                                                 |

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| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>for psychosis related to unspecified psychosis not due to a substance or known physiological condition - dated 4/4/25. R9's PMHNP (Psychiatric Mental Health Nurse Practitioner) note dated 7/29/25 documented: Staff report behaviors, such as wandering and attempting to elope. They report that this is typical behavior for her (R9), and she accepts redirection easily. They denied combativeness or aggression. They feel that the frequency of this behavior is at baseline. Surveyor located a form titled Pharmacy Note to Attending Physician/Prescriber dated 2/19/26 which documented: IDT (interdisciplinary) team review recommends at trial reduction of Aripiprazole 3 mg on Sundays and 4 mg all other days of the week. Rationale: Antipsychotic use in patient with dementia with no recent documentation of hallucinations. Physician/provider response: Check mark next to I agree with and endorse as my own the clinical rationale from the IDT team, please implement recommendation as written. Signed by physician dated 2/23/26.R9's PMHNP note dated 2/24/26 documented: We discussed decreasing Abilify today and she is agreeable to this. Writer will call power of attorney for approval. Staff deny any concerns with mood, behavior, or cognition. Plan: Decrease Abilify to 2mg daily for delusions/dementia, not currently distressed by psychosis. POA (power of attorney) notified.R9's Physicians order dated 2/24/26 documented: Abilify Oral Tablet 2 MG (Aripiprazole) Give 1 tablet by mouth one time a day.R9's February 2026 MAR included the following orders: Abilify oral tablet 2 mg - give 1 tablet by mouth one time a day for psychosis start date 2/25/26, AND an order for Aripiprazole 4 mg by mouth one time a day every Monday, Tuesday, Wednesday, Thursday, Friday, Saturday - start date 2/24/26.Surveyor noted the Abilify dose was not decreased as ordered, it was increased. R9 was administered 2 mg daily in addition to 4 mg daily Monday through Saturday for a total of 6 mg. R9's March 2026 MAR included the following orders:Abilify 2 mg (Aripiprazole) 1 tablet by mouth one time a day - start date 2/25/26.Aripiprazole 4 mg by mouth one time a day every Monday, Tuesday, Wednesday, Thursday, Friday, Saturday - start date 2/24/26.Aripiprazole 3 mg by mouth one time a day every Sunday - order date 3/1/26.Surveyor was unable to determine why Abilify 3 mg daily was ordered on Sunday. Surveyor noted that R9 continued to receive Aripiprazole 2 mg daily in addition to 4 mg daily Monday through Saturday and an additional 3 mg on Sunday through 3/25/26, which amounts to a total of 6 mg Monday-Saturday and 5 mg on Sunday.On 3/26/26 R9's Aripiprazole order was changed to 5 mg by mouth in the morning for schizophrenia.Surveyor review of R9's medical record revealed no evidence of behaviors except for wandering/exit seeking, which according to staff, per PMHNP notes, is typical behavior for her, and she accepts redirection easily. They deny combativeness or aggression and feel that the frequency of this behavior is at baseline. On 6/24/26 at 9:44 AM, Surveyor spoke with Chief Operations Officer (COO)-C. Surveyor told COO-C of concern regarding R9's Abilify. The psychiatry plan per 2/24/26 note was to decrease the dose. The dose was not decreased, but rather increased and in March the dose was increased again with no evidence supporting the increase. There is no documentation of behaviors aside from wandering (which is not unusual for R9). Surveyor and COO-C discussed the possibility of staff not realizing that Abilify and Aripiprazole are the same medication when transcribing the order on the MAR, which would explain why the medication is on the MAR multiple times with different doses. COO-C stated she understood the concern.2.) R9 was admitted to the facility on [DATE] and has diagnoses that included chronic kidney disease stage 3, senile degeneration of the brain and dementia. R9 was on Hospice until 6/30/25.R9's care plan dated 3/19/25 documented: The resident would like to remain LTC (long term care) in our facility. Patient will be on our secured unit to help with wandering caused by her dementia diagnosis.Demonstrates cognitive impairment related to Alzheimer's disease/dementia and experiences fluctuating participation and occasional restlessness. Benefits from structured, low-stimulation, sensory-based (continued on next page)</p> |                                                                                 |                                                 |

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| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>activity engagement and individualized approaches to support comfort, reduce anxiety, and promote quality of life - revised 4/9/26. Surveyor noted R9's Plan of Care (POC) behavior monitoring is generic and not specific to identified behaviors specific for R9. Surveyor review of R9's March 2025 Medication Administration Record (MAR) revealed the following orders: Quetiapine Fumarate Oral Tablet 25 mg - give 1 tablet by mouth at bedtime for mood disorder related to unspecified dementia, unspecified severity with other behavioral disturbance - start date 3/5/25. Quetiapine Fumarate Oral Tablet 25 mg - give 1 tablet by mouth every 12 hours as needed (PRN) for mood disorder - start date 3/5/25. Surveyor noted the PRN Seroquel did not include a stop date and was given 12 times before it was discontinued on 4/3/25. On 4/4/25 R9's Seroquel dose was increased to 25 mg in the morning and 50 mg at bedtime per hospice order. Surveyor noted there was no evidence of behaviors to justify the increase in dosage. There was no behavior monitoring documentation on the MAR, nursing notes documented occasional wandering and/or pacing and POC documented zero behaviors. On 5/12/25 R9's Seroquel dose was again increased to 100 mg at bedtime per hospice order. Surveyor noted there was no evidence of behaviors to justify the increase in dosage. There was no behavior monitoring documentation on the MAR, nursing notes documented occasional wandering and/or pacing and POC for April and May documented zero behaviors. On 5/9/25 Haloperidol 2 MG by mouth every 6 hours as needed for restlessness was ordered by hospice. Surveyor noted the order did not include a stop date and was administered 16 times in May and 7 times in June before it was discontinued on 6/17/25. Psychiatry initial evaluation dated 6/17/25 documented: Continues with decline in disease progress. Review of psychotropic medication use: Patient is stable and functioning at the highest practicable level on the current dose of medication. A reduction would be detrimental. The benefits of a reduction do not outweigh the risks and is clinically contraindicated at this time. Plan: Continue medications as ordered. Consider slow GDR (gradual dose reduction) of Seroquel in the future if able. On 6/30/26 at 9:11 AM, Surveyor spoke Assistant Director of Nursing (ADON)-R. She reported R9 has behaviors that include