

Consumer Information Report for Nursing Homes

Summary 2022

SHERIDAN HEALTH AND REHABILITATION CENTER

8400 SHERIDAN RD
KENOSHA, WI 53143
(262) 658-4141

| | | | |
|--------------------------|---|---------------------|-----|
| License Number: | 3244 | Medicare Certified? | YES |
| Number of Licensed Beds: | 81 | Medicaid Certified? | YES |
| Ownership Type: | LLC Profit | | |
| Owner: | BAY AT SHERIDAN HEALTH AND REHABILITATION LLC | | |

This facility failed to return the staffing survey required under Wisconsin Statutes 50.096(2), which authorizes the Department of Health Services to collect information needed to prepare the annual Consumer Information Report. As a result staff to resident ratios and staff turnover and retention rates could not be calculated for this facility.

Staff: Residents

| Nursing Home Staff | Staff: Residents, by shift, in a two-week time period (Average number of residents: NS) | | |
|---------------------|--|---------------|-------------|
| | Day Shift | Evening Shift | Night Shift |
| Nurses (RNs & LPNs) | NO RESPONSE | NO RESPONSE | NO RESPONSE |
| Nurse Aides | NO RESPONSE | NO RESPONSE | NO RESPONSE |

If the number of residents is a "" in one of the categories above, there was an average of <1 nurse or NA on the shift. There may have been a combination of part-time RNs, LPNs or NAs on the shift on one or more days during the two-week time period, which could make the average <1. Per Wisconsin Administrative Code, Chapter HFS 132, there must be at least one RN or LPN on duty at all times.

Staff Retention Rates

| Nursing Home Staff | Staff Retention Rates (Percent of staff employed for at least one year) | | |
|-------------------------|--|--|--|
| | This Home (NS=no staff) | KENOSHA County Average (6 homes reporting) | State of Wisconsin Average (277 homes reporting) |
| Full-time Nurses (RNs) | NO RESPONSE | 77% | 73% |
| Part-time Nurses (RNs) | NO RESPONSE | 54% | 66% |
| Full-time Nurses (LPNs) | NO RESPONSE | 57% | 71% |
| Part-time Nurses (LPNs) | NO RESPONSE | 62% | 67% |
| Full-time Nurse Aides | NO RESPONSE | 53% | 64% |
| Part-time Nurse Aides | NO RESPONSE | 52% | 56% |

This two-page summary was prepared by the Division of Quality Assurance, Wisconsin Department of Health Services. For questions about this report, call (608) 264-9898. See the full report on the internet (after 5/1/2023) at <https://www.dhs.wisconsin.gov/guide/cir.htm> or request a copy (after 5/1/2023) at (608) 266-8368. The report should also be available in the facility.

Federal Violations Cited in State "Inspection" Surveys for

SHERIDAN HEALTH AND REHABILITATION CENTER

This summary table provides a count of federal violations cited for this nursing home in 2022, by category of violation. County and state averages are shown for comparison. Surveys are conducted by the Division of Quality Assurance at least every 9-15 months, and may be conducted more often. This home was not cited with Substandard Quality of Care during the year 2022. See the full Consumer Information Report 2022 for details.

| Federal Regulation Categories* | Federal Violations in 2022 | | |
|--|--|--|--|
| | Total # Citations for this Home (NS = Facility not surveyed in 2022) | Average # Citations for KENOSHA County (8 homes) | Average # Citations for Wisconsin (333 homes surveyed in 2022) |
| * Each category consists of many specific regulations. See detail in report. | | | |
| Quality of Care: Provide care that promotes resident's highest level of well-being. Example: Prevent/treat pressure sores. | 9 | 8.9 | 3.5 |
| Resident Services: Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident. | 5 | 2.6 | 1.3 |
| Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests. | 3 | 1.0 | 0.5 |
| Resident Rights: Assure individual rights. Example: Assure right to personal privacy. | 3 | 3.3 | 1.2 |
| Freedom from Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse. | 3 | 2.0 | 0.8 |
| Staffing/Staff Training: Provide adequate and qualified staff. Provide training to staff on policies and procedures. Example: Provide sufficient and competent nursing staff. | 0 | 0.1 | 0.3 |
| Pharmacy/Lab Services: Provide or obtain medications and lab services. Example: Residents are free of significant medication errors. | 2 | 1.6 | 0.9 |
| Administration: Use resources to promote resident's highest level of well-being. Example: Must have governing body to ensure safe and efficient management of the facility. | 1 | 0.5 | 0.3 |
| Total Violations | 26 | 20.0 | 8.8 |

