

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Clairidge House		STREET ADDRESS, CITY, STATE, ZIP CODE 1519 60th St Kenosha, WI 53140	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on record review, interview, and facility policy review, the facility failed to implement the abuse policy and ensure alleged violations involving sexual abuse, exploitation, misappropriation of resident property, and/or a reasonable suspicion of a crime against a resident (R) were reported to the State Survey Agency and, when applicable, law enforcement within required timeframes for one of three reportable incidents reviewed affecting (R6). These failures had the potential to delay protective oversight, law enforcement involvement, and required external oversight of allegations affecting residents in the facility. Findings Include: Review of the facility's reportable incident documentation for R6 revealed the Administrator received an anonymous text message on 06/16/26 at 11:48 AM, alleging a staff member was involved in an inappropriate relationship with R6, including allegations of kissing, consuming alcohol, and having sex with the resident in the smoking area. The facility report documented the incident was discovered on 06/16/26. The Administrator prepared the initial report on 06/17/26 at 11:37 AM, approximately 24 hours after receiving the allegation. The five-day report was completed on 06/23/26 instead of 06/22/26. During an interview on 07/23/26 at 3:20 PM, the Administrator stated he received the text message on his personal cell phone on 06/16/26 at 11:48 AM while sitting at his desk and immediately interviewed R6 with the Director of Nursing. The Administrator stated R6 denied the allegation and was a fairly credible witness. The Administrator stated he did not report the allegation within two hours because he did not believe it happened, did not view it as abuse, and considered it misconduct. The Administrator stated, I reported it on 06/17/26 at 11:37 AM, because I didn't believe it happened, and further stated, I had a four-hour Dementia training the afternoon of the 16th, so that's why the reporting portion was pushed off until the next day. I did what I felt was best after investigating the situation. I could have just deleted the text and never reported it. During an interview on 07/23/26 at 4:16 PM with the Administrator, Director of Nursing (DON), and Regional staff, the Administrator stated the allegation involved kissing, alcohol consumption, and sex. The Administrator stated he did not believe the allegation was abuse after interviewing R6. Regional staff stated an original abuse allegation would require reporting within two hours; however, after review, Regional staff stated they did not believe it was abuse. (continued on next page)		

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

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

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2026
NAME OF PROVIDER OR SUPPLIER Clairidge House		STREET ADDRESS, CITY, STATE, ZIP CODE 1519 60th St Kenosha, WI 53140	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with R6, on 07/22/26 at 3:45 PM, he stated he had never been abused. Although R6 denied the allegation, the facility had received an allegation involving potential staff-to-resident sexual misconduct and alcohol use. The facility investigated before reporting and used its credibility determination to delay reporting until the next day. The facility failed to report the allegation to the State Survey Agency within two hours after the allegation was made. A review of the facility policy titled Real Property Resident Safety Abuse Policy, last revised 02/22, revealed the policy required the Administrator to report a reasonable suspicion of a crime against a resident to the State Agency and one or more law enforcement entities for the political subdivision in which the facility is located. The policy required reporting immediately, but not later than 2 hours after forming the suspicion, if the events resulted in serious bodily injury, or not later than 24 hours if the events did not result in serious bodily injury. The policy further required all alleged violations involving abuse, neglect, exploitation, mistreatment, injuries of unknown source, and misappropriation of resident property to be reported immediately, but not later than two hours after the allegation was made if the allegation involved abuse or resulted in serious bodily injury, or not later than 24 hours if the allegation did not involve abuse and did not result in serious bodily injury. The policy required the results of all investigations to be reported to other officials, including the State Survey Agency, within five working days of the incident.		