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	08/05/2024

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 38253 Based on observation and interview, the facility did not ensure residents had bed linens in good condition that properly fit the bed for 1 (R23) of 19 residents reviewed in the sample. *R23 did not have a bottom sheet on the bed that covered the whole bed with 2 observations. Findings include: On 7/29/2024, at 10:16 AM, Surveyor observed R23 lying on the bed with R23's head lying directly on the mattress. The fitted sheet that covers the mattress was not fitted to the top of the mattress. The mattress was a bolstered air mattress. R23's head was resting directly on the mattress with no sheet under the head and the pillow was off to the side. The bottom portion of the fitted sheet was tucked around the bottom of the mattress allowing R23's lower body to be on the fitted sheet. On 8/01/2024, at 11:25 AM, Surveyor observed Certified Nursing Assistant (CNA)-L and CNA-M enter R23's room to reposition R23 and provide care assistance. Surveyor observed R23's fitted sheet to be fitted to the top of the mattress and not fitted to the bottom of the mattress so R23's lower body was directly on the mattress. Surveyor asked CNA-M how often R23 had incontinence cares and repositioning completed. CNA-M stated R23 gets a complete bed bath in the morning and then incontinence care and repositioning is done two to three more times per shift. Surveyor shared with CNA-M the observation of the fitted sheet not covering the entire mattress. CNA-M pulled the fitted sheet towards the bottom of the bed to tuck in the sheet around the mattress and the fitted sheet snapped back up towards the middle of the mattress under R23 and CNA-M left the sheet under R23 in that position. On 8/01/2024, at 3:01 PM, Surveyor interviewed Laundry Manager (LM)-N regarding the availability of bariatric fitted sheets. LM-N stated the facility has plenty of bariatric sheets that are put on the units on shelving where the regular fitted sheets and the bariatric fitted sheets have designated spaces. LM-N stated staff do not always keep the fitted sheets in the proper space so the sheets get mixed up. LM-N showed Surveyor the stitching on the bariatric fitted sheet and the regular fitted sheet; the bariatric fitted sheets had red stitching while the regular fitted sheets had other colors. Surveyor asked LM-N if the bariatric fitted sheet would fit on a bariatric bed with bolsters. LM-N stated yes, the bariatric fitted sheet should fit on those mattresses. (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

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	08/05/2024

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/01/2024, at 3:29 PM, Surveyor shared with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B the observation on 7/29/2024 of R23 lying with the her head on the mattress and on 8/1/2024 of R23 lying with the bottom half of their body on the mattress. Surveyor shared the concern the fitted sheet was not large enough to cover the bolstered bariatric air mattress. Surveyor shared the observation of CNA-M pulling on the fitted sheet to try and cover the bottom of the mattress and not being able to do so and leaving the sheet bunched up under R23's back. No further information was provided at that time.

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	08/05/2024

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845 Based on interview and record review the facility did not complete a significant change in status assessment MDS (Minimum Data Set) for 1 (R59) of 2 residents reviewed for significant change. R59 elected to receive hospice services on 06/28/2024. The facility did not complete a Significant Change MDS when R59 was enrolled into hospice care. Findings include: R59 was admitted to the facility on [DATE] with diagnoses that include Alzheimer's Disease, Dementia, cognitive communication deficit and unspecified psychosis. R59's annual MDS, dated [DATE] documents R59 is rarely/never understood. On 06/28/2024, R59's medical record indicates R59 elected to receive Hospice services that began on 06/28/2024. On 07/30/2024, at 10:42 AM, Surveyor noted R59 had a significant change MDS in progress and was not completed/submitted. On 07/30/2024, at 10:45 AM, Surveyor interviewed MDS Coordinator-U. MDS Coordinator-U informed Surveyor that most significant changes are from hospice and significant changes are talked about in morning report. MDS Coordinator-U states she will complete and submit significant change MDS 14 days from significant change. Surveyor inquired specifically about R59's significant change MDS, MDS Coordinator-U states the MDS may just need to be signed, she will have to look and will get back to Surveyor. On 7/30/24, Director of Nursing (DON)-B provided Surveyor with a printout of significant change MDS completion, dated 07/30/2024, Surveyor noted R59's MDS sections G and H were completed on 07/16/2024. Sections I, J and K were completed on 07/23/2024 and sections A,B,C,D,E and F were all completed on 07/30/2024. Surveyor informed DON-B of the concern R59's Change of Condition MDS was not completed timely.

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	08/05/2024

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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253 Based on record review and interview, the facility did not ensure assessments accurately reflected residents' status for 5 (R37, R7, R60, R48, and R41) of 5 reviewed for Preadmission Screening and Resident Review (PASRR). *R37, R7, R60, R48, and R41 had PASRR Level I and Level II completed, and that information was not entered correctly into the Minimum Data Set (MDS) comprehensive assessment. Findings include: The Resident Assessment Instrument has the following question to be documented: Section A1500. PASRR: Has the resident been evaluated by Level II PASRR and determined to have a serious mental illness and/or mental retardation or a related condition? with no, yes, or not a Medicaid certified unit as a response. 1.)R37 had a diagnosis of schizophrenia. A PASRR Level I and Level II were completed. The Annual MDS assessment dated [DATE] documented no to A1500. 2.) R7 had a diagnosis of depression. A PASRR Level I and Level II were completed. The Annual MDS assessment dated [DATE] documented no to A1500. 3.) R60 had a diagnosis of depression, bipolar, and anxiety. A PASRR Level I and Level II were completed. The Annual MDS assessment dated [DATE] documented no to A1500. 4.) R48 had a diagnosis of bipolar and schizophrenia. A PASRR Level I and Level II were completed. The Annual MDS assessment dated [DATE] documented no to A1500. 5.) R41 had a diagnosis of unspecified psychosis, anxiety, and depression. A PASRR Level I and Level II were completed. The Annual MDS assessment dated [DATE] documented no to A1500. On 7/30/2024, at 10:42 AM, Surveyor interviewed MDS-O regarding question A1500 on R37, R7, R60, R48, and R41's Annual MDS assessments. Surveyor shared with MDS-O R37, R7, R60, R48, and R41 had diagnoses for mental disorders and the MDS assessments documented the residents did not have a PASRR Level I and Level II's completed. MDS-O stated Social Services would have to start doing Section A of the MDS because MDS-O does not have anything to do with PASRRs. MDS-O stated the residents' Level I and Level II PASSRs must not have been scanned into their records because MDS-O did not see them. Surveyor shared that Surveyor was able to see all the Level I and Level II PASRRs. MDS-O stated MDS-O will talk to Social Services and have them correct those residents that did not have PASRR coded correctly. (continued on next page)

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	08/05/2024

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 0641 Level of Harm - Potential for minimal harm Residents Affected - Some	On 7/30/2024, at 3:02 PM, Surveyor shared with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B the concern R37, R7, R60, R48, and R41 did not have their Annual MDS assessments coded accurately to reflect a PASRR Level II had been completed with their diagnoses. Surveyor shared with NHA-A and DON-B the conversation with MDS-O when questioned about the coding of A1500 and MDS-O's response of having Social Services complete Section A due to their knowledge of PASRR. No further information was provided at that time.