impulsiveness, exit seeking, restlessness and increased distress especially in the evening related to her spouse passing away. Surveyor told ADON-R that behavior monitoring specific to R9 was not implemented or completed and POC documentation indicated zero for behaviors. On 6/30/26 at 9:45 AM, Surveyor told Director of Nursing (DON)-B, Nurse Consultant-D and Chief Operations Officer (COO)-C of concern PRN Haldol was ordered without stop date and was administered beyond 14 days with no evidence of behaviors to support use of the medication. On 6/30/26 at 10:29 AM, Surveyor met with Director of Nursing (DON)-B, Nurse Consultant-D and Chief Operations Officer (COO)-C. Surveyor advised that R9's March nursing notes documented only occasional episodes of confusion/wandering. Seroquel was increased on 4/4/25 with no evidence of behaviors documented. Subsequent April and May progress notes documented occasional pacing, but no other behaviors. Seroquel was increased again on 5/12/25 with no evidence of an increase in behaviors documented. In addition, Haldol was ordered on 5/9/25 with no evidence as to why, as there was no documentation of increased behaviors, and it extended beyond 14 days without clinical indication for use. Nurse Consultant-D stated, I did notice that when I was reviewing, there weren't any other behaviors documented. I think there is a problem that the nurses believe if hospice orders medication, the facility does not have any other control regarding the order. COO-C added, I understand the concern, we have some work to do here.</p> |                                                                                 |                                                 |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility did not ensure 3 (R34, R4, and R46) of 5 residents with an allegation of abuse or involved in a resident-to-resident altercation were reported to the State Survey Agency within the required reporting timeframe.</p> <p>*R34 informed facility staff that Certified Nursing Assistant, (CNA)-Y, was rough with cares. This allegation of abuse was not reported to the State Survey Agency.</p> <p>*A resident-to-resident altercation involving R4 and R46 was not reported to the State Survey Agency within the required reporting timeframe.</p> <p>Findings include:</p> <p>The facility policy with a last reviewed/revised date of 2/25/26 and titled, Abuse Neglect and Exploitation documents, in part: . The facility will have written procedures that include: Reporting of all alleged violations to the Administrator, State Agency and to all other required agencies. within specified timeframes: Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.</p> <p>1.) R34 was admitted to the facility on [DATE].</p> <p>R34's Quarterly Minimum Data Set assessment dated [DATE] documented that R34 is cognitively intact. R34 requires substantial/maximal assist for toileting hygiene and is always incontinent of bowel and bladder.</p> <p>On 6/22/26 at 10:04 AM, R34 informed Surveyor of an incident that occurred in April 2026. R34 stated that CNA-Y was being rough while providing incontinent cares. R34 stated that they told CNA-Y that CNA-Y was being too rough, but CNA-Y continued and stated, I'm sorry, but I need to get you clean. R34 stated that later on, CNA-Y was in R34's room. R34 asked for help getting a computer cord. R34 stated that CNA-Y refused to help because R34 won't allow CNA-Y to care for R34 anymore. R34 stated that they told facility staff that CNA-Y was rough when caring for R34.</p> <p>Surveyor noted R34 informed facility staff that sometime back in April 2026, CNA-Y was rough when providing cares to R34. Surveyor noted that this is an allegation of abuse.</p> <p>Surveyor reviewed the Facility Reported Incidents (FRIs) for the last 6 months. Surveyor noted that the facility did not have a FRI for R34's allegation of abuse.<br/>(continued on next page)</p> |                                                                                 |                                                 |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Surveyor reviewed the facility grievance log and noted a grievance filed by R34.</p> <p>The grievance report filed 5/18/26 and an incident date of 5/17/26, documented, in part: [R34] stated [they] do not want [CNA-Y] to provide cares to [R34] because when [CNA-Y] is cleaning [R34], [CNA-Y] is too rough when [they] clean.</p> <p>Included in the grievance report was a handwritten, undated statement from CNA-Y that documented: During my round when I was changing [R34's roommate], R34 asked me to plug [their] computer in for [them]. I told [R34] that I was in the middle of changing [R34's] roommate. As this was happening, I saw [CNA-Z], and I asked [CNA-Z] to help [R34].</p> <p>Surveyor noted that the statement did not include the allegation of being rough with cares and only documented about CNA-Y not helping R34 with the computer cord.</p> <p>On 6/23/26 at 1:25 PM, Surveyor interviewed CNA-Y. Surveyor asked if CNA-Y recalls an incident when R34 told CNA-Y that they were being rough. CNA-Y stated yes. CNA-Y indicated that R34 had a bowel movement. CNA-Y stated that R34's bowel movements can get stuck and be hard to clean. While trying to clean R34, R34 told CNA-Y that they felt like CNA-Y was being rough. CNA-Y informed R34 that they had to get R34 clean, and CNA-Y continued cleaning. About 3 weeks after that is when CNA-Y was caring for R34's roommate and R34 asked for help with the computer cord. CNA-Y told R34 that they were helping the roommate. CNA-Y indicated a different CNA came to help R34 with the cord.</p> <p>Surveyor noted CNA-Y confirmed that R34 told CNA-Y that they were being rough, and CNA-Y continued cleaning R34.</p> <p>The grievance report contained a handwritten statement from Licensed Practical Nurse (LPN)-E dated 5/17/26 which documented: [R34] complained about [CNA-Y] being too rough, [they] never had prior complaints. [Writer] hasn't heard any other complaints about [CNA-Y]. [CNA-Y] did not work the weekend the complaint was made. [R34] stated [they] will let [CNA-Y] in the room but does not want cares from [CNA-Y].</p> <p>On 6/23/26 at 1:13 PM, Surveyor interviewed LPN-E. Surveyor asked if LPN-E remembered an incident involving R34 and CNA-Y. LPN-E stated that R34 made a complaint about CNA-Y. LPN-E stated that CNA-Y is the best CNA and they work really well together. LPN-E stated that they asked CNA-Y about it. CNA-Y told LPN-E that R34's bowel movements get stuck and CNA-Y does have to wipe harder to get R34 clean. LPN-E stated that CNA-Y told them that is what happened. Surveyor asked if CNA-Y told them when this incident occurred. LPN-E stated No. Surveyor asked when R34 told LPN-E of the incident. LPN-E stated that R34 did not tell them. LPN-E stated that R34 told a different CNA, CNA-Z, who no longer works at the facility. CNA-Z told LPN-E on the weekend of 5/17/26 of R34's concern. LPN-E stated that they did not talk to R34 about the allegation of CNA-Y being rough, but LPN-E passed the information on to management.