Consumer Information Report for Nursing Homes 2022

INTRODUCTION

SHERIDAN HEALTH AND REHABILITATION CENTER
8400 SHERIDAN RD
KENOSHA, WI 53143
(262) 658-4141

| | |
|-------------------------------------|---|
| License Number: | 3244 |
| DQA Regional Office: | SOUTHEASTERN |
| Ownership Type: | LLC Profit |
| Owner (Licensee): | BAY AT SHERIDAN HEALTH AND REHABILITATION LLC |
| Federal Certification Level: | MEDICARE (TITLE 18) SKILLED NURSING FACILITY (SNF) MEDICAID (TITLE 19) NURSING FACILITY (NF) |

SECTION 1 - FEDERAL REGULATION DEFICIENCIES

Section 1 of this report describes the numbers and types of **Federal regulation deficiencies** found during surveys conducted in 2022. "Deficiencies" are cited for noncompliance with Federal regulations. This section also compares these numbers to averages for all nursing homes of similar size.

SECTION 2 - NURSING STAFF TURNOVER AND RETENTION RATES

Section 2 provides information about **nursing staff turnover and retention** rates at this nursing home in 2022. It compares these rates to the averages for all nursing homes of similar size.

APPENDICES (on the internet after 5/1/2023) include:

Appendix A - a list of **resource agencies** for consumers;

Appendix B - information about how nursing staff turnover & retention rates are calculated; and

Appendix C - statewide averages.

SECTION 1 - SURVEY RESULTS FOR THIS FACILITY

Nursing homes in Wisconsin operate under rules enacted by the Federal government (for the Medicare and/or Medicaid programs) and by the State of Wisconsin. Surveyors from the Wisconsin Division of Quality Assurance conduct unannounced inspections at each nursing home at least once every 9 to 15 months to determine if the nursing home complies with all State and Federal rules. State surveyors also conduct follow-up visits to ensure that violations have been corrected, investigate complaints, and conduct other surveys as necessary.

When state surveyors determine that a nursing home is not in compliance with a Federal regulation, the nursing home is cited with a violation or "deficiency". The number and type of violations for surveys conducted in 2022 are described in this report. The number of federal regulation deficiencies cited in Wisconsin nursing homes during 2022 surveys ranged from **0 to 100, with an average of 8.8 citations.**

In 2022 survey(s), SHERIDAN HEALTH AND REHABILITATION CENTER, KENOSHA, which has 81 licensed beds, was cited with:

26 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for a nursing home with 50-99 beds was **8.2.**

In addition, this home was cited with **16** federal building safety violations and **2** federal emergency preparedness violations.

The number of federal building safety violations statewide in 2022 ranged from **0 to 22, with an average of 6.0 citations.**

The number of federal emergency preparedness violations statewide in 2022 ranged from **0 to 4, with an average of 0.3 citations.**

Finally, when there is no comparable requirement under federal regulations, nursing facilities may be cited for deficient practices under state regulations. The number of state regulation deficiencies cited in Wisconsin nursing homes during 2022 surveys ranged from **0 to 2, with an average of 0.07 citations.** This home was cited with **1** state regulation deficiency(ies).

