STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525088	A. Building B. Wing	08/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Edgewater Haven Nursing Home	1351 Wisconsin River Dr Port Edwards, WI 54469

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. (continued on next page)

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

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

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff and resident interview, and record review, the facility did not provide the appropriate treatment and services related to bowel and bladder continence for 2 residents (R) (R23 and R41) of 16 sampled residents.R23 had an indwelling catheter and was continent of bowel which was noted on R23's plan of care. During an observation of care on 8/13/25, staff put an incontinence product on R23. R41's care plan did not reflect a need or desire to wear two incontinence products at once. During an observation of care on 8/12/25, staff applied two incontinence products to R41. Findings include:The facility's Urinary policy, dated 9/7/22, indicates: .Nursing staff will develop an individualized plan of care for all residents .1.From 8/11/25 to 8/13/25, Surveyor reviewed R23's medical record. R23 was admitted to the facility on [DATE] and had diagnoses including bacterial pneumonia, severe sepsis, benign prostatic hyperplasia (BPH), chronic kidney disease stage 3, pressure ulcer of sacral region stage 2, and retention of urine. R23's Minimum Data Set (MDS) assessment, dated 7/17/25, had a Brief Interview for Mental Status (BIMS) score of 14 out of 15 which indicated R23 had intact cognition. The MDS assessment also indicated R23 had an indwelling catheter and was always continent of bowel. A care plan indicated R23 had an indwelling catheter and was continent of bowel. The care plan did not indicate the need for R23 to wear an incontinence product.On 8/13/25 at 8:29 AM, Surveyor observed catheter care for R23. Certified Nursing Assistant (CNA)-E was in the shower room with R23 who was clad in a brief and a gown. On 8/13/25 at 1:52 PM, Surveyor interviewed CNA-K who indicated R23 is not incontinent of bowel and communicates to staff when R23 needs to have a bowel movement. On 8/13/25 at 1:54 PM, Surveyor interviewed Director of Nursing (DON)-B who indicated if a resident needs an incontinence product, it should be noted on the resident's care plan. DON-B directed Surveyor to speak with Registered Nurse (RN)-L who maintained residents' care plans. On 8/13/25 at 2:14 PM, Surveyor interviewed RN-L who confirmed bowel assessments and nurse charting indicated R23 was not incontinent of bowel and did not need to wear an incontinence product. RN-L also confirmed the use of an incontinence product was not listed on R23's care plan or status sheet. On 8/13/25 at 3:00 PM, Surveyor interviewed R23 who indicated R23 did not request to wear a brief and was not sure why staff put a brief on R23. 2. From 8/11/25 to 8/13/25, Surveyor reviewed R41's medical record. R41 was admitted to the facility on [DATE] and had diagnoses including fracture of the left femur, anxiety disorder, osteoarthritis, and mixed incontinence. R41's MDS assessment, dated 6/12/25, had a BIMS score of 14 out of 15 which indicated R41 had intact cognition. The MDS assessment also indicated R41 was frequently incontinent of urine but always continent of bowel.A care plan indicated R41 was incontinent of bladder and wore adult briefs. On 8/12/25 at 6:05 AM, Surveyor observed peri-care for R41. CNA-E removed R41's brief and assisted R41 to the toilet. CNA-E then placed a pad liner in a pull-up product for R41. When Surveyor asked if R41 wore two incontinence products, CNA-E indicated R41 wore two incontinence products most of the time because R41 urinated heavily. On 8/13/25 at 1:48 PM, Surveyor interviewed R41 who indicated a nurse decided R41 needed to wear two incontinence products. R41 indicated R41 did not request to wear two incontinence products related to heavy urination. On 8/13/25 at 1:54 PM, Surveyor interviewed DON-B who indicated staff should not apply double incontinence products unless requested by the resident or the resident's representative. DON-B indicated the use of double incontinence products should be noted on the resident's care plan and status sheet. DON-B directed Surveyor to speak with RN-L who maintained residents' care plans. On 8/13/25 at 2:14 PM, Surveyor interviewed RN-L who reviewed R41's medical record and indicated it did not appear that R41 or R41's representative requested double incontinence products for R41. RN-L indicated CNAs are instructed not to apply double incontinence products unless requested by the resident or the resident's representative or instructed to do so by DON-B or the nursing supervisor.