</p> <p>Surveyor noted that LPN-E stated that R34 informed CNA-Z of the allegation of abuse. CNA-Z then told LPN-E.<br/>(continued on next page)</p> |                                                                                 |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>525282                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                        | (X3) DATE SURVEY<br>COMPLETED<br><br>06/30/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Avina on 32nd                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8633 32nd Ave<br>Kenosha, WI 53142 |                                                 |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Surveyor was unable to interview CNA-Z. CNA-Z was no longer employed by the facility. Surveyor noted the grievance report does not include a statement from CNA-Z.</p> <p>Surveyor noted multiple staff members were aware that R34 stated that CNA-Y being rough with cares. Surveyor noted that this allegation of abuse was not reported to the State Agency.</p> <p>On 6/24/26 at 9:11 AM, Surveyor interviewed NHA-A. Surveyor asked what is expected if a resident tells a facility staff member that a CNA was rough. NHA-A stated if it is a CNA then they should tell the nurse. The nurse will tell the Director of Nursing (DON)-B and DON-B will inform me. Surveyor asked if the allegation of CNA-Y being rough with cares was reported to the State Agency. NHA-A indicated that if the resident reports that staff was rough with cares, they would need to determine if the act is intentional and then determine if it needs to be reported. That is why there is a grievance about this incident. NHA-A stated that CNA-Y was not working at the facility on the weekend that R34 reported that CNA-Y was rough with cares. Surveyor asked if it was determined when the incident actually occurred. NHA-A did not have an answer. Surveyor informed NHA-A that the grievance report and statements did not include any information of when the incident occurred, just that it was reported to facility staff on 5/17/26. In addition, according to LPN-E, R34 told CNA-Z of the allegation of CNA-Y being rough. There is no statement from CNA-Z in the grievance report. NHA-A stated that they would look to see if there is a statement from CNA-Z. Surveyor shared the concern that R34 reported to facility staff that CNA-Y was rough with cares. This allegation of abuse was not reported to the State Agency. NHA-A stated that they understood.</p> <p>2.) R4 was admitted to the facility on [DATE] with a diagnoses of severe vascular dementia with psychotic disturbance, traumatic brain injury, psychotic disorder with delusions and anxiety.</p> <p>R4's Significant Change in Condition Minimum Data Set (MDS) assessment, dated 11/18/2025, documented they have a Brief Interview for Mental Status (BIMS) score of 9, indicating they have moderate cognitive impairment.</p> <p>R46 was admitted to the facility on [DATE] with a diagnoses of schizoaffective disorder, bipolar and anxiety.</p> <p>R46's admission Minimum Data Set (MDS) assessment, dated 7/30/2025, documented they have a Brief Interview for Mental Status (BIMS) of score of 14, indicating they are cognitively intact.</p> <p>A progress note dated 2/6/26 at 14:19 (2:19 PM) in R46's record indicated: Behavior Note: Describe behavior, notifications: patient was observed having aggressive behaviors towards another resident. Nurse spoke to resident (R46) and he admitted to punching the other resident in the stomach. The patient who (R46) punched has no bruises and denies any pain at this time. (R46) was later seen smacking (sic) things from the same patient who (R46) punched. (R46) seems to be more aggressive than usual at this time. Completed by Licensed Practical Nurse (LPN)-E.</p> <p>The Alleged Nursing Home Resident Mistreatment, Neglect, and Abuse Report was submitted to the State Agency on 2/7/2026 at 1:04 PM.<br/>(continued on next page)</p> |                                                                                 |                                                 |

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| F 0609<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>On 06/23/2026 at 1:48 PM, Surveyor asked Director of Operations (DOO)-C what the expectation is for reporting abuse, and they stated within 2 hours of learning of the incident. Surveyor asked DOO-C when the facility was aware of the resident to resident altercation involving R46 and R4. DOO stated not until 2/7/26 when LPN-E had learned about the abuse and reported the abuse to Nursing Home Administrator (NHA)-A.</p> <p>On 06/24/2026 at 9:22 AM Surveyor asked NHA-A when did LPN-E know of the abuse between R46 and R4. NHA-A stated LPN-E reported it to NHA-A as soon as they knew on 2/7/26. Surveyor shared with NHA-A there is a progress note dated and time stamped on 2/6/2026 at 2:19 PM that documented aggressive behaviors were observed between R46 and R4 where R46 admitted to punching R4 in the stomach. Surveyor shared the note was written By LPN-E. NHA-A stated they were not aware LPN-E was aware of the potential abuse prior to LPN-E reporting it to NHA-A on 2/7/26. NHA-A stated they assumed when LPN-E reported the incident to NHA-A that LPN-E had just learned of incident. Surveyor informed NHA-A that there is a concern regarding the abuse not being reported timely.</p> |                                                                                 |                                                 |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interviews and record review, the facility did not ensure an allegation of abuse and a resident-to-resident altercation was thoroughly investigated for 1 (R34) of 5 sampled residents reviewed for allegations of abuse.*R34 informed facility staff that Certified Nursing Assistant, (CNA)-Y, was rough with cares. This allegation of abuse was not thoroughly investigated. Findings include: The facility policy with a last reviewed/ revised date of 2/25/26 and titled, Abuse Neglect and Exploitation documents, in part: . An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Written procedures for investigation include: Identifying staff responsible for the investigation. Investigating different types of alleged violations. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegation. