

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Waters Edge Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure a sufficient supply of clean linen was readily available for resident care for three of four linen closets on two of two floors observed. This had the potential for the residents to have unmet personal care needs.</p> <p>Findings include:</p> <p>During a group interview on 05/14/25 at 10:00 AM, with 12 alert and oriented residents, including the President of Resident Council revealed R14, R15, R16, R20, R21, and R23 all agreed that the facility was low on linens like towels and washcloths, and they sometimes had to wait for clean linens to take a shower or receive care. R16 added some residents would stockpile towels and washcloths in their rooms in order not to run out.</p> <ol style="list-style-type: none"> 1. Review of R14's annual Minimum Data Set (MDS), with an Assessment Reference Date of 02/20/25 and located under the MDS tab of the EMR, revealed she was admitted to the facility on [DATE] and scored 15 out of 15 on the Brief Interview for Mental Status (BIMS), indicating intact cognition. 2. Review of R15's quarterly MDS, with an ARD of 02/21/25 and located under the MDS tab of the EMR, revealed he was admitted to the facility on [DATE] and scored 15 out of 15 on the BIMS, indicating intact cognition. 3. Review of R16's quarterly MDS, with an ARD of 04/22/25 and located under the MDS tab of the EMR, revealed she was admitted to the facility on [DATE] and scored 15 out of 15 on the BIMS, indicating intact cognition. 4. Review of R20's annual MDS, with an ARD of 04/11/25 and located under the MDS tab of the EMR, revealed she was admitted to the facility on [DATE] and scored 15 out of 15 on the BIMS, indicating intact cognition. 5. Review of R21's quarterly MDS, with an ARD of 05/02/25 and located under the MDS tab of the EMR, revealed he was admitted to the facility on [DATE] and scored 15 out of 15 on the BIMS, indicating intact cognition. 7. Review of R23's annual MDS, with an ARD of 03/21/25 and located under the MDS tab of the EMR, revealed she was admitted to the facility on [DATE] and scored 14 out of 15 on the BIMS, indicating intact cognition. <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>During an observation on 05/15/25 at 10:30 AM of the South Unit linen closet on the second floor revealed one (1) linen cart with only six (6) towels and one (1) wash cloth and a small cart with only one (1) washcloth and approximately five (5) towels available for staff to use for resident baths and incontinent care.</p> <p>During an observation on 05/15/25 at 10:45 AM of the North Unit linen closet on the second floor revealed one (1) linen cart with only seven (7) towels and no wash clothes available for staff to use for resident care.</p> <p>During an observation on 05/15/25 at 12:15 PM on the North Unit linen closet on the first floor on 05/15/25 revealed eight (8) wash cloths and approximately ten (10) towels.</p> <p>During an interview on 05/15/25 at 10:00 AM with Certified Nursing Assistant (CNA)5 and CNA6 revealed that there are times when they do not have wash cloths or towels to provide baths and incontinence care for the residents. Both CNAs stated they can call the laundry and they can bring some up to the floor but when that happens, it delays cleaning the resident while they wait.</p> <p>During an interview on 05/15/25 at 10:55 AM with CNA7 on 05/15/25 at 10:55 AM, revealed there are times when she did not have enough linen to use to bathe or provide incontinence care to residents. When there is not enough, the laundry has to be called and they will bring some up to the floor, but the residents and staff have to wait to provide care.</p> <p>During an interview on 05/15/25 at 11:10 AM with Licensed Practical Nurse (LPN)2 stated, There are problems with not having enough laundry on some mornings when they come in. The staff can call down to the laundry and they will bring some up but that causes delays in getting the residents ready in the morning. The staff will have to go out to other floors and try to find some to get started. It happens more often on Friday, Saturday, and Sunday mornings.</p> <p>During an interview on 05/15/25 at 11:30 AM with the Laundry Manager (HSKG) she stated that she was not aware of any concerns with the staff not having enough linen available on the linen carts. She stated that they would bring extra linen up to the floors when they need it, however it has not happened in a couple of months. She said they use a calculation of census to determine how much linen was needed. She stated they send clean linen to the floors twice a day at 7:30 AM and at 1:30 PM.</p> <p>During an interview on 05/15/25 at 4:00 PM with the Director of Nursing (DON) she stated that they did not have a policy for maintaining sufficient laundry for resident use.</p> <p>During an interview on 05/15/25 at 4:15 PM with the Administrator, she stated that they count the number available daily. She can order more if needed, they get thrown away and lost.</p>		