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff and resident interview and record review, the facility did not ensure 1 resident (R) (R7) of 1 sampled resident received dialysis care and services in accordance with the facility's policy.Findings include:The facility's Dialysis policy, dated 10/29/20, indicates under care protocols for arteriovenous (AV) fistula or graft access point: .7. There must be communication between the facility and the dialysis center. The appropriate communication should be sent with the resident in a binder to each dialysis session. The dialysis staff should return a report when the resident returns to the facility which includes basic information including pre- and post- weights, vital signs, and any other pertinent information obtained during the procedure.The facility's Nursing Home Dialysis Transfer Agreement, dated August 2018, indicates: .The Center will develop a written protocol governing specific responsibilities, policies, and procedures to use in rendering dialysis services to designated residents at the Center, including but not limited to the development and implementation of a designated resident's care plan relative to the provision of dialysis services.From 8/11/25 to 8/13/25, Surveyor reviewed R7's medical record. R7 was admitted to the facility on [DATE] and had diagnoses including type 2 diabetes, anemia, chronic kidney disease stage 5, and dependence on renal dialysis. R7 was R7's own decision maker. R7's medical record indicated R7 received dialysis and had an AV fistula.A care plan, initiated 9/18/14, indicated R7 required dialysis related to end stage renal disease (ESRD). The care plan did not include R7's dialysis days or times or indicate how R7 was transported to and from the dialysis center.R7 had an order for daily weights. Surveyor reviewed R7's weights for 7/8/25 to 8/12/25 and noted R7's medical record did not contain documented weights or indicate weights were communicated to the dialysis center on 7/19/25, 7/24/25, 7/26/25, and 7/29/25.On 8/12/25 at 1:56 PM, Surveyor interviewed Certified Nursing Assistant (CNA)-K who indicated nurses enter R7's dialysis dates and times on a calendar. CNA-K indicated R7 takes a dialysis binder with R7 to the dialysis center.On 8/12/25 at 2:08 PM, Surveyor interviewed R7 who verified R7 receives dialysis. R7 indicated staff need to provide R7's weight, vital signs, medication, and breakfast before R7 leaves for dialysis appointments. R7 indicated R7's weight is also obtained at the dialysis center before and after dialysis. R7 indicated the dialysis center is supposed to document on a continuity of care document in the front of the binder that the facility sends with R7 and that R7 drops off at the nurses' station upon return.On 8/13/25 at 12:43 PM, Surveyor interviewed Registered Nurse (RN)-F who confirmed a continuity of care document is sent with R7 to each dialysis session. RN-F indicated the document contains R7's input and output, medications administered, contact information, vital signs, and weight. RN-F confirmed R7 had an order for daily weights and indicated the dialysis center did not consistently report back to the facility for the times R7 was there. RN-F indicated the dialysis center should provide the facility with R7's pre- and post-weights and changes that occur. RN-F indicated the dialysis center puts new orders in the front pocket of the binder for staff tor review.On 8/13/25, Surveyor reviewed communication sheets from the dialysis center and noted the facility received 6 communication sheets from the dialysis center from 1/2025 to 8/13/25.On 8/13/25 at 1:54 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed the dialysis center should communicate R7's pre- and post-weights, vital signs, and other pertinent information following each dialysis session. DON-B also verified R7's care plan should include R7's dialysis days and times and indicate that R7 receives dialysis services.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and record review, the facility did not ensure 3 treatment carts were locked when unattended and did not ensure 1 of 2 medication carts and 1 medication storage room were free of expired medications and supplies. This practice had the potential to affect more than 4 of the 46 residents residing in the facility.Treatment carts on the 300 and 500 wings were left unlocked and unattended. The 300 north medication cart contained expired medications and supplies. The 300 wing medication room contained expired medication, supplements, food items, and medical supplies.Findings include: The facility's Pharmacy Policy and Procedure Manual, Storage and Maintenance of Medication policy, dated April 15th, indicates: 1. All drugs and biologicals are to be stored in a locked designated cabinet .All medications, except those requiring refrigeration, shall be kept in locked medication carts and cabinets. 2. Outdated refrigerator items must be removed from the refrigerator .8. Medication must be checked regularly for expiration dates and deterioration. Expired items are to be removed from use and returned to the pharmacy or disposed of according to facility procedures. 