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and provide complete and thorough documentation of the investigation. R34 was admitted to the facility on [DATE]. R34's Quarterly Minimum Data Set assessment dated [DATE] documented that R34 is cognitively intact. R34 required substantial/ maximal assist for toileting hygiene and is always incontinent of bowel and bladder. On 6/22/26 at 10:04 AM, R34 informed Surveyor of an incident that occurred in April 2026. R34 stated that CNA-Y was being rough while providing incontinence cares. R34 stated that they told CNA-Y that CNA-Y was being too rough, but CNA-Y continued and stated, I'm sorry, but I need to get you clean. R34 stated that later on, CNA-Y was in R34's room. R34 asked for help getting a computer cord. R34 stated that CNA-Y refused to help because R34 won't allow CNA-Y to care for R34 anymore. R34 stated that they told facility staff that CNA-Y was rough when caring for R34. Surveyor noted R34 informed facility staff that back in April 2026, CNA-Y was rough when providing cares to R34. Surveyor noted that this is an allegation of abuse. Surveyor reviewed the Facility Reported Incidents (FRIs) for the last 6 months. Surveyor noted that the facility did not have a FRI for R34's allegation of abuse. Surveyor reviewed the facility grievance log and noted a grievance filed by R34. The grievance report filed 5/18/26 and an incident date of 5/17/26, documented, in part: [R34] stated [they] do not want [CNA-Y] to provide cares to [R34] because when [CNA-Y] is cleaning [R34], [CNA-Y] is too rough when [they] clean. Included in the grievance report was a handwritten, undated statement from CNA-Y that documented: During my round when I was changing [R34's roommate], R34 asked me to plug [their] computer in for [them]. I told [R34] that I was in the middle of changing [R34's] roommate. As this was happening, I saw [CNA-Z], and I asked [CNA-Z] to help [R34]. Surveyor noted that the statement did not include the allegation of being rough with cares and only documented about CNA-Y not helping R34 with the computer cord. Surveyor noted a complete statement about the incident was not gathered by facility. On 6/23/26 at 1:25 PM, Surveyor interviewed CNA-Y. Surveyor asked if CNA-Y recalled an incident when R34 told CNA-Y that they were being rough. CNA-Y stated yes. CNA-Y indicated that R34 had a bowel movement. CNA-Y stated that R34's bowel movements can get stuck and be hard to clean. While trying to clean R34, R34 told CNA-Y that they felt like CNA-Y was being rough. CNA-Y informed R34 that they had to get R34 clean, and CNA-Y continued cleaning. About 3 weeks after that is when CNA-Y was caring for R34's roommate and R34 asked for help with the computer cord. CNA-Y told R34 that they were helping the roommate. CNA-Y indicated a different CNA came to help R34 with the cord. Surveyor noted CNA-Y confirmed that R34 told CNA-Y that they were being rough, and CNA-Y continued cleaning R34. The grievance report contained a handwritten statement from Licensed<br/>(continued on next page)</p> |                                                                                 |                                                 |

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| <p>F 0610</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Practical Nurse (LPN)-E dated 5/17/26 which documented: [R34] complained about [CNA-Y] being too rough, [they] never had prior complaints. [Writer] hasn't heard any other complaints about [CNA-Y]. [CNA-Y] did not work the weekend the complaint was made. [R34] stated [they] will let [CNA-Y] in the room but does not want cares from [CNA-Y]. On 6/23/26 at 1:13 PM, Surveyor interviewed LPN-E. Surveyor asked if LPN-E remembered an incident involving R34 and CNA-Y. LPN-E stated that R34 made a complaint about CNA-Y. LPN-E stated that CNA-Y is the best CNA and they work really well together. LPN-E stated that they asked CNA-Y about it. CNA-Y told LPN-E that R34's bowel movements get stuck, and CNA-Y does have to wipe harder to get R34 clean. LPN-E stated that CNA-Y told them that is what happened. Surveyor asked if CNA-Y told them when this incident occurred. LPN-E stated No. Surveyor asked when R34 told LPN-E of the incident. LPN-E stated that R34 did not tell them. LPN-E stated that R34 told a different CNA, CNA-Z, who no longer works at the facility. CNA-Z told LPN-E on the weekend of 5/17/26. LPN-E stated that they did not talk to R34 about the allegation of CNA-Y being rough, but LPN-E passed the information on to management. Surveyor noted that LPN-E stated that R34 informed CNA-Z of the allegation of abuse. CNA-Z then told LPN-E. Surveyor was unable to interview CNA-Z. CNA-Z was no longer employed by the facility. Surveyor noted the grievance report does not include a statement from CNA-Z. Included in the grievance report was a statement from Social Worker (SW)-H. The statement was dated 5/18/25 and documented: Writer met with [R34] [related to] a concern reported. [R34] stated [they] felt as if CNA was too rough when doing per cares. [R34] stated it occurred on a one-time basis and [they] verbalized to CNA that [CNA] was rough. CNA acknowledged and [R34] stated there was no further concerns. [R34] stated [they] feel safe in the facility. No further concerns. On 6/23/26 at 1:39 PM, Surveyor interviewed SW-H. Surveyor asked how SW-H was made aware of R34's concern about CNA-Y. SW-H stated that Nursing Home Administrator (NHA)-A brought the concern to SW-H and that is when SW-H interviewed R34. R34 told SW-H that CNA-Y was a bit rougher than other CNAs when providing cares. Surveyor asked if other residents were interviewed to see if they had any concerns about CNAs being rough with cares. SW-H stated that typically, Administration will give SW-H interview questions to ask a percentage of residents if that is needed. SW-H stated that they did not recall Nursing Home Administrator (NHA)-A saying that SW-H needed to do that. Surveyor noted that other residents were not interviewed as part of the investigation to determine if any other residents had concerns about their care. On 6/24/26 at 9:11 AM, Surveyor interviewed NHA-A. Surveyor asked what is expected if a resident tells a facility staff member that a CNA was rough. NHA-A stated if it is a CNA then they should tell the nurse. The nurse will tell the Director of Nursing (DON)-B and DON-B will inform me. Surveyor asked about the allegation of CNA-Y being rough with cares. NHA-A indicated that there is a grievance about this incident. NHA-A stated that CNA-Y was not working at the facility on the weekend that R34 reported that CNA-Y was rough with cares. Surveyor asked if it was determined when the incident actually occurred. NHA-A did not have an answer. Surveyor informed NHA-A that the grievance report and statements did not include any information of when the incident occurred, just that it was reported to facility staff on 5/17/26. In addition, according to LPN-E, R34 told CNA-Z of the allegation of CNA-Y being rough. There is no statement from CNA-Z in the grievance report. NHA-A stated that they would look to see if there is a statement from CNA-Z. Surveyor asked if other residents were interviewed after this allegation from R34. NHA-A stated that they would typically interview other residents to see if that staff member is a concern to others. Surveyor shared the concern that R34 reported to facility staff that CNA-Y was rough with cares. CNA-Z, who took the initial report from R34, was not interviewed and did not provide a statement. Other residents were not interviewed. This allegation of abuse was not thoroughly investigated. NHA-A understood the concern.</p> |                                                                                 |                                                 |

