STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525632	A. Building B. Wing	08/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Water's Edge	11040 North State Rd 77 Hayward, WI 54843

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 - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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
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(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 - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation, and interview, the facility did not ensure that each resident receives adequate supervision and assistance devices to prevent accidents for 2 of 3 residents (R) (R1 and R2) reviewed.The facility did not ensure R2's bed alarm was functioning to alert staff of self-transfer resulting in R2 falling and sustaining an acute fracture involving the left orbital roof, opacified left frontal sinus consistent with fracture involving its lateral wall, and a left nasal fracture. This example is being cited at actual harm.The facility did not ensure that R1 was transferred with assist of 2 and correct sling causing R1 to fall to the floor. Findings:The facility policy titled Plan for the Provision of Nursing Care, undated, states in part under the section Staffing: .E. Nursing assistance provide assistance and care to residents according to the plan of care. The facility policy titled Falls Management Program: Accident Prevention & Investigation, undated, states: It is the mission of the Water's Edge Care Center to prevent falls, prevent accident, and reduce the risk of injuries. Our goal is to ensure the environment remains safe and [NAME] from potential hazards that may lead to an accident, to ensure adequate supervision and ultimately improve the quality of life of our residents. Under the section titled Definition, the policy continues to state: Our facility has adopted the Health Care Association of New Jersey (HCANJ) Best practice evident based Fall Management Guidelines which includes assessments, analysis of risk level, treatment plan, evaluation, education and quality improvement tools.The facility policy states in part: they have specific interventions not included in HCANJ Fall Management Guidelines include but are not limited to: .Risk rounds done before/after shifts assuring obstacles are clear, personal items are within reach, and bed exits are on.We attempt to provide an alarm free facility, we do provide silent bed exits to pager alarms for some residents in an attempt to assist them when they have exited the bed (note this is not to prevent a fall as it has been proven that alarms do not work to prevent a fall, only alert staff that someone has risen). Ours are silent to resident but alert staff via pager.Example 1R2 was admitted to the facility on [DATE] with diagnoses that include cerebral infarction, unspecified symptoms and sign involving cognitive functions following cerebral infarction.R2's quarterly MDS, dated [DATE], indicates a BIMS score of 12/15 indicating mildly impaired cognition and documents R2 requires supervision for transfers.R2's care plan needs, dated 10/23/24, states: I have the potential to fall down and hurt myself, because I am weak, take some medications that can make me dizzy, tired, confused or weak. Approaches include I need my nurses to know that coumadin has a black box warning of Bleeding Risk and can cause major or fatal bleeding.R2's care plan needs, dated 05/07/25, state in part: I can't complete my cares on my own . because I have left facial droop and left sided weakness with a care plan approach dated 01/02/25 that states: I can't transfer safely without help, so I use a bed alarm, page recliner, pager alarm. Check that alarm(s) are applied correctly and turned on.R2's nurses notes indicated R2 sustained a major injury on 07/03/25 wherein R2 was found on the floor at 8:00 PM, with head surrounded by a pool of blood and sustained bruising and hematoma over left front skull 3 cm x 4cm, left eye bruised and swollen shut. Alarm not functioning due to the alarm not being plugged in. When staff plugged alarm in, it was noted to be defective and was replaced.R2's physician was contacted and R2 was sent out to emergency room. R2 returned to facility on 07/04/25 at 12:00 AM with diagnoses of left orbital fracture and left nasal fracture.On 08/08/25, Surveyor reviewed emergency room record dated 07/03/25, which stated a CT of Maxillofacial without contrast was completed and impressions of: 1. Moderate left-sided facial soft tissue swelling with moderate left frontotemporal scalp soft tissue swelling. 2. Acute fracture involving the left orbital roof. Opacified left frontal sinus consistent with fracture involving its lateral wall. 3. Left nasal fracture. On 08/08/25 at 11:03 AM, Surveyor interviewed Certified Nursing Assistant (CNA) C regarding expectations of following plans of care and how CNAs are made aware of care plan interventions and changes. CNA C stated care plans are in the computer and are expected to be followed. If there are changes made we receive information during morning rounds, and they are to look up in electronic record. There is a button where staff can view changes using separate buttons for a 1, 3, or 7 day look back period for any changes made based on the last time they worked. CNA C confirmed recently receiving education regarding ensuring following care plans and to ensure correct lifts and 2-person assist is utilized for residents per individual care plans.On 08/08/25 at 11:15 AM, Surveyor interviewed CNA D who confirmed electronic records buttons are to be utilized at the beginning of each shift and CNA D recently received education on following plans of care. On 08/08/25 at 12:30 PM, Surveyor interviewed Nursing Home Administrator (NHA) A and Director of