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	08/05/2024

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845 Based on observations, interviews, and record review, the facility did not ensure 1 (R84) of 1 Resident reviewed for having received proper treatment and assistive device to maintain R84's hearing abilities. Findings Include: R84 was admitted to the facility on [DATE] with a primary diagnosis of Dementia. R84's admission Minimum Data Set (MDS), dated [DATE], documents R84 has adequate hearing and does not use hearing aids. R84 has an active guardian in place. On 07/29/24, at 11:03 AM, Surveyor interviewed R84. Surveyor had a very difficult time speaking with R84 due to R84's hearing difficulties. Surveyor noted R84 did not have hearing aids. Surveyor reviewed R84's Electronic Health Record and noted an order for R84 to have an Audiology consult regarding hearing aids dated 01/17/2024. Surveyor noted the order was not documented as completed. Surveyor noted R84's MDS did not assess/document R84 as being hard of hearing. Surveyor noted an order, dated 03/11/2024, which documents R84 to be set up with audiology through [Name of Audiology company], for hearing difficulty. Surveyor noted a progress note was created on 07/23/2024 which documents, R84 is hard of hearing, Audiology appointment is pending for hearing aids. On 07/30/2024 and 08/01/2024 Surveyor requested audiology appointment and/or consult documentation for R84. On 08/01/2024, Surveyor received copies of documents from Nursing Home Administrator (NHA)-A. Document provided to Surveyor, by NHA-A, was a fax sent for an Audiology consult for R84 dated 07/31/2024. Surveyor informed NHA-A of the concern R84's order for an audiology consult from 1/17/24 and 3/11/24 had not been arranged.

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	08/05/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47094 Based on observation, interview, and record review the facility did not ensure residents received the necessary treatment and services consistent with professional standards of practice for 1 (R61) of 9 residents reviewed with pressure injuries. R61 was noted to have developed two blisters on R61's left hand after staff removed R61's hand splint. R61's comprehensive care plan did not include interventions for the use of hand splints and R61's treatment administration record (TAR) was not revised after R61 developed blisters to left hand to include documentation of when the hand splint and/or palm guard should be applied. Findings include: The facility policy entitled Pressure Injury Prevention and Management implemented 2/14/2023 documents: This facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries. Policy Explanation and Compliance Guidelines: . 2. The facility shall establish and utilize a systemic approach for pressure injury prevention and management, including prompt assessment and treatment; intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions; and modifying the interventions as appropriate. 4. Interventions for Prevention and to Promote Healing: a. After completing a thorough assessment/evaluation, the interdisciplinary team (IDT) shall develop a relevant plan of care that includes measurable goals for prevention and management of pressure injuries with appropriate interventions. f. Interventions will be documented in the care plan and communicated to all relevant staff. 6. Modifications of Interventions: . b. Interventions on a resident's plan of care will be modifies as needed. R61 was originally admitted to the facility on [DATE] and readmitted to the facility on [DATE] and has diagnoses that include: diffuse traumatic brain injury, traumatic subarachnoid hemorrhage, dysphagia following cerebrovascular disease, chronic respiratory failure, muscle wasting and atrophy, tracheostomy, quadriplegia, cognitive communication deficit, and edema. R61's quarterly minimum data set (MDS) dated [DATE] the facility assessed R61 to be dependent with all activities of daily living (ADLs). R61 was unresponsive to tactile stimuli and voice. R61 had a tracheostomy, foley catheter, and gastrostomy tube in place. The facility assessed R61 on 7/9/2024 to be a high risk for developing pressure injuries with a Braden score of 11. (continued on next page)

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	08/05/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R61's ADL self-care performance deficit care plan initiated on 6/4/2024 has the following intervention in place related to R61's right and left hand contractures: -CONTRACTURES: The resident has contractures of the (SPECIFY location of contracture). Provide skin care (SPECIFY FREQ (frequency)) to keep clean and prevent skin break down. Total assist. R61's July 2024 medication administration record (MAR) had the following orders: -Check skin integrity after removal of splints. Update MD (medical doctor) and complete initial skin assessment if skin issues noted every shift. (Start date: 6/28/2023) R61's July 2024 TAR had the following orders: -Bilateral resting hand splint on for 4 (four) hours and off for 4 hours. Every 4 hours (Start date: 6/28/2023). R61's certified nursing assistant (CNA) Kardex had the following interventions in place in section Resident Care: - CONTRACTURES: The resident has contractures of the (SPECIFY location of contracture). Provide skin care (SPECIFY FREQ (frequency)) to keep clean and prevent skin break down. Total assist. On 7/9/2024, at 07:37 AM, in the progress notes nursing documented, nurse was called to [R61]'s room by CNA. Resident [R61] had palm guards on, when CNA took the palm guards off, [R61)]had two large intact blisters on the left hand. Skin prep ordered BID (twice a day). On 7/30/2024, at 1:51 PM, Surveyor interviewed Wound MD- V and wound Nurse- S. Wound MD- V stated that R61's blisters were more than likely caused by the bilateral hand splints R61 was wearing for R61's contractures. Surveyor asked how quickly blisters can form from a brace. Wound MD-V stated it depends on the situation. Wound MD-V stated R61 hand could have been swollen or the brace could have been put on or shifted to a spot that created a situation where the blisters developed and would not take a long time for that to happen. Wound Nurse-S stated R61 left hand splint should be on hold until the areas are healed and then be reassessed to determine if R61 needs a different splint. On 8/1/2024, at 9:56 AM, Surveyor interviewed Rehab Manager- I who stated R61 should not have anything on R61's left hand until it is healed and then will be reevaluated for splinting after R61's left hand is healed. Rehab Manager- I stated R61's right hand should continue to have the splint on every four hours put on and taken off as previously ordered. Surveyor asked what the hand splints look like that R61 has ordered. Rehab Manager- I stated the hand splints go around each finger and has a strap that goes around the palm to prevent R61's fingers from contracting into a fist and it is supposed to help keep R61's fingers straight. Rehab Manager- I stated anyone that has hand splinting gets a palm guard in its place when having a rest from the splint. Rehab Manager- I stated the palm guard is a round foam piece that gets put in a cloth covering and rested in R61's hand to hold and it does not wrap around the hand. (continued on next page)