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| <p>F 0687</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate foot care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility did not ensure that residents received proper foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and assisting the resident in making necessary appointments with qualified healthcare providers such as podiatrists for 1 of 1 (R34) residents reviewed for foot care.*Facility staff found that R34 had an ingrown toenail in August of 2026. R34 developed multiple infections due to the ingrown toenail. R34's Wound MD-W, R34's Nurse Practitioner (NP)-X and emergency room physicians all recommended that R34 be referred to a podiatrist for care and treatment. Facility staff did not always follow the doctor's recommendations for treatment and did not provide podiatry services until February 2026. Surveyor observed R34's toe nails to be long and unkept.Findings include:The facility policy dated 1/1/26 documents, in part: It is the policy of this facility to ensure residents receive proper treatment and care within professional standards of practice and state scope of practice, as applicable, to maintain mobility and good foot health. Residents requiring foot care who have complicating disease processes will be referred to qualified professionals such as a Podiatrist, Doctor of Medicine and/or Doctor of Osteopathy. Foot disorders which may require treatment include but are not limited to: . Nail disorders. Employees should refer any identified need for foot care to the nurse managers. The front desk or designee will assist residents in making appointments and arranging transportation to obtain needed services.R34 was admitted to the facility on [DATE] with diagnosis that include Morbid obesity and Peripheral Vascular disease.R34's Quarterly Minimum Data Set assessment dated [DATE] documents that R34 is cognitively intact. R34 requires substantial/maximum assistance for showering and bathing. R34 does not have any skin or wound concerns.R34's at risk for skin breakdown care plan initiated 12/13/24 documents the following pertinent interventions: Administer [treatments] as ordered and monitor for effectiveness. Skin checks on shower days.Surveyor reviewed R34's Comprehensive Care plan and did not find a foot care plan or any interventions in place for R34's feet or toes.On 6/22/26 at 10:04 AM, R34 informed Surveyor that they are concerned about R34's toe nails and toe nail care. R34 stated that it takes months to get their toe nails clipped. R34 stated that they had issues with an ingrown toenail, and it took a long time to get it taken care of. R34 stated that they did not think that they should have to wait so long to get an appointment for a podiatrist. R34 pulled the blankets up and showed Surveyor their feet. Surveyor observed R34's right great toenail to be long with black scabbing along both sides and the top of the nail. R34's other nails on R34's right and left foot were long and unkept.R34's SBAR note dated 8/2/25 at 9:21 PM documents, in part: . [Right] great toe has ingrown nail with slight bleeding, no swelling. Primary Care Provider responded with the following feedback: . Bacitracin ointment to [right] great toenail, cover with a band aid, and referral to podiatry for treatment of ingrown toenail.R34's MD order dated 8/2/25 documents, To see Podiatrist for treatment of ingrown toenail to the [right] great toe.Surveyor reviewed R34's Comprehensive care plan and noted when R34's ingrown toe nail was identified, a foot or toenail care plan was not initiated to prevent the worsening of R34's ingrown toe nail.On 6/29/26 at 12:51 PM, Surveyor interviewed Director of Nursing (DON)-B. Surveyor asked if R34 should have a foot/toe care plan after the development of the ingrown toenail wound. DON-B stated Absolutely.R34's Nurse Practitioner (NP)-X visit note dated 8/5/25, documents, in part: . [R34] reports on going issues of right great toe ingrown nail with tenderness and mild swelling started about 4 days ago. The area has no active drainage and signs of infection. She will be seen by in house podiatry this week.R34's Wound MD-W's (continued on next page)</p> |                                                                                 |                                                 |

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| <p>F 0687</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>note dated 8/7/25 documents, in part: . non-pressure wound of the right, first toe full thickness. Etiology: Trauma/injury. Further Etiology detail: Ingrown toenail. 2 x 0.3 x 0.1. 100% granulation. Patient requiring an increase in the level of care. Podiatry consult for ingrown toenail.R34 is seen by Wound MD-W weekly.On 8/25/25, R34 was sent to the emergency room (ER) for a concern unrelated to R34's ingrown toenail.R34's progress note dated 8/25/25 at 7:30 PM, documents, in part: [R34] returned from hospital, has new orders for [antibiotic] for toe infection.R34's hospital After Visit Summary dated 8/25/25 documents, in part: . Diagnoses: . Toe infection. Instructions: . Take antibiotics after food twice a day as prescribed. Follow-up with podiatry service for further care of your toes.R34's MD order dated 8/26/25 documents: Cefadroxil 500 milligrams. Give 1 capsule by mouth two times a day for infection to great toe for 7 days.Surveyor noted R34 was diagnosed with a toe infection and needed antibiotics to treat the infection. The ER physician recommended that R34 follow up with podiatry.Surveyor reviewed R34's medical record and did not find evidence that R34 was seen by a podiatrist for R34's ingrown toenail anytime during the month of August.R34's NP-X visit note dated 9/2/25 documents in part: . [R34] reports no new health issues aside from [the] right great toe that is less swollen. Right great toenail with swelling and tenderness, no drainage, no signs of infection. Refer to in house podiatry. open shoes. 8/25 ER visit, started Cefadroxil. To see podiatry. 9/02 less swollen. Contingency plan : if has signs for infection, start Bactrim. refer to podiatry for removal.Surveyor noted NP-X stated that R34 should use open shoes. Surveyor reviewed R34's care plan and did not see that this was added as an intervention.Wound MD-W continued to see R34 weekly. R34 did not see a podiatrist in the month of September 2025.R34's Wound MD-W visit note dated 10/2/25 documents, in part: non-pressure wound of the right, first toe full thickness. Etiology: Trauma/injury. Further Etiology detail: Ingrown toenail. 