9. Medications no longer in use are returned .or destroyed or credited where applicable in accordance with state and federal regulations.On 8/12/25 at 5:25 AM, Surveyor entered the 500 wing and an observed an unlocked treatment cart in the hallway. The treatment cart contained medicated creams, ointments, and powders. Surveyor interviewed Registered Nurse (RN)-G who indicated treatment carts should be locked when unattended.On 8/12/25 at 5:30 AM, Surveyor entered the 300 wing and noted the 300 south and 300 north treatment carts were unlocked and unattended. The treatment carts contained medicated creams, ointments, and powders. At 5:31 AM, Surveyor interviewed AM shift RN-H who indicated treatment medication carts should be locked when unattended and directed Surveyor to night shift RN-I.On 8/12/25 at 5:33 AM, Surveyor interviewed RN-I who confirmed treatment carts should be locked when unattended.On 8/12/25 at 11:18 AM, Surveyor observed the 300 north medication cart and noted the following expired items:~ 3 povidone-iodine swab sticks that expired 3/2025~ 21 povidone-iodine prep pads that expired 3/2025~ 32 [NAME] oil emulsion dressings that expired 5/2025~ Gold Bond medicated powder for R33 that expired 6/2023~ Triamcinolone 0.1% cream for R17 that expired on 5/4/25~ Nystatin powder for R18 that expired on 7/31/25Surveyor also observed the 300 wing medication room and noted the following expired items:~ 3 Premier Protein chocolate shakes that expired on 6/30/24~ An Anoro Ellipta inhaler for R16 that expired 12/2024~ A bottle of fluticasone propionate nasal spray for R16 that expired 5/2025~ 14 AutoShield insulin pen needles for R16 that expired 6/2025~ 9 Unifine pen tips plus insulin pen needles for R16 that expired on 12/28/23~ Glucose central solution EvenCare G3 that expired on 1/11/24~ 1 bottle of Aspirin 325 milligrams that expired 4/2025~ 1 bottle of Lantus insulin for R7 that expired on 7/11/25~ 1 container of Thick & Easy orange juice that expired on 11/30/24~ 1 vanilla Novasource renal dialysis shake that expired on 7/25/25~ 1 bottle of Hershey's chocolate syrup that expired 4/2025~ 10 boxes of InteliSwab COVID 19 rapid tests that expired on 10/31/24~ 8 blue top blood vials that expired on 7/31/25~ 13 blunt fill needles with filters that expired on 3/31/25~ 16 dark green top blood vials that expired on 5/2/25On 8/12/25 at 12:32 PM, Surveyor interviewed Licensed Practical Nurse (LPN)-J who verified the expiration dates of the above items and confirmed the items were expired.On 8/13/25 at 1:54 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed expired items should not be in medication carts or medication storage rooms.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, staff interview, and record review, the facility did not maintain an infection prevention and control program designed to prevent the transmission of communicable disease and infection for 2 residents (R) (R3 and R23) of 16 sampled residents. Staff did not follow enhanced barrier precautions (EBP) during the provision of care for R3.Staff did not follow EBP or ensure a catheter bag and tubing were not in contact with the floor during the provision of care for R23.Findings include:The facility's Enhanced Barrier Precautions (EBP) policy, dated 6/22/24, indicates: EBP expand the use of personal protective equipment (PPE) and refer to the use of a gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug-resistant organisms (MDROs) to staffs' hands and clothing .Residents colonized with a targeted MDRO will be placed on EBP and staff will wear a gown and gloves for high-contact activities. Residents with indwelling medical devices or chronic wounds regardless of having an MDRO will be placed on EBP. Examples of high-contact resident cares activities requiring gown and glove use for EBP include: Dressing; Bathing; Transferring; Providing hygiene; Changing linens; and Device care or use: Urinary catheter.The facility's Daily Care Required for a Resident with Indwelling Catheter policy, dated 2/11/21, indicates: .8. Observe bag. Bag should not touch floor .1.On 8/11/25 at 10:19 AM, Surveyor observed Certified Nursing Assistant (CNA)-D assist R3 into an electric wheelchair. Surveyor observed a sign on R3's door that indicated R3 was on EBP. Surveyor noted CNA-D did not wear a gown during the transfer. Surveyor also observed CNA-D hold R3's catheter bag, help put R3's feet on the wheelchair pedals, and hang R3's catheter bag from the wheelchair.2. On 8/13/25 at 7:26 AM, Surveyor noted a sign on R23's door that indicated R23 was on EBP. When Surveyor entered R23's room to observe care, Surveyor noted CNA-E transferred R23 to a wheelchair while wearing gloves but not a gown. When asked if R23 was on EBP and if PPE was needed for cares, CNA-E indicated R23 was on EBP and CNA-E would get a gown when R23 was in the shower room. CNA-E put R23's catheter bag in a cover, removed linens from R23's bed, and removed a Chux pad from R23's chair. CNA-E then removed gloves, cleansed hands, and covered R23 with a blanket that was on R23's recliner. Surveyor noted R23's catheter tubing was on the floor. When Surveyor indicated the catheter tubing was on the floor, CNA-E clamped the tubing to R23's wheelchair with ungloved hands.On 8/13/25 at 8:29 AM, Surveyor entered the shower room to observe catheter care for R23. CNA-E donned a gown prior to entering the shower room and assisted R23 to the grab bars so R23 could stand. CNA-E put R23's catheter bag on the shower room floor and replaced R23's wheelchair with a shower chair. CNA-E then picked up and gave the catheter bag to R23 to hold while R23 got in the bathtub. On 813/25 at 1:54 PM, Surveyor interviewed Director of Nursing (DON)-B who confirmed staff should wear a gown and gloves during high-contact cares for residents on EBP, including transfers, catheter care, and changing/handling linens. DON-B also indicated catheter bags and tubing should not be on the floor.