

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 10/18/2024
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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, record review, policy review, and interviews, the facility failed to ensure the residents' environment was clean, sanitary, and homelike. This had the potential to result in the spread of infection; residents being injured as the result of a loose toilet seat; a decline in residents' self-esteem. This affected five (Resident (R) 26, R32, R23, R9, and R22) of 41 residents in the facility.</p> <p>Findings include:</p> <p>1. On 10/15/24 at 2:57 PM; on 10/16/24 at 9:00 AM, 12:28 PM, and 3:38 PM; on 10/17/24 at 9:36 AM and 3:30 PM; and on 10/18/24 at 11:00 AM there was an unlabeled urinal on the floor of R26 and R32's bathroom and the pull cord on the bathroom call light was soiled with a brown substance. The urinal was lying on its side to the back of the toilet. On 10/17/24 at 3:30 PM the Social Service Director (SSD) verified the urinal was on the floor and the call cord was visibly soiled. On 10/28/24 at 11:00 AM the Maintenance Director verified the observation.</p> <p>On 10/17/24 at 9:36 AM and 3:30 PM a soiled incontinent brief with bowel movement on it was observed on the floor in R26 and R32's bathroom. On 10/17/24 at 3:30 PM the SSD verified the soiled incontinence brief was on the floor. She stated the nursing staff, or housekeeping should have cleaned it up.</p> <p>On 10/18/24 at 1:34 PM, Certified Nurse Aid 5 (CNA5) stated R26 uses the bathroom independently and R32 needed assistance with toileting and incontinence care.</p> <p>Review of R26's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 09/22/24 provided by the facility revealed a Brief Interview for Mental Status (BIMS) score was 13 out of 15 indicating he was cognitively intact. The MDS indicated R26 was independent with toilet hygiene, personal hygiene, and walking. The assessment stated he was continent of bowel and bladder.</p> <p>Review of R32's quarterly MDS with an ARD of 08/10/24 provided by the facility revealed the resident had a BIMS score of 14 out of 15 indicating he was cognitively intact. The MDS indicated R32 required moderate assistance with toilet hygiene, and he was occasionally incontinent with urine and frequently incontinent of bowel.</p> <p>(continued on next page)</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. On 10/15/24 at 12:01 PM; 10/16/24 at 12:34 PM and 3:36 PM; on 10/17/24 at 9:40 AM and 3:30 PM; and on 10/18/24 at 11:02 AM and 2:32 PM the bathroom between R9 and R23's rooms had a strong smell of urine. The floor was visibly soiled and was sticky to the feet. There was a one-inch brown smear on the wall just across from the toilet. The call cord in the bathroom was soiled with a brown substance.</p> <p>On 10/17/24 at 3:30 PM the SSD verified the observations.</p> <p>On 10/18/24 at 11:02 PM the Maintenance Director verified the observations.</p> <p>On 10/18/24 at 2:32 PM CNA5 stated both R9 and R23 are capable of using the bathroom independently.</p> <p>Review of R23's quarterly MDS with an ARD of 09/04/24 provided by the facility revealed a BIMS score of 00 out of 15 indicating he was severely cognitively impaired. The MDS indicated R 23 was independent with walking and transfers and required supervision and verbal cues for toileting.</p> <p>Review of R9's quarterly MDS with an ARD of 08/14/24 provided by the facility revealed a BIMS score of 15 out of 15 indicating she was cognitively intact. The MDS indicated that she was independent with toileting hygiene, transfers, and she was frequently incontinent of urine and occasionally incontinent of bowel. She was dependent on a wheelchair for mobility.</p> <p>3. On 10/15/24 at 2:08 PM R9 stated the toilet seat in the bathroom of her previous room was loose and the privacy curtain was soiled. She stated the facility moved her to the room she was currently in so they could clean the room and fix the items that needed repair. She stated once they moved her, she liked the room and chose to remain in the room they moved her to. Review of the floor plan and the census sheet revealed R22 was moved into R9's previous room.</p> <p>On 10/15/24 at 2:15 PM; 10/16/24 at 3:36 PM; and 10/17/24 3:30 PM, the toilet seat in R22's bathroom was loose and moved side to side, when lightly pushed. The privacy curtain was soiled in a three-foot by four-foot area along the bottom of the curtain.</p> <p>On 10/17/24 at 3:30 PM, the SSD verified the curtain was soiled and the toilet seat was loose.</p> <p>On 10/17/24 at 3:30 PM, R22 verified the curtain was soiled and the toilet seat was loose.</p> <p>Review of R22's significant change MDS located in the MDS tab of the electronic medical record (EMR) with an ARD of 09/03/24 revealed a BIMS score of 10 out of 15 which indicated he had moderate cognitive impairment. The MDS indicated he was independent with toilet hygiene, personal hygiene, and transferring. He utilized a wheelchair for locomotion.</p> <p>Review of the facility policy titled, Housekeeping-Routine (occupied) Room Cleaning dated 09/20 revealed it was the facility's policy to maintain rooms in a clean and sanitary manner. The protocol stated to complete thorough room cleaning quarterly, at move out, and as needed. The policy stated to report any defective equipment or repairs needed to your supervisor via the maintenance request book.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility policy titled Housekeeping - Toilet and Bathroom Cleaning dated 03/23 revealed it was the facility policy to maintain bathrooms in a clean and sanitary manner. The policy stated routine bathroom and toilet cleaning should occur daily. The policy stated to report any defective equipment or repairs needed to your supervisor via the maintenance request book.</p>		