1 x 0.3. Wound progress: exacerbated due to infection. Infection assessment: One or more signs of clinical infection. Patient requiring an increase in level of care. Podiatry re-consult. Recommends oral antibiotics for cellulitis. Over the past month: podiatry re-consult. This month's approach: follow up with consult.Surveyor reviewed R34's medical record and noted no documentation that R34 saw podiatry or that R34 was started on antibiotics per Wound MD-X recommendations.On 6/29/26 at 11:26 AM, Surveyor interviewed Wound MD-W. Surveyor asked about the infection noted on 10/2/25. Wound MD-W stated that they recommended antibiotics. Wound MD-W stated that they typically will recommend the antibiotic, and the primary MD will say ok and/or order the medication. Sometimes Wound MD-W will order it. Surveyor asked if Wound MD-W was aware that R34 did not receive antibiotics after recommendation. Wound MD-X stated did not have an answer but stated that the toe did start looking better.R34's Wound MD-W visit note dated 10/9/25 documents, in part: non-pressure wound of the right, first toe full thickness. Etiology: Trauma/injury. Further Etiology detail: Ingrown toenail. 1 x 0.3. Wound progress: Improved evidenced by decreased infection.R34's NP progress note dated 10/9/25 at 11:15 documents, in part: . [R34] really wants to see podiatry secondary to elongated toenails. Will discuss with unit manager.Surveyor noted R34 requested to see podiatrist.R34 is seen by Wound MD-W weekly. On 10/24/25, R34 requested to go to the ER for an earache.R34's progress note dated 10/24/25 at 11:49 AM, documents, in part: [R34] returned from [Hospital]. [R34] has new orders. Started on . Bactrim for infected ingrown toe nail.R34's hospital After Visit Summary dated 10/24/25 documents, in part: . Take full course of antibiotics as prescribed for infection of ingrown toenail and schedule follow-up appointment with podiatry. Soak this toe in warm water for 15 minutes 3 times a day. Service to podiatry requested.R34's MD order with a start date of 10/24/25 documents: Sulfamethoxazole-Trimethoprim oral tablet. 800-160mg. Give 1 tablet by mouth two times a day for infection to right great toe for 5 days.Surveyor noted facility staff entered the antibiotic order for (continued on next page)</p> |                                                                                 |                                                 |

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| <p>F 0687</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>R34's infection but did not enter an order for podiatry referral or for toe soaks in warm water 3 times a day as recommended by the ER physician. Surveyor reviewed R34's medical record and noted R34 did not see a podiatrist in the month of October 2025. R34's Wound MD-W visit note dated 10/30/25 documents, in part: non-pressure wound of the right, first toe full thickness. Etiology: Trauma/injury. Further Etiology detail: Ingrown toenail. Wound progress: resolved. R34's NP-X visit note dated 11/5/25 documents, in part: . [R34] reports on going issues of right great toe ingrown inflamed and tender. She completed the 5 day [antibiotic] for toe infection. 10/24 sent to ER [due to] left ear pain, back to [facility] with [antibiotic] for right to ingrown infection- Podiatry coming this 10/31/25 per [Director of Nursing (DON)-B]. 11/4 completed [antibiotic]. Right great toenail dry and not inflamed. Podiatry did not arrive. Surveyor reviewed R34's medical record and noted R34 did not see a podiatrist in the months of November and December of 2025 or in January of 2026. Wound MD-W's visit note dated 1/22/26 documents, in part: non-pressure wound of the right, first toes. Ingrown toenail. Duration &gt;1 day. 2 x 2. [R34] requiring an increase in the level of care. Podiatry consult. Surveyor noted that Wound MD-W began treating R34's toe again starting on 1/22/26. R34's NP-X visit note dated 2/4/26 documents, in part: [R34] has issues of recurrent right great toenail ingrown. will see podiatry this 2/11/26. On 6/29/26 at 11:13 AM Surveyor interviewed NP-X. Surveyor asked about R34's issues with R34's toe. NP-X stated that it started last year. R34 was being seen by Wound MD-W for treatment. NP-X had issues sending R34 to podiatry. NP-X stated there was something that happened with the facility and podiatry that paused the service. NP-X stated that usually podiatry comes quarterly. NP-X indicated that the delay of care and recurrent infections was partly because of the unavailability of podiatry and R34's refusal to be sent out to an outside podiatrist. R34's Podiatry note dated 2/11/26 documents, in part: [R34] is being seen for foot evaluation and treatment. Notable exam findings include severe ingrown right [big toe], dried blood drainage noted and tenderness along both sides of the nail. [R34] was able to tolerate a slant back removal of both sides of the nail, to reduce pressure caused and allow site to heal. [R34] will continue to be seen for at risk foot care every 2-3 months or sooner if needed. Surveyor noted that R34 was referred to podiatry on 8/2/25 and was seen by a Podiatrist on 2/11/26, over 7 months after the first referral. Surveyor noted that Podiatry wants R34 to be seen every 2 to 3 months. On 6/30/26 at 10:31 AM, Surveyor interviewed Podiatrist-CC. Surveyor asked when Podiatrist-CC first became aware of R34's need for podiatry. Podiatrist-CC stated that he first heard of R34's need in February of this year. Podiatrist-CC stated that they looked back at email correspondence and did not find any emails from the facility about R34. Podiatrist-CC stated that the facility was not on their radar for much of 2025 because of their name change. Podiatrist-CC stated that the facility will typically communicate when a resident needs to be seen. Podiatrist-CC stated that if they had known of R34's need, they would have been able to help R34 sooner. Surveyor asked about treating R34's ingrown toenail infections with antibiotics. Podiatrist-CC stated that antibiotics are effective for the infection, but they do not treat the problem. An ingrown toenail is like a splinter and until the splinter is removed, the process keeps repeating itself. R34's MD-W's visit note dated 2/19/26 documents that R34's ingrown toenail has resolved. On 6/24/26 at 1:25 PM, Surveyor interviewed the facility Wound Nurse, Registered Nurse (RN)-Q. Surveyor asked about RN-Q's ingrown toe nail. RN-Q stated that they and Wound MD-W started seeing R34 as soon as the ingrown toenail was found. Wound MD-W referred R34 to podiatry. After podiatry saw R34 the issues with R34's toe resolved. Surveyor asked why there was a delay in R34 seeing the podiatrist. RN-Q stated that typically podiatry comes to the facility every couple months. Unfortunately, the podiatrist did not know that the facility name changed and stopped coming to the facility for a while. On 6/29/26 at 11:26 AM, Surveyor interviewed Wound MD-W. Surveyor asked (continued on next page)</p> |                                                                                 |                                                 |

