STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525281	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Waters Edge Health and Rehabilitation Center	3415 N Sheridan Rd 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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48391 Based on observation, interview, and record review, the facility did not ensure 1 (R2) of 2 Facility Self Report investigations was reported to the State Agency as required. On 7/21/24 R2's family member expressed concerns related to incontinence care on 7/19/24. On 8/5/24 R2's family member expressed additional concerns related to all cares for the same date of 7/19/24. The facility did not submit the facility investigation within 5 days of the initial report to the state agency. The 5 day investigation was submitted on 8/21/24 instead of within 5 working days after the allegation. Findings include: R2 is a [AGE] year-old resident who was admitted to the facility on [DATE]. R2's diagnoses include dysphagia, dementia, stroke, and muscle contracture. R2's Significant Change MDS (Minimum Data Set) completed on 9/4/24 documents that R2 is dependent with toileting, bathing, transfers, and eating. R2 is always incontinent of bowel and bladder. R2's BIMS (Brief Interview for Mental Status) was not completed due to rarely being understood. The facility's policy Abuse, Neglect, and Exploitation dated 9/18/23 documents: ~ The facility will have written procedures that include reporting of all alleged violations to the administrator, state agency, adult Protective Services, and all other required agencies within specified time frames. 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. R2's care plan, dated 3/30/22, documents: (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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	~ (R2) is incontinent of bowel and bladder. (R2) is unable to communicate or unaware of toileting needs and/or to follow directions to participate in toileting program, and immobility (date initiated 1/13/23). Interventions include: 1. Check (R2) before and after meals and as needed (PRN) for incontinent episodes (date initiated 4/17/24, revised 7/18/24). 2. Incontinent briefs (date initiated 1/13/23, revised 7/18/24). 3. Provide incontinence/perineal care after each incontinent episode and use barrier cream (date initiated 1/13/23, revised 7/18/24). 4. (R2) has a touch call light in place. (R2) to be rounded on frequently due to inability to use call light (date initiated 1/13/23, revised 7/18/24). ~ R2 has a Activities of Daily Living (ADL) self-care performance deficit related to confusion, dementia, and impaired balance (date initiated 4/10/22). Interventions include: 1. (R2) requires total assist of one staff with Broda chair mobility (date initiated 4/10/22, revised 7/18/22). 2. (R2's) bedtime routine is to go to bed at 7:00 - 7:30 PM. New incontinence product to be placed and bed bath with family provided soaps (body only) to be completed (date initiated 5/21/24). 3. (R2) requires total assist of one staff member for toileting cares. Check and change every 2-3 hours and PRN, except from 4:00 PM to bedtime for eating dinner with staff and daughter (date initiated 5/21/24, revised 7/18/24). ~ R2 has bowel incontinence (date initiated 8/6/24). Interventions include: 1. Provide loose fitting, easy to remove clothing (date initiated 8/6/24). 2. Provide pericare after each incontinent episode (date initiated 8/6/24). On 9/11/24, at 9:41 AM, Surveyor reviewed the facility self-report. The Facility Self Report documents, on 7/21/24, in the morning, R2's daughter contacted facility management expressing incontinence concerns with R2 and R2 being wetter than normal on the evening of 7/19/24. Facility staff spoke with R2's daughter and discussed R2's Care Plan along with options for timing of providing incontinence care with mealtimes and at bedtime. R2's daughter declined Care Plan changes at that time. The Facility Self Report documents, on 8/5/24, R2's daughter alleged staff did not provide cares to R2 all day on 7/19/24. The Facility Self Report indicates an investigation was started after a new allegation of cares not being completed the entire day on 7/19/24 and the allegation was reported to the State Agency on 8/5/24, at 1:23 PM. The Facility Self Report indicates cares were provided on 7/19/24 in the morning, just before lunch, at 3:30 PM prior to getting R2 up for dinner, and at 7:30 PM. Resident statements on R2's unit were obtained with no identified concerns. Staff statements were obtained with no identified concerns. A skin check was completed on 7/20/24 at 6:43 PM with no identified concerns. Surveyor notes the 5-day report was submitted to the State Agency on 8/21/24 at 12:56 PM. On 9/11/24, at 10:18 AM, Surveyor observed R2 up in her Broda chair, dressed in personal clothes and her hair up in bun. R2 appeared to be well groomed with no signs of distress. R2 was in common area with other residents and facility staff for an activity. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/11/24, at 1:16 PM, Surveyor interviewed Nursing Home Administrator (NHA)- A who states she is responsible for submitting the Facility Self Reports to the State Agency. Surveyor noted the initial Self Report being submitted to the State Agency on 8/5/24, the day of the allegation of R2 not receiving any cares on 7/19/24, and the 5-day investigation being submitted to the State Agency on 8/21/24. NHA- A acknowledged the 5-day report/investigation was submitted late to the State Agency. NHA- A states it doesn't always work when I hit submit on the computer. NHA- A indicates she now hits submit, closes out and goes back in to verify the submission to the State Agency was successful. NHA- A indicates she had submitted the 5-day report during her off hours at home which may be the reason why the submission did not work. Surveyor notified NHA- A of concerns with the facility not submitting the investigation to the State Agency 5 days after allegations as required. Additional information was requested if available. No additional information was provided.