

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525242	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/23/2026
NAME OF PROVIDER OR SUPPLIER  Complete Care at Kensington		STREET ADDRESS, CITY, STATE, ZIP CODE  1810 Kensington Dr Waukesha, WI 53188	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews and record review, the facility did not maintain an infection prevention and control program to help prevent the development and transmission of communicable diseases and infections. This deficient practice has the potential to affect 33 residents.</p> <p>* Garbage was observed in the personal protective equipment (PPE) storage.</p> <p>* Dirty linen and used tissues were observed in the basket for the vital signs machine, the machine was brought into R2's room and used on R2. The machine is shared on the unit with potential to affect 33 residents.</p> <p>* R3 was on Enhanced Barrier Precautions (EBP), proper Personal Protective Equipment (PPE) was not worn during cares.</p> <p>* R1, R2, and R4 were observed to not have appropriate hand hygiene during personal care observations.</p> <p>* The mechanical lift was not disinfected after being used for R1, R3, R4, R5, R7, and R8.</p> <p>Findings include:</p> <p>The Handwashing policy and procedure last revised 1/2026 documented:</p> <p>Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.</p> <p>Hand hygiene is a general term for cleaning your hands by washing with soap and water or the use of an antiseptic hand rub, also known as alcohol based hand rub (ABHR).</p> <p>. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table.</p> <p>. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.</p> <p>.Hand Hygiene Table</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>activities.</p> <p>. High contact resident care activities include:</p> <p>dressing</p> <p>bathing</p> <p>transferring</p> <p>providing hygiene</p> <p>changing linens</p> <p>changing briefs or assisting with toileting</p> <p>device care.</p> <p>wound care.</p> <p>1. On 2/23/26, at 9:08 AM, Surveyor observed multiple articles of garbage in the Personal Protective Equipment (PPE) carts outside multiple residents' rooms. multiple carts contained balled up paper from used straws in the top drawers. One cart contained packing from cookies in the bottom drawer with clean gowns. These carts hold clean PPE to be donned before going into a resident's room.</p> <p>On 2/23/26, at 10:07 AM, Surveyor observed another PPE cart to have balled up paper from used straws with the clean PPE in the top drawer of the cart.</p> <p>2. On 2/23/26, at 9:23 AM, Surveyor observed dirty linen and tissues with a dried red substance on them in the basket of the rolling vital signs monitor. The blood pressure cuff, thermometer, and pulse oximeter were sitting on top of the dirty linen and tissues with dried red substance.</p> <p>On 2/23/26, at 10:48 AM, Surveyor observed Licensed Practical Nurse (LPN)-K bring the rolling vital signs monitor with dirty linen and used tissues into the room with R2. LPN-K then applied the blood pressure cuff on R2's arm. Surveyor did not observe LPN-K wipe down the blood pressure cuff prior to applying it to R2's arm. LPN-K then left R2's room and grabbed a manual blood pressure cuff from the nurse's cart, applied it to R2's arm, then returned the manual blood pressure cuff to the cart. LPN-K did not wipe down the manual blood pressure cuff before storing it in the nurse's station.</p> <p>On 2/23/26, at 11:36 AM, Surveyor interviewed LPN-K. LPN-K stated the rolling vital signs monitor is shared on the unit between 33 residents. LPN-K stated the rolling vital signs machine was used on some residents. Surveyor asked LPN-K what was in the basket of the rolling vital signs machine, LPN-K stated dirty linens and used tissues. LPN-K stated the dirty linen and tissues were not supposed to be there, and LPN-K did not notice the dirty linens or tissues on the rolling vital signs machine when it was used that morning.</p> <p>3. R3 was admitted on [DATE] with diagnoses that include aftercare following Joint Replacement Surgery, Infection and Inflammatory Reaction Due To Internal Left Knee Prosthesis (The material used to replace the knee joint was infected), Type 2 Diabetes (the body cannot use insulin correctly,</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 2/23/26, at 11:38 a.m., Surveyor observed CNA-F wheeling the Hoyer lift which was used to transfer R5 from outside R5's room into the bath/shower room and leave the room. Surveyor observed the Hoyer lift was not sanitized.</p> <p>On 2/23/26, at 12:52 p.m., Surveyor asked CNA-H when lifts are sanitized. CNA-H informed Surveyor they should be sanitized after each use.</p> <p>On 2/23/26, at 1:03 p.m., Surveyor asked CNA-G when lifts are sanitized. CNA-G informed Surveyor the lifts are taken to the shower room and wiped down after each resident with a bleach wipe.</p> <p>On 2/23/26, at 2:30 p.m., Surveyor asked Infection Preventionist (IP)-E when lifts are sanitized. IP-E informed Surveyor they should be sanitized after every use.</p> <p>On 2/23/26, at 3:06 p.m., Surveyor asked Director of Nursing (DON)-B when lifts should be sanitized. DON-B informed Surveyor they are supposed to be sanitized when they leave the room. Surveyor informed DON-B of the Hoyer lift not being sanitized after R5 was transferred.</p> <p>On 2/23/26, at 3:25 p.m., Nursing Home Administrator (NHA)-A, DON-B, Regional Nurse Consultant-C and Chief Compliance Officer-D were informed of the above. No additional information was provided to Surveyor as to why the Hoyer lift was not sanitized.</p>		