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| <p>F 0687</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>about R34's issues with the right great toe. Wound MD-W stated that R34 had an ingrown toenail and that they recommended that R34 see a podiatrist. Surveyor asked what the expected time frame for a podiatry consult would be. Wound MD-W stated that it varies. Wound MD-W stated that they would expect that they would see the resident the next time in the building. Surveyor asked if over seven months is an acceptable time frame. Wound MD-W stated that with the history of podiatrist it is expected. Wound MD-W stated that they would try to remove the area of concern but R34 would not want Wound MD-W to touch the toe. That is why Wound MD-W referred R34 to podiatry with the hopes that R34 would let them touch it. On 6/29/26 at 10:05 AM, Surveyor observed R34's feet. Surveyor noted that all of R34's toe nails look long and unkept. R34's right great toe has black scabbing on both sides and along the top R34's toe. Surveyor reviewed R34's medical record and noted R34 had not seen podiatry since 2/11/26 despite the podiatrist recommending foot care every 2-3 months. On 6/23/26 at 1:51 PM, Surveyor interviewed Receptionist-N, who takes care of appointments, travel to appointments and arranging in-house podiatry. Surveyor asked how podiatry is aware of who they need to see when they come to the facility. Receptionist-N stated that they communicate with the podiatry provider through email. Receptionist-N stated that they come to the facility every 2 to 3 months. Receptionist-N stated that podiatry was last at the facility in February of this year. Receptionist-N indicated that there was confusion and a period of time last year that the podiatrist was not coming to the building. The facility had changed their name, and the podiatrist thought that the facility had closed. On October 31st last year, Receptionist-N had email communication with the podiatrist making them aware that they are still open. On 6/29/26 at 12:51 PM, Surveyor informed DON-B of the concerns that facility staff identified that R34 had an ingrown toenail on 8/2/25. An order for a podiatry consult was entered. R34's toe got infected multiple times and required antibiotics twice. During this time, Wound MD-W, NP-X and ER physicians all recommended that R34 see podiatry, which was not completed until February of 2026. The facility did not follow After Visit instructions for toe soaks 3 times a day. The facility did not implement a care plan with resident centered interventions for R34's ingrown toenail. Surveyor observed R34's toenails to be long and unkept. R34's right great toe has black scabbing along the edges and over the top of the toe. DON-B indicated that they understood the concern and confirmed that there was a time that the podiatrist was not coming to the building. On 6/30/26 at 11:00 AM, Surveyor informed Nursing Home Administrator (NHA)-A and DON-B of the above concerns.</p> |                                                                                 |                                                 |

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| F 0700<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility did not comprehensively assess a resident after applying bed mobility devices for 1 of 1 sampled residents' (R7) reviewed for mobility devices.*R7 was assessed to have bed rails to aid in positioning. R7's use of bed rails was not included in R7's care plan. R7 did not have a physician order for the bed rails and R7 was not assessed quarterly for the continued need for the bed rails.Findings include:The facility's policy titled Proper Use of Bed Rails, dated 4/30/2025, documented It is the policy of this facility to utilize a person-centered approach when determining the use of bed rails. Appropriate alternative approaches are attempted prior to installing or using bed rails. If bed rails are used, the facility ensures correct installation, use, and maintenance of the rails. The resident assessment must include an evaluation of the alternatives that were attempted prior to the installation or use of a bed rail. The resident assessment must also assess the resident's risk from using bed rails. The resident assessment should assess the resident's risk of entrapment between the mattress and the bedrail or in the bedrail itself. The facility will assess to determine if the bed rail meets the definition of a restraint. Upon receiving informed consent, the facility will obtain a physician's order for the use of the specified bed rail and medical diagnosis, condition, symptom, or functional reason for the use of the bed rail. The facility will continue to provide necessary treatment and care to the resident who has bed rails. This should be evidenced in the resident's records, including their care plan. A nurse assigned to the resident will complete reassessments in accordance with the facility's assessment schedule, but not less than quarterly, upon significant change in status, or a change in the type of bed, mattress, or rail. The interdisciplinary team will make decisions regarding when the bed rails will be used or discontinued, or when to revise the care plan to address any residual effects of the bed rail.R7 was admitted to the facility on [DATE]. R7's diagnoses included paraplegia, profound intellectual disabilities, vascular dementia, and traumatic brain injury.R7's quarterly minimum data set (MDS) completed on 4/10/2026 documented R7 has a brief interview for mental status (BIMS) score of 15, indicating that R7 was cognitively intact. The physical restraint section of the MDS documented R7 does not have bed rails. R7 is dependent on staff for eating, hygiene, showering, bed mobility, and transferring. R7 required substantial assistance for dressing.On 6/29/2026, at 10:00 AM, Surveyor reviewed R7's electronic health record (EHR). Surveyor noted documentation of bed rails in R7's progress notes. Review of R7's plan of care and physician orders does not include documentation of bed rails for R7.On 1/14/2026, at 12:50 PM, R7's evaluation titled Positioning Rail and Bar Evaluation documented R7 has no history of falls, R7 has impaired bed mobility, the bed rail does not prevent R7 from performing actions, the bars were added to assist R7 with bed mobility, the rails are not a restraint, and R7's power of attorney (POA) was informed of the risks and benefits and consented to the bed rails.Surveyor noted the facility's policy documents bed rail assessments to be completed at least quarterly. R7's last documented bed rail assessment was 1/14/26 with no further evidence of quarterly reassessments completed. On 6/29/2026, at 11:38 AM, Surveyor attempted to interview R7. R7 was unable to answer questions and did not understand the questions asked. Surveyor observed bedside rails on R7's bed.On 6/29/2026, at 11:45, Surveyor interviewed Certified Nursing Assistant (CNA)- F regarding R7's use of bed rails. CNA-F stated R7 cannot use the bed rails due to having hand contractures and they have never seen R7 use them while providing cares for R7.On 6/29/2026, at (continued on next page)</p> |                                                                                 |                                                 |

