

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  07/08/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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, record review, and facility policy review, the facility failed to adhere to infection control practices and policies during wound care related to staff failing to wear a gown for a resident on Enhanced Barrier Precautions (EBP) for one of two residents (Resident (R) 3) observed for wound care in the sample of six residents. The deficient practice increased the risk for cross contamination and infections. Findings include: Review of the facility's policy titled, Enhanced Barrier Precautions, dated 02/05/25, provided by the facility indicated, Enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) that employs targeted gowns and gloves use during high contact resident care activities. Initiation of Enhanced Barrier Precautions. for residents with any of the following: wounds. even if the resident is not known to be infected or colonized with MDRO. PPE [Personal Protective Equipment] for enhanced barrier precautions is only necessary when performing high-contact care activities. High contact care activities include. and Wound care. During an observation on 07/07/25 at 3:22 PM, Licensed Practical Nurse (LPN) 3 and LPN2 entered R3's room to perform wound care. LPN3 and LPN2 performed hand hygiene, donned gloves, and completed wound care. LPN3 and LPN2 did not wear gowns while performing wound care. R3 also had an indwelling feeding tube, urinary catheter, and tracheostomy tube. An EBP sign was posted on R3's bedroom door that indicated, Providers and staff must also: wear gloves and a gown for the following high-contact resident care activities. wound care. Review of R3's admission Record located under the Profile tab of the electronic medical record (EMR) revealed R3 was admitted to the facility on [DATE] with diagnoses of chronic respiratory failure, and peripheral vascular disease. Review of the quarterly Minimum Data Set (MDS) located under the MDS tab of the EMR with an Assessment Reference Date (ARD) of 06/12/25 showed documentation that staff assessed R3 had severe cognitive impairment and a Brief Interview for Mental Status (BIMS) score of 99. The MDS also documented that R3 had an indwelling urinary catheter, a feeding tube, and tracheostomy. Review of R3's Care Plan located under the Care Plan tab in the EMR revealed R3 had impaired immunity related to wound, urinary catheter, and tracheostomy and was on enhanced barrier precautions. During an interview on 07/07/25 at 3:35 PM, LPN3, LPN2 stated, We should have worn gowns. EBP includes wearing a gown when providing care if a resident has a wound or tubes. We didn't even think about it since the gowns were located in the plastic bins on the other side of the hall. During an interview on 07/08/25 at 2:00 PM, the Director of Nursing (DON) stated, EBP are expected to be used if there is an opening to the body, wounds, foley catheter, feeding tubes, PICC lines, tracheostomy, or an ostomy. If performing hands on care, then staff need to have EBP gown and gloves.</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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