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	08/05/2024

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor noted that revisions were not made to R61's care plan, MAR and TAR regarding R61's bilateral hand splinting after R61 developed blisters on their hand to indicate that hand splinting should be put on hold for R61's left hand. Surveyor also noted there is no order for the palm guard to be placed in R61's hand when the splints are not in place. Surveyor also noted staff was still signing the TAR indicating the hand splints were being put on every four hours and off every four hours. On 8/1/2024, at 3:28 PM, Surveyor shared concerns with Nursing Home Administrator (NHA)-A, Director of Nursing (DON)-B that R61's orders for bilateral hand splinting was not revised to what R61 should have in place currently and that R61's care plan has not been revised to indicated R61 should have splinting or palm guards in place. NHA-A stated they would look into it. On 8/5/2024, Surveyor noted revisions to the following orders on R61's August 2024 TAR: -Bilateral resting hand splint of for 4 hours and off for 4 hours. Every 4 hours was discontinued on 8/3/2024. -Hold left hand splint until wound is healed. Surveyor notes there is no start date documented. -Right resting hand splint on for 4 hours and off four 4 hours. Surveyor notes three is no start date or times documented to indicate when to put the right hand splint on or take off. On 8/5/2024, at 8:06 AM Surveyor interviewed Licensed Practical Nurse (LPN)- Q who stated R61 will clench R61's fists when coughing and staff have to check frequently to make sure R61 fists are not clenched. Surveyor asked LPN-Q if R61 is still getting a hand splint applied on R61's left hand because it was still being initialed as being completed. LPN-Q stated R61's hand splint and palm guard were on hold until R61's hand healed and LPN-Q was still initialing because R61 was getting the splint and palm guard interchangeably to R61's right hand still. Surveyor asked LPN-Q how LPN-Q is made aware R61's left hand splint and palm guard is on hold. LPN-Q stated it is said through shift report at change of shifts and it is passed onto the CNA's. Surveyor asked LPN-Q how LPN-Q would know if it was not passed on in shift report. LPN-Q stated not sure unless it was documented in the orders. On 8/5/2024, at 10:29 AM, Surveyor shared concerns with DON-B that R61's TAR did not indicate the times when R61 should have the right hand splint on and when to have it off. DON-B stated understanding and informed Surveyor that R61's care plan was revised to indicate the splinting for R61. Surveyor noted the following intervention was added to R61's ADL self-care performance care plan on 8/5/2024: -SPLINTING: Resting hand splints on for 4 hours and off for 4 hours. Palm guards when splints are not on. To right hand only until left hand heals. Surveyor received no further information at this time.

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	08/05/2024

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50700 Based on observation, record review, and interview, the facility did not ensure 1(R36) out of 1 residents reviewed with limited range of motion received appropriate treatment and equipment to increase range of motion and/or to prevent further decrease in range of motion. *R36 was observed not wearing a splint used to improve range of motion per R36's plan of care. Findings include: The facility policy titled Prevention of decline in Range of Motion and dated 01/22/24, documents: Policy Explanation and Compliance Guidelines: 1. The facility in collaboration with the medical director, director of nurses and as appropriate, physical/occupational consultant shall establish and utilize a systematic approach for prevention of decline in range of motion, including the assessment, appropriate care planning, and preventative care. R36 was admitted to the facility on [DATE] with a diagnosis that includes Huntington's disease, Muscle Wasting and Atrophy, and Muscle Weakness. R36's Care Plan, dated 06/11/2024 and with a target date of 08/23/2024 documents: Self-care deficit r/t (related to) disease process/progression; Interventions splinting: I wear hand splints 4 hours at a time. R36's physician order dated 06/10/2023, documents: Wear Left Resting Hand splint 12 hours, two times a day on at 0800 and off 2000. On 07/29/2024 at 10:21 AM, Surveyor observed Certified Nursing Assistant (CNA)-L came into R36's room to get R36 ready for the day. Surveyor observed R36 not to have hand splint on with heels resting directly on the mattress. Surveyor observed R36's left arm to be contracted and up against her body with R36's hand clinched into a fist. On 07/29/2024 at 11:38 AM, Surveyor observed R36 in bed with no hand splint in place and R36's hand up against her body and closed into a fist. On 07/30/2024 at 08:08 AM, Surveyor observed R36 in bed with no hand splint in place and R36's hand closed into a fist. On 07/30/2024 at 09:50 AM, Surveyor observed R36 not wearing a hand splint per R36's plan of care. On 07/30/2024 at 11:08 AM, Surveyor asked CNA-L, who was caring for R36, if R36 wore a hand splint on her left arm. CNA-L informed Surveyor that R36 had a hand splint in her drawer. On 8/1/24 at 2:53 PM, Surveyor observed R36 not wearing a hand splint on R36's left hand/arm. Surveyor then asked LPN (Licensed Practical Nurse)-H why R36 was not wearing a hand splint as documented in R36's plan of care. (continued on next page)

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	08/05/2024

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	LPN-H informed Surveyor that R36's splint was sent down to laundry a few days ago because something got spilled on it. LPN-H informed Surveyor that she was unsure what was spilled on the splint, but that LPN-H knew it (the splint) had been sent down (to laundry). On 08/01/2024 at 03:01 PM, Surveyor interviewed Laundry Manager-N regarding R36's hand splint use. Surveyor asked where R36's splint was and Laundry Manager-N informed Surveyor that she didn't see any splints come downstairs to laundry recently and checked in the personal laundry. Laundry Manager- N could not locate R36's splint. On 08/01/2024 at 03:36 PM, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B that R36 was observed not to be wearing splints as documented in R36's plan of care. On 08/01/2024 at 03:51 PM, Surveyor asked Rehabilitation Manager-I about the type of hand splint R36 used. Rehabilitation Manager-I informed Surveyor that R36 had a resting hand splint and that the splint was located in R36's room in the second drawer of R36's drawer. On 8/2/24, the facility provided a copy of a disciplinary action form given to a staff member that documented that a splint was to be applied to R36. No additional information was provided as to why R36 did not receive appropriate treatment and equipment to increase range of motion and/or to prevent further decrease in range of motion.