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| F 0700<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | 11:47 AM, Surveyor interviewed CNA-I regarding R7's use of bed rails. CNA - I stated they have never seen R7 use the bedside rails and R7 requires staff to help reposition. On 6/29/2026, at 1:00 PM, Surveyor interviewed Licensed Practical Nurse (LPN) -O regarding the bed rail evaluation process and R7's use of bed rails. LPN-O stated the physical therapy department or the Director of Nursing (DON)-B can assess and initiate the use of bed rails for residents. After the initial assessment is completed, the unit managers will complete assessments quarterly to reassess the need for the use of bed rails. LPN-O stated R7 used the bed rails for repositioning initially, R7 now is no longer able to use the bed rails to assist in repositioning. LPN-O was unsure of when R7's decline occurred between January 2026 and June 2026. On 6/29/2026, at 1:05 PM, Surveyor interviewed Unit Manager (UM)-Q regarding the bed rail evaluation process and R7's use of bed rails. UM-Q stated initial placement of the bed rails is completed by DON-B or the physical therapy department. After the initial assessment is completed, the Unit managers are responsible for completing a quarterly audit of residents with bed rails. The audit is shared with the interdisciplinary team, and care plan changes are made if bedrails are started or discontinued. UM-Q stated R7 previously used the bed rails to aid in positioning but no longer can use them. UM-Q is unsure when the decline in bed rail use occurred for R7. UM-Q does not know when the last bedrail assessment was completed for R7. On 2/29/2026, at 1:16 PM, Surveyor interviewed DON-B regarding the bed rail evaluation process and R7's use of bed rails. DON-B stated they complete the initial assessment for bed rails. An order is placed in the residents' EHR, and the care plan is updated. After the initial assessment, the unit managers will continue to assess residents with bed rails to ensure the bed rails are still indicated for resident use. This assessment is uploaded into the forms tab. DON-B stated at the time of the initial assessment, R7 was able to use the bedrails to assist in repositioning. DON-B stated they were unaware of R7's physical decline and inability to use the bed rails. DON-B stated they should have been updated when the decline occurred so R7 could be reassessed. DON-B stated they were unable to locate an updated bedrail assessment for R7, physician orders, or updated care plan for bedrail use. On 6/29/2026, at 2:30 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, DON-B, Director of Operations (DOO)- C, and Nurse Consultant (NC)-D regarding R7 does not have an updated bed rail assessment, no physician order for a bed rail, and no care plan documentation for the bedrail. |                                                                                 |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Avina on 32nd                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>8633 32nd Ave<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                 |                                                 |
| F 0732<br><br>Level of Harm - Potential for<br>minimal harm<br><br>Residents Affected - Many                                       | Post nurse staffing information every day.<br><br>Based on interview and record review, the facility did not ensure nurse staffing information included the actual hours worked by registered nurses, licensed practical nurse, or certified nurse aides. Review of weekend staffing schedules and required staff postings from 1/1/26 through 1/31/26 revealed 6 of 9 days had discrepancies between the documents. This resulted in inaccuracies with the actual hours worked for licensed and non-licensed staff directly responsible for resident care each shift. This deficient practice has potential to affect all 51 residents at the facility. Findings include: The facility policy titled Nurse Staffing Posting Information with implemented date 1/1/26 documents: Policy: It is the policy of this facility to make nurse staffing information readily available in a readable format to resident, staff, and visitors at any given time. Policy Explanation and Compliance guidelines: . The nurse staffing sheet will be posted on a daily basis and will contain the following information . the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift: . Registered Nurses . Licensed Practical Nurses . Certified Nurse Aides . Surveyor reviewed the weekend schedules and staff postings from 1/1/2026 through 1/31/2026. Surveyor compared the actual staffing schedules with the staff postings and noted the following inaccuracies: 1/10/26: PM SHIFT: Staff posting: 16 licensed practical nurse (LPN) hours, 30 certified nurse aid (CNA) hours; Staff schedule: 11.5 LPN hours, 27 CNA hours. 1/11/26: PM SHIFT: Staff Posting: 22.5 CNA hours; Staff schedule: 18 CNA hours. 1/17/26: PM SHIFT: Staff Posting: 30 CNA hours; Staff Schedule: 35.5 CNA hours. NOC (night) SHIFT: Staff posting: 22.5 CNA hours; Staff schedule: 20.5 CNA hours. 1/18/26: PM SHIFT: Staff Posting: 30 CNA hours; Staff schedule: 27.5 CNA hours. 1/24/26: PM SHIFT: Staff Posting: 24 LPN hours; Staff Schedule: 21.5 LPN hours. NOC SHIFT: Staff Posting: 7.5 med tech (MT) hours, 15 CNA hours; Staff schedule: 14.5 MT hours, 8 CNA hours. 1/31/26: PM SHIFT: Staff Posting: 16 RN hours, 45 CNA hours; Staff Schedule: 13 RN hours, 37 CNA hours. Surveyor noted that the staffing total hours for all the dates indicated above were not accurate and that there were discrepancies in the staff schedules and staff postings for 6 of 9 weekend days reviewed between 1/1/26 through 1/31/26. Surveyor also reviewed staff schedules and staff postings between the dates of 5/22/26 through 6/22/26 and noted several discrepancies in the staffing total hours documented on the staff postings. In an interview on 6/29/26 at 11:13 AM, human resources director (HRD)-S confirmed they are responsible for completing the daily staffing posting. HRD-S stated they calculate the hours worked by counting the number of each RN, LPN, MT, and CNA on the schedule and multiplying the number by the hours worked on a typical shift for each role. HRD-S stated they do not calculate the actual hours worked on the staff posting if a staff member leaves early or comes in late and does not work the entire shift. Surveyor reviewed the January dates with discrepancies with HRD-S, and HRD-S stated yes, they should have put the actual hours worked on the daily postings for those days, but they likely did not have time to go through and update the staff postings to reflect the actual hours worked. Surveyor asked HRD-S if HRD-S continues to calculate the total staffing hours by using the number of hours worked on a typical shift for each role, and HRD-S stated yes, they are not going through and calculating actual hours worked to reflect when staff come in late or leave early as of this date. On 6/29/26 at 2:30 PM, Surveyor shared the concern with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B, director of operations-C, and regional nurse consultant-D that the daily nurse staffing information did not reflect the actual hours worked by nursing staff. |                                                                                 |                                                 |