

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525632	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Water's Edge		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48793</p> <p>Based on observation, interview, and record review, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. This had the potential to affect all 40 residents (R).</p> <p>The facility did not complete surveillance for the time of onset of symptoms for COVID-19 symptomatic staff.</p> <p>Findings include:</p> <p>Surveyor requested and reviewed the facility procedure titled House Supervisor and Leader Guidance for Ill Employee Calls dated 02/19/24. The procedure in part reads: .What should House Supervisors initially do when a phone call from an ill employee calls? Questions to ask include, but are not limited to:</p> <ul style="list-style-type: none"> <li>-When did employee symptoms start? What symptoms is the employee having?</li> <li>- Has the employee had any exposure to anyone else that is ill?</li> <li>-Has the employee had a known COVID-19 exposure?</li> </ul> <p>Surveyor reviewed Infection Control (IC) surveillance logs and found the facility identified the facility had an outbreak of COVID-19 starting on 02/08/24 and ending on 03/05/24, which affected 12 of 40 residents. Surveillance logs identified 7 out of 14 employees who had symptoms of COVID 19, that did not have the date and time of onset of symptoms on the surveillance log. COVID-19 logs read:</p> <ul style="list-style-type: none"> <li>-Certified Nursing Assistant (CNA) C had onset of symptoms (runny nose) on 01/09/24. CNA C last worked on 01/09/24 from 5:50 AM to 6:56 AM. The surveillance does not identify the time of onset of symptoms to determine if the employee should have been in work status.</li> <li>- CNA D had onset of symptoms on 02/08/24. The surveillance does not indicate the time of onset of signs and symptoms.</li> </ul> <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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Registered Nurse (RN) E had onset of symptoms (fatigue, hoarse throat, and high blood sugars) on 02/07/24. The surveillance does not indicate the time of the onset of signs and symptoms, or if RN E completed a Covid test on 2/07/24 and what the results were.</p> <p>-Nursing Home Administrator (NHA) A had onset of symptoms on 02/07/24, worked on 02/08/24 in building and then tested COVID-19 positive on 02/09/24. The surveillance does not indicate a time of the onset of signs and symptoms, or if a Covid test was completed on 2/7/24. Without knowing the test results the facility was unable to determine if NHA A should have been in work status on 02/08/24.</p> <p>-Kitchen Aide (KA) F had onset of symptoms (Sore throat, headache, and exposure to two COVID-19 roommates) on 02/12/24. KA F last worked on 02/12/24. The surveillance does not indicate the time of onset of symptoms to determine if KA F worked with symptoms on 2/12/24.</p> <p>-Rehab G had onset of symptoms on 02/26/24. Rehab G last worked on 02/26/24. Rehab G tested COVID-19 positive on 02/27/24. The surveillance does not document time of onset of symptoms or if a Covid test was done on 2/26/24 to determine if Rehab G was working with symptoms on 2/26/24.</p> <p>-Patient Access (PA) H had onset of symptoms on 02/23/24. PA H last worked on 02/23/24. The time of onset of symptoms is not documented to determine if PA H worked with symptoms.</p> <p>On 04/24/24 at 7:42 AM, Surveyor interviewed Infection Preventionist (IP) I and asked what the process is and expectations for sick employees. IP I indicated the expectation is for staff to stay home and call Employee Health J if symptomatic. IP I indicated the facility supplies at-home kits for testing and goes off an honor system to establish if staff are positive or not. IP I indicated that staff are to not come to work sick. Surveyor asked IP I about the process for tracking surveillance of staff sicknesses. IP I indicated that IP I tracks the date of onset of symptoms, testing parameters, and then once established if positive or negative quarantine status is based on the CDC recommendations for returning to work.</p> <p>Surveyor asked IP I what the times were for onset of symptoms and type of symptoms for CNA C, CNA D, RN E, NHA A, KA F, Rehab G, and PA H on the day their symptoms started. IP I indicated IP I does not keep track of times of the onset of symptoms and sometimes the symptoms are not specified on the log sheet and that Surveyor would need to talk with Employee Health (EH) J.</p> <p>On 04/24/24 at 8:10 AM, Surveyor interviewed EH J and asked about the process for surveillance of staff infection. EH J indicated that EH J keeps track of employees' sickness the best EH J can. EH J indicated that sick employees submit an event in the Healthcare Safety Zone application electronically. Sick employees call EH J during business hours or call in and inform a leader who will submit this ticket after hours.</p> <p>EH J indicated the ticket populates in EH J's mailbox and EH J follows up on the submitted sick employee ticket. Surveyor asked EH J if the ticket has the time of onset of symptoms. EH J indicated the Healthcare Safety Zone application does not keep track of the time of the onset of symptoms. EH J indicated that EH J does not keep track of the time of the onset of symptoms.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Surveyor asked EH J what the times were for onset of symptoms and type of symptoms for CNA C, CNA D, RN E, NHA A, KA F, Rehab G, and PA H on the day their symptoms started. EH J indicated that EH J cannot tell Surveyor any time frames on the days of onset of symptoms for the above staff as EH J does not keep track of times of the onset of symptoms and sometimes the symptoms are not specified on the log sheet if EH J did not submit the ticket.</p> <p>EH J indicated that EH J cannot tell Surveyor any time frames on the days of onset of symptoms for the 7 sick employees: CNA C, CNA D, RN E, NHA A, KA F, Rehab G, and PA H to determine if they were in work status with symptoms.</p>		