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	08/05/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 21855 Based on observation, record review and interview, the facility did not ensure a resident was supervised with meals to prevent choking. This was observed with 1 (R37) of 1 residents requiring supervision with eating meals. R37 requires supervision with eating to prevent choking. R37 was observed eating on their own without supervision. Findings include: 1.) R37 has a diagnosis of schizophrenia, and has a Guardian appointed for decision making. The physician orders signed 7/6/24, prescribe a regular diet with puree consistency. R37 had Speech Therapy services for dysphagia. The Speech Therapist recommendation on 6/14/24 document, puree consistency; close supervision; upright position for intake; constant supervision for intake; small bites/sips; slow rate. The Progress Note on 6/14/2024 document, New orders to change texture of diet to pureed diet r/t (related to) poor swallowing and choking. Also to remain sitting upright when eating, not to be left alone when eating, small bites with liquid wash every 4-5 bites. R37's plan of care for eating documents: I have an ADL (activity of daily living) Self Care Performance Deficit/physical mobility deficit, r/t Limited Mobility. Date Initiated: 04/04/2016. The Goal is: I will maintain current level of function in (Bed Mobility, Transfers, Eating, Dressing,Toilet Use and Personal Hygiene; ADL Score) through the review date. Date Initiated: 04/14/2017; Revision on: 05/18/2024; Target Date: 08/16/2024. Interventions: Resident re-educated to make sure W/C (wheelchair) is properly behind her and reaches back for arm-rests prior to sitting down. (continued on next page)

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	08/05/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Date Initiated: 05/25/2021. EATING: I need to sit in an upright position for meals. I require supervision. Encourage me to take small bites and eat slow. Cue me to take a drink after 4-5 bites. Lactose Intolerant Date Initiated: 04/01/2022; Revision on: 07/16/2024. LOCOMOTION: I am independent with wheelchair. I do not want a cushion. Date Initiated: 04/01/2022. Praise all efforts at self care. Date Initiated: 04/04/2016. PT (physical therapy)/OT (occupational therapy) evaluation and treatment as per MD orders. Date Initiated: 04/04/2016. Resident prefers to go to bed around PM. Date Initiated: 02/15/2023. On 8/01/24, at 7:57 AM, Surveyor observed R37 sitting in their wheelchair their room. R37 has their breakfast meal on the bed side table. R37 was eating their puree diet in their room without staff supervision. On 8/01/24, at 8:15 AM, Surveyor spoke with (Certified Nursing Assistant) CNA-P. CNA-P stated R37 typically eats breakfast in their room. They will check on R37 periodically and R 37 eats independently. On 8/01/24, at 9:26 AM, Surveyor spoke with the (Director of Nurses) DON-B. DON-B has been at the facility longer then the unit manager on R37's assigned unit. DON-B stated R37 is usually supervised for eating, even in their room. On 8/01/24, at 9:44 AM, Surveyor spoke with R37's Unit Manager UM-G. UM-G has been in this role for just a few weeks. UM-G stated they are still getting to know the residents on the unit. UM-G stated they will look into R37's meal supervision needs. Surveyor shared the meal observation and the order for supervision with meal intakes. On 8/01/24, at 3:29 PM, at the facility exit meeting with Nursing Home Administrator (NHA)-A and DON-B, Surveyor shared the observation of R37 unsupervised during the breakfast meal. No further information was provided.

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	08/05/2024

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49845 Based on observation and record review the facility did not ensure that residents with an indwelling catheter, receives the appropriate care and services to prevent urinary tract infections to the extent possible for 1 (R63) of 5 residents reviewed for catheter care. Surveyor observed staff perform catheter cares for R63 that were not consistent with standards of practice for indwelling catheter care. Findings include: The Facility's policy, titled: Catheter Care, with a last revision date of 10/16/2023, documents in part: Policy: It is the policy of this facility to ensure that residents with indwelling catheters receive appropriate catheter care and maintain their dignity and privacy when indwelling catheters are in use. Male: 14. Gently grasp penis, drawn foreskin back if applicable. 15. Using circular motion, cleanse the meatus with a clean cloth moistened with water and perineal cleaner (soap). 16. With a new moistened cloth, stating at the urinary meatus moving down, cleanse the shaft of the penis. 17. With a new moistened cloth, starting at the urinary meatus moving outward, wipe the catheter making sure to hold the catheter in place so as not to pull on the catheter. R63 admitted to the facility on [DATE] and has diagnoses that include Neuromuscular Dysfunction of Bladder, acute cystitis, and dementia. R63's most recent annual Minimum Data Set (MDS), dated [DATE], documents R63 has a Brief Interview for Mental Status (BIMS) of 08, indicating R63 has moderate cognitive impairment. R63's annual MDS also documents, R63 has an indwelling catheter. R63 was hospitalized from 06/08/2024 through 06/18/2024 for urosepsis. On 07/13/2024, R63 had a positive urine culture and was put on intravenous (IV) antibiotics for 7 days. On 08/01/24, at 01:48 PM, Surveyor observed catheter cares for R63. Surveyor observed CNA-T cleaning R63's genitals, starting at the urethral meatus and worked her way down to the base of the penis. After getting a new washcloth from the water basin, CNA-T began wiping R63 at the base of R63's penis, cleaning in between thighs, at pelvic region, then used the same washcloth to clean the ureteral meatus and indwelling catheter tubing at the opening of R63's urethra. Surveyor intervened at this time. On 08/01/24, at 03:29 PM, Surveyor informed Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B of above observations and concerns with catheter care provided to R63

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	08/05/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38253 Based on observation, interview, and record review, the facility did not ensure residents who were fed by enteral means received the appropriate services to prevent complications of enteral feeding for 2 (R23 and R36) of 4 residents reviewed for enteral feeding. *R23 had enteral feeding orders for seven times a day that were transcribed as five times a day in the medical record resulting in weight loss. R23 had multiple formulas on one order with each formula having a different number of administration times affecting the amount of free water that would be administered with no documentation as to which formula was provided and no communication with the Registered Dietician (RD) as to what formula and free water was provided to R23. *R36 had orders for enteral feeding and free water flushes. The orders did not correlate with the RD's documentation of what R36 was being provided. Findings include: The facility policy and procedure entitled Care and Treatment of Feeding Tubes dated 5/1/2024 documents: Policy Explanation and Compliance Guidelines: 1. Feeding tubes will be utilized according to physician orders, which typically include: the kind of feeding and its caloric value, volume, duration, mechanism of administration, and frequency of flush. 4. The facility will utilize the Registered Dietitian in estimating and calculating a resident's daily nutritional and hydration needs. 7. e. Frequency of and volume used for flushing, including flushing for medication administration, and what to do when a prescriber's order does not specify. 9. Direction for staff regarding nutritional products and meeting the resident's nutritional needs will be provided: a. Types of enteral nutrition formulas available for use. b. How to determine whether the tube feedings meet the resident's needs and when to adjust them accordingly. c. How to balance essential nutritional support with efforts to minimize complications related to the feeding use. d. Ensuring that the selection and use of enteral nutrition is consistent with manufacturer's recommendations. (continued on next page)

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	08/05/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	e. Ensuring that the administration of enteral nutrition is consistent with and follows the practitioner's orders. 10. c. Periodic evaluation of the amount of feeding being administered for consistency with practitioner's orders. The facility policy and procedure entitled Hydration dated 10/2022 documents: Compliance Guidelines: 1. The facility will utilize a systematic approach to optimize the resident's hydration status: a. Identifying and assessing each resident's hydration status and risk factors b. Evaluating/analyzing the assessment information c. Developing and consistently implementing pertinent approaches d. Monitoring the effectiveness of interventions and revising them as necessary. 2. Identifications/assessment: a. Nursing staff shall assess hydration status upon admission and throughout the resident's stay in accordance with assessment protocols. c. The dietitian will assess hydration as part of the comprehensive nutritional assessment within 72 hours of admission, annually, and upon significant change in condition. Follow-up assessment will be completed as needed. 4. Care plan implementation: . d. Tube feeding or parenteral fluids will be provided in the context of the resident's overall clinical condition and resident goals/preferences. 5. Monitoring/revision: a. Monitoring of the resident's condition and care plan interventions will occur on an ongoing basis. b. The resident will be monitored for signs and symptoms of dehydration including, but not limited to: i. Dry skin and mucous membranes ii. Cracked lips iii. Poor skin turgor iv. Thirst (continued on next page)

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	08/05/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	v. Fever vi. Constipation . x. Abnormal laboratory values. 1.) R23 was admitted to the facility on [DATE] and has diagnoses of Huntington's disease, dysphagia requiring a gastrostomy tube to meet nutritional needs, diabetes, anxiety, dementia, and cachexia. R23's Quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R23 was rarely/never understood and was severely cognitively impaired. The MDS documented R23 had impairment to both arms and legs and had weight loss that was not prescribed while receiving greater than 50% of the nutrition and greater than 500 cc (cubic centimeter) daily through a feeding tube. R23's Tube Feeding Care Plan initiated on 12/15/2023 had the following interventions: -Check for tube placement and gastric contents/residual volume per facility protocol and record; hold feed if greater than 500 cc aspirate. -Monitor/document/report as needed any signs/symptoms of aspiration: fever, shortness of breath, tube dislodged, infection at tube site, self-extubation, tube dysfunction or malfunction, anormal breath/lung sounds, abnormal lab values, abdominal pain, distension, tenderness, constipation or fecal impaction, diarrhea, nausea/vomiting, dehydration. -Obtain and monitor lab/diagnostic work as ordered; report results to physician and follow up as indicated. -Provide local care to G-Tube (gastrostomy tube) site as ordered and monitor for signs/symptoms of infection. -Registered Dietitian to evaluate quarterly and as needed; monitor caloric intake, estimate needs; make recommendations for changes to tube feeding as needed. -R23 needs the head of the bed elevated 45 degrees during and thirty minutes after tube feed. On 12/22/2021, R23 had an order for water flushes 80 ml (milliter) before and after each tube feeding. On 5/2/2023, R23 had a new order for Diabeta Source AC 250 ml 7 times daily via gravity bag; may substitute Glucerna 1.2, Glucerna 1.5, [NAME] Farms Glucose Support 1.2, or Jevity 1.5 (for a total of 6 cans a day). Surveyor noted the water flushes were dependent on the tube feeding schedule and when R23 received Diabeta Source AC, that formula was given seven times a day and the other formulas were six times a day decreasing the water intake by 160 ml daily. On 2/6/2024 at 5:23 PM in the progress notes, nursing documented Lantus was increased to 18 units twice daily and feedings have been decreased to five times a day. (continued on next page)

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	08/05/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/6/2024, R23 had an order for Diabeta Source AC 250 ml 7 times daily via gravity bag; may substitute Glucerna 1.2, Glucerna 1.5, [NAME] Farms Glucose Support 1.2, or Jevity 1.5 (for a total of 6 cans a day). Surveyor noted the order was identical to the previous tube feeding order but was scheduled to be administered five times daily. On 2/9/2024, R23 weighed 132 pounds. On 2/13/2024, at 10:48 PM, the Nurse Practitioner documented a progress note effective 2/9/2024. The progress note documented R23 was seen for follow up on labs and abnormal fluctuations in blood glucose and discussed with the dietitian. A message was sent to the dietitian on blood glucose readings high and lows daily. The dietitian had been following R23 for some time and said this was not R23's usual. The dietitian was not sure if the blood sugar readings were due to the timing with the tube feedings or if there was another problem. No changes were made to the feedings and an order was placed for Diabeta Source AC seven times a day bolus. On 2/27/2024, at 9:00 PM, in the progress notes, Registered Dietitian (RD)-K documented R23 was receiving Diabetisource AC 250 ml seven times daily with 80 ml water flushes before and after feedings equaling 1120 ml of free water. RD-K documented R23 continued to do well on the tube feeding and the current tube feeding prescription was adequate to meet R23's nutritional needs and the plan was to continue the nutrition prescription as ordered. Surveyor noted RD-K's documentation of R23's tube feeding regimen did not accurately reflect what R23 was receiving for nutrition: R23 was receiving 5 feedings daily with a total of 10 water flushes compared to RD-K's calculations of 7 feedings daily with a total of 14 water flushes, 320 cc less of water than was calculated. On 3/15/2024, R23 weighed 132.4 pounds. On 3/29/2024, at 6:57 PM, in the progress notes, RD-K documented R23 was receiving Diabetisource AC 250 ml seven times daily with 80 ml water flushes before and after feedings equaling 1120 ml of free water. RD-K documented R23 continued to do well on the tube feeding and the current tube feeding prescription was adequate to meet R23's nutritional needs and the plan was to continue the nutrition prescription as ordered. Surveyor noted RD-K's documentation of R23's tube feeding regimen did not accurately reflect what R23 was receiving for nutrition: R23 was receiving 5 feedings daily with a total of 10 water flushes compared to RD-K's calculations of 7 feedings daily with a total of 14 water flushes, 320 cc less of water than was calculated. On 4/29/2024, at 1:19 PM, in the progress notes, RD-K documented R23 was receiving Diabetisource AC 250 ml seven times daily with 80 ml water flushes before and after feedings equaling 1120 ml of free water. RD-K documented the current tube feeding prescription was adequate to meet R23's nutritional needs and the plan was to continue the nutrition prescription as ordered. RD-K documented no weight was recorded for that month. Surveyor noted RD-K's documentation of R23's tube feeding regimen did not accurately reflect what R23 was receiving for nutrition: R23 was receiving 5 feedings daily with a total of 10 water flushes compared to RD-K's calculations of 7 feedings daily with a total of 14 water flushes, 320 cc less of water than was calculated. On 5/8/2024, R23 weighed 116 pounds, a 16.4 pound weight loss in two months or 12.4 percent. No documentation was found that the physician or dietitian were notified or consulted with related to the weight loss. (continued on next page)

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	08/05/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/30/2024, at 12:02 PM, in the progress notes, RD-K documented R23 was receiving Diabetisource AC 250 ml seven times daily with 80 ml water flushes before and after feedings equaling 1120 ml of free water. RD-K documented the current tube feeding prescription was adequate to meet R23's nutritional needs. RD documented R23 had a significant weight change. RD-K documented weights had been infrequent and was difficult to trend. RD-K recommended to modify the nutrition prescription to support weight stability and to keep the same order for water flushes. Surveyor noted RD-K was not aware R23's feeding schedule had been altered from seven times daily to five times daily on 2/6/2024 and R23's weight loss was not addressed by RD-K until 22 days after the weight was obtained. On 5/30/2024, R23 had an order to change the tube feeding to Glucerna 1.5 260 ml six times daily via gravity bag. May substitute Glucerna 1.2 (260 ml seven times a day) or Jevity 1.5 (260 ml six times a day). The formula was scheduled to be administered every four hours. Surveyor noted the formulas in the order did not have the same administration schedule which would affect the amount of free water flushes R23 would receive. No documentation was found indicating which formula was provided to R23. On 6/7/2024, R23 weighed 118 pounds. On 7/6/2024, R23 weighed 116 pounds. On 7/19/2024, at 3:50 PM, in the progress notes, RD-K documented R23 was receiving Diabetisource AC 260 ml six times daily with 80 ml water flushes before and after feedings equaling 1120 ml of free water. RD-K documented the current tube feeding prescription was adequate to meet R23's nutritional needs for weight stability/gain. Surveyor noted R23 was not receiving Diabetisource AC and was getting 960 ml of free water with flushes. On 7/29/2024, at 10:17 AM, Surveyor observed R23 in bed. R23's lips were dry with a white gummy substance on the lips and the corners of the mouth. When R23 opened the mouth, the saliva was very thick and stringy in consistency. R23 was non-verbal and did not respond or react to questions. R23's Dehydration or Potential Fluid Deficit Care Plan was initiated on 12/15/2023 that was resolved on 2/5/2024 and reinitiated on 7/29/2024 with the following interventions: -Administer medications as ordered; monitor/document for side effects and effectiveness. -Ensure R23 is provided fluids per RD/MD orders. -Monitor/document/report as needed any sign/symptoms of dehydration: decreased or no urine output, concentrated urine, strong odor, tenting skin, cracked lips, furrowed tongue, new onset confusion, dizziness on sitting/standing, increased pulse, headache, fatigue/weakness, dizziness, fever, thirst, recent/sudden weight loss, dry/sunken eyes. (Surveyor noted R23 was unable to show or communicate concerns for increased confusion, dizziness, complain of headache, or thirst.) (continued on next page)

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	08/05/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 8/1/2024, at 8:19 AM, Surveyor asked RD-J about R23's tube feeding regimen and free water. RD-J was unfamiliar with R23 and reviewed R23's medical record. RD-J stated RD-J was confused at to the amount of free water R23 was receiving due to the order for tube feeding in conjunction with the water flushes and RD-K's documentation for the calculation of the free water. RD-J stated the calculation of 1120 cc does not match the 960 cc R23 would be receiving with six daily feedings. Surveyor shared with RD-J the observation of R23's dry lips and gummy mouth. Surveyor asked RD-J if the dietitian visualized the resident. RD-J was not sure if RD-K saw R23 or only conferred with nursing for signs and symptoms of dehydration. Surveyor asked RD-J how the dietitian knows which formula R23 was receiving since there were three formulas in one order with different administration amounts. RD-J was not sure and agreed the free water would be different if R23 was getting six or seven feedings daily. RD-J stated there was no documentation to state which formula or how often the feeding was given. RD-J stated RD-J needed to find out how nursing is communicating to RD-K what formula they are providing and how that is affecting the free water flushes. RD-J stated RD-K documented R23 was on Diabetisource when R23 was on Glucerna. Surveyor shared with RD-J R23 had an order for Diabetisource for seven times daily and was scheduled for five times daily so was not getting two feedings and 320 cc less of free water than what RD-K was documenting. Surveyor shared with RD-J that from the documentation, RD-K was not aware of the difference in the feeding schedule and what was ordered. Surveyor shared with RD-J R23 had a significant weight loss from 3/15/2024 to 5/8/2024 of 16 pounds. Surveyor shared the concern with RD-J that RD-K was not made aware of the weight loss on 5/8/2024 when the weight was obtained, and RD-K did not make a note until 5/30/2024 and changed the feeding order. RD-J reviewed the record and a re-weight was requested on 5/30/2024, the same day RD-K wrote a progress note. RD-J stated RD-K must not have been notified of the weight loss. RD-J stated RD-J was not sure what the facility policy was on notifying the RD of weight loss. On 8/1/2024, at 10:38 AM, Surveyor observed R23 in bed with the tube feeding attached and running by gravity into R23's gastrostomy tube. R23 had the head of the bed elevated and showed no signs of distress. Licensed Practical Nurse (LPN)-H entered the room to disconnect the finished tube feeding. Surveyor asked LPN-H how often R23 had bolus feedings. LPN-H stated R23 gets tube feedings five times a day with a flush of 200 cc before and after each feeding. LPN-H left the room and returned stating LPN-H wanted to verify the order for flushes and R23 receives 80 cc before and after each feeding. LPN-H stated R23 received Glucerna 1.5. Surveyor asked LPN-H what the signs and symptoms of dehydration were. LPN-H stated dry lips, emaciation, and dry eyes. Surveyor asked LPN-H if a physician or dietitian would be notified. LPN-H stated if they notice a weight loss, LPN-H would notify the physician but not the dietitian. LPN-H stated R23 looked dehydrated with the chapped lips. LPN-H stated they can send a message to the Nurse Practitioner (NP) and the NP would address their concerns. Surveyor asked LPN-H how often oral care was completed with R23. LPN-H stated oral care was done by the CNA every shift and nurses can use dental wash with toothettes they can swish around. No oral care was done by LPN-H at that time. Surveyor observed RD-J in R23's room assessing R23. On 8/1/2024, at 11:54 AM, RD-J returned to the interview and stated there was a progress note on 2/6/2024 that the nurse changed the tube feeding order to five times a day and after that note, the physician wrote it was seven times a day. RD-J stated there was confusion between the departments on who was doing what. RD-J stated the physician reached out to RD-K about glucose levels at that time but nothing else; RD-K was not notified of the change to five times a day for the feeding. RD-K stated with the weight loss, RD-K put an intervention in place as soon as they were aware of the weight loss. RD-K stated moving forward, they will include discussing residents receiving tube feeding during the weekly at risk meeting to discuss weight changes, tube feeding orders, water flush orders, and sign and symptoms of dehydration. (continued on next page)

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	08/05/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/1/2024, at 12:20 PM, RD-J stated based on RD-J's observations and calculations, RD-J will be increasing the amount of free water for R23. RD-J stated RD-J puts the order in the queue which gets reviewed and signed by the physician or NP. RD-J stated RD-J likes to discuss with nursing before making changes because it is an interdisciplinary team decision. RD-J stated RD-J puts in a progress note as to the reason for the recommendations for increasing or discontinuing orders. On 8/1/2024, at 12:27 PM, in the progress notes, RD-J documented R23 was observed to have cracked lips with crust and film around the mouth; current fluid intake was potentially not meeting nutritional needs. The updated water flush order was 100 ml pre and post bolus feedings for a total of 1200 ml. The increased fluid needs possibly related to observed potential for sign/symptoms of dehydration. On 8/1/2024, at 3:29 PM, Surveyor shared with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B the observations on 7/29/2024 and 8/1/2024 of R23 having dry chapped lips with white gummy substance on lips and stringy saliva. Surveyor shared the concern with R23 having an order for tube feeding administration with three different formulas and different daily administration depending on the formula. Surveyor shared the concern the free water flushes were dependent on the administration of the bolus tube feeding and if different types were given, that would alter the amount of free water provided. NHA-A agreed the orders were confusing with different types of feeding having different number of cans given affecting the amount of free water. Surveyor shared the concern R23 lost weight from 3/15/2024 to 5/8/2024 when the order did not match what was scheduled and the dietitian was not notified timely. DON-B stated they were aware of dietary problems at that time and is being addressed. NHA-A stated the dietitian now enters the orders and sends an email to show the changes that have occurred. On 8/5/2024, the facility provided a statement regarding the review for R23's hydration. The statement documents R23 is being monitored for sign/symptoms of dehydration by the nursing department and changes to the tube feeding regimen have taken place. Labs were drawn on 8/2/2024 and did not show signs of dehydration. Mouth dryness and chapped lips are from R23's tendency to mouth breathe instead of breathing through the nose. Mouth dryness and chapped lips are a side effect of breathing though your mouth. Oral cares have been increased to every 4 hours and will be monitored as an intervention for the side effects of mouth dryness. No further information was provided at that time. 50700 2.) The facility policy titled Care and Treatment of Feeding Tubes, dated 5/1/2024, documents: Policy Explanation and Compliance Guidelines: 1. Feeding tubes will be utilized according to physician orders, which typically include: the kind of feeding and its caloric value, volume, duration, mechanism of administration, and frequency of flush. 4. The facility will utilize the Registered Dietitian in estimating and calculating a resident's daily nutritional and hydration needs. (continued on next page)

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	08/05/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7. e. Frequency of and volume used for flushing, including flushing for medication administration, and what to do when a prescriber's order does not specify. R36 was admitted to the facility on [DATE] with a diagnosis that includes Huntington's disease, Dysphagia requiring a Gastrostomy tube to meet nutritional needs. R36's tube feeding care plan, with a target date of 08/23/24 documents that R36, has nutritional problem related to (r/t) inadequate oral intake r/t dysphasia, tube feeding and mechanically altered diet. Interventions for R36 care plan include provide enteral feeding and flushes as ordered. Report intolerance to RD (registered dietician). RD to evaluate and make diet change recommendations as needed. R36's nutritional care plan, dated 02/21/2024 and target date of 08/23/24 documents, R36 will remain adequate nutritional and hydration status as evidenced by (AEB) weight stable, no signs or symptoms of dehydration thru review date. R36's physician order dated 02/21/2024, Water flush of 60 cc before and after bolus feeding. Total of 120 cc with each bolus feeding. TID (three times a day) order EF (enteral feeding): Jevity 1.5 240 ml via gravity with bag per G Tube TID On 07/29/24 at 10:19 AM, Surveyor observed R36's empty tube feeding bag not running with the EF pole in room with bag dated for 7/29/24. R36 was observed to have dry lips and resident smacking lips with dry build up around mouth. On 07/30/2024 at 08:08 AM, Surveyor observed R36 to have dry lips and resident smacking lips with dry build up around mouth. On 07/30/2024 at 11:08 AM, Surveyor observed R36 in bed in supine position and repositioned back up toward the top of the bed. Surveyor observed R36 to have dry lips with dry build up around mouth. 07/30/24 01:27 PM, Surveyor observed R36 to have dry lips and resident smacking lips with dry build up around mouth. Surveyor observed R36 to have dry lips and buildup still present around mouth. On 07/30/2024 at 03:13 PM, Surveyor requested information from DON (Director of Nursing)-B and requested the dietitian's phone number or a way to get a hold of the dietician. On 08/01/2024 at 08:19 AM, Surveyor interviewed RD (Registered Dietician)-J regarding R36's orders for tube feeding. Surveyor updated RD-J that the correction note tube feeding amount from 7/31/24 and March dietician progress notes are not accurate to the ordered amount of feeding that resident is receiving. Surveyor informed RD-J that flush orders for R36's are for TID and not QID and they should match the QID feeding schedule for R36. Surveyor informed RD-J that there were multiple observations of R36 having dry/cracked lips. RD-J observed R36 and agreed that R36's lips were cracked and a build-up on lips/mouth was observed but stated this could be related to the mouth cares needing to be increased or a side effect from the thickened liquids. RD-J stated that they would update the orders in R36's medical record after the physician signed off on them. RD-J informed Surveyor that R36's flush orders are wrong, and that RD-J would place correct order into R36's medical record and update the facility staff. (continued on next page)

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	08/05/2024

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 08/01/2024 at 10:34 AM, Surveyor observed R36 to have dry lips with a white build up in the corners of the mouth and on R36's lips. Surveyor asked LPN (Licensed Practical Nurse)-H if LPN-H monitored R36 for signs of dehydration and how she would address dehydration in R36. LPN-H informed Surveyor that she would look to see if R36 had dry/cracked lips and would call the physician and ask for more fluids. LPN-H stated she monitored R36 for signs of dehydration once a shift. On 8/5/2024, the facility provided a statement to Surveyor regarding the review for R36's hydration. The statement documents R36 is being monitored for sign/symptoms of dehydration by the nursing department and changes to the tube feeding regimen have taken place. The statement documents that blood was drawn on 8/2/2024 and that R36 did not show signs of dehydration, a copy of laboratory results was also included with the statement. The statement documented that R36's mouth dryness and chapped lips are from R36's tendency to mouth breathe instead of breathing through the nose. The statement documented that R36's mouth dryness and chapped lips are a side effect of breathing though R36's mouth. Oral cares have been increased to every 4 hours and will be monitored as an intervention for the side effects of mouth dryness. No further additional information was provided as to why R36 did not receive the correct amount of fluids for flushes with bolus enteral feedings.

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	08/05/2024

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 22692 The facility did not ensure a charge nurse was assigned for each shift. This had the potential to affect all 95 residents that reside in the building. Findings include: On 7/29/24, at 11:30 AM, the facilities staffing schedules for January though March 2024 and July 2024 were reviewed and did not indicated which nurse was to be assigned as the charge nurse for each shift. The Schedule also did not indicate if each nurse was a Registered Nurse or Licensed Practical Nurse. On 07/29/24, at 1:47 PM, Scheduler-E was interviewed and indicated she did not know she had to indicate on the schedule who was the charge nurse and she just knows who it is on each shift. On 7/29/24, at 2:15 PM, Director of Nurses (DON)-B was interviewed and indicated each of the 4 wings has their own charge nurse. DON-B indicated they just know who it is if 2 nurses are on the same floor. On 7/30/24, at 9:00 AM, the schedule for 7/30/24 was reviewed and had each of the nurses titles as well as designating one nurse per shift to be assigned as charge nurse. The above findings were shared with Nursing Home Administrator-A and Director of Nurses-B on 7/30/24, at 3:00 PM, at the daily exit conference. Additional information was requested if available as to why a charge nurse for each shift was not identified on the schedule. None was provided.

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	08/05/2024

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 22692 Based on observation, interview, and record review the facility did not ensure that food was prepared to conserve nutritive value and flavor. This has the potential to effect 13 (R37, R67, R29, R86, R18, R59, R73, R88, R71, R36, R24, R547, and R548) of 13 residents on a pureed diet. The [NAME] did not follow a recipe for preparing texture and modified consistency diet for pureed food. Findings include: On 07/29/24, at 11:10 AM, Cook-C was observed preparing pureed Salisbury steak. [NAME] -C put 12 patties and approximately 3 cups broth in metal container. [NAME] -C then used the food processor to puree the food. After Cook-C pureed the Salisbury steak he put the pureed food under the running water and added an unmeasured amount of water to the container. Cook-C then added instant potatoes to the Salisbury steak saying it was too thin. Cook-C then added a can of carrots with an unmeasured amount of liquid from the can into a metal container and pureed it with the food processor and indicated it was completed. Cook-C was interviewed immediately after the observation and indicated he follows a recipe but their was no recipe for the carrots he pureed because it was a substitute. On 07/29/24, at 11:20 AM, the facilities recipe for pureed Salisbury steak was reviewed and documented: for 50 servings of Salisbury steak 3 1/8's cup liquid should be added (Cook-C was observed adding about this amount for 12 servings). On 7/29/24, at 11:23 AM, Food Service Director (FSD)-D was interviewed and indicated the [NAME] should be following the recipes for pureed food. FSD-D indicated a recipe for pureed carrots was not in the recipe book for the cook and she would have to pull it off the computer. On 7/29/24, at 1:00 PM, the recipe for pureed carrots provided by FSD-D was reviewed and documented: 1 and 1/4 cups carrots to 2/3rd's cup liquid for 10 servings (Cook-C did not measure the amount of carrots or liquid before pureeing and did not have the recipe available at the time). On 7/30/24, the facilities policy titled, Pureed Diet Preparation and Portion Control (no date) was reviewed and documented: Pureed preparation: Follow standardized recipes. The above findings were shared with Nursing Home Administrator-A and Director of Nurses-B on 7/30/24, at 3:00 PM, at the daily exit meeting. Additional information was requested if available. None was provided as to why Cook-C did not follow recipes to prepare pureed food for residents.