Federal Regulation Deficiencies:

To determine Federal regulation deficiencies, surveyors use a resident-centered, outcome-based process. Equal emphasis is placed on the quality of care the resident receives and on the quality of the resident's life in the nursing home, and on whether or not the resident's rights, dignity and privacy are respected. These factors are evaluated by observing residents' care; interviewing residents, families and staff; and reviewing medical records.

If it is determined that a Federal regulation deficiency exists, the deficiency is placed on a grid. Grid placement is based on two measures:

- *Severity/Harm*, the degree of impact that a deficient practice has on residents at the facility; and
- *Scope/Frequency*, the prevalence of a deficient practice within a facility, or the proportion of residents who were or could have been affected.

All Federal deficiencies fit into one of the following four grid levels, from most to least serious: Immediate Jeopardy, Significant Correction, Correction and Substantial Compliance. If this home had deficiencies at any of the four grid levels in the last survey, those deficiencies are listed below. Each deficiency listed is followed by the abbreviation of its federal regulation category: Quality of Care (QC), Resident Services (RS), Quality of Life (QL), Resident Rights (RR), Freedom from Restraints/Abuse (FA), Staffing/Staff Training (ST), Pharmacy/Lab Services (PL), and Administration (AD). **A deficiency may be listed more than once if it was cited more than once during the year. Also, some citations share the same title, so you may see separate citations listed with the same title on the same date.**

Certain Federal regulation deficiencies at the Immediate Jeopardy, Significant Correction and Correction grid levels cause a nursing home to be designated as having "Substandard Quality of Care (SQC)". **This home was not designated with SQC during the year 2022. 50 Wisconsin nursing homes received the SQC designation in 2022.** SQC deficiencies constitute: immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or widespread potential for more

Immediate Jeopardy. This deficiency exists when a situation caused (or is likely to cause) serious injury, serious harm, impairment or death to a resident receiving care in the facility AND facility practice makes it probable that similar actions, situations, practices, or incidents will occur again. Immediate corrective action is needed. The nursing home received **0 Immediate Jeopardy deficiencies** in 2022.

Significant Correction. This deficiency exists when a situation resulted in a negative outcome that compromised a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **4 Significant Correction deficiencies** in 2022.

| <u>DEFICIENCY</u> | <u>CATEGORY</u> | <u>SURVEY DATE</u> |
|---|-----------------|--------------------|
| Quality Of Care | QC | 01/19/2022 |
| Pain Management | QC | 03/22/2022 |
| Treatment/Svcs To Prevent/Heal Pressure Ulcer | QC | 03/22/2022 |
| Free Of Accident Hazards/Supervision/Devices | QC | 11/22/2022 |

Correction. This deficiency exists when a situation resulted in minimal physical, mental, or psychosocial discomfort to a resident and/or has the potential (not yet realized) to compromise a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **21 Correction deficiencies** in 2022.

| <u>DEFICIENCY</u> | <u>CATEGORY</u> | <u>SURVEY DATE</u> |
|---|-----------------|--------------------|
| Notify Of Changes (Injury/Decline/Room, Etc.) | RR | 01/19/2022 |
| Pharmacy Svcs/Procedures/Pharmacist/Records | PL | 01/19/2022 |
| Accuracy Of Assessments | RS | 03/22/2022 |
| Adl Care Provided For Dependent Residents | QL | 03/22/2022 |
| Comprehensive Assessments & Timing | RS | 03/22/2022 |
| Develop/Implement Comprehensive Care Plan | RS | 03/22/2022 |
| Dialysis | QC | 03/22/2022 |
| Drug Regimen Review, Report Irregular, Act On | PL | 03/22/2022 |
| Food Procurement,Store/Prepare/Serve-Sanitary | RS | 03/22/2022 |
| Free Of Accident Hazards/Supervision/Devices | QC | 03/22/2022 |
| Hospice Services | AD | 03/22/2022 |
| Nutrition/Hydration Status Maintenance | QC | 03/22/2022 |

| | | |
|---|----|------------|
| Pasarr Screening For Md & Id | RS | 03/22/2022 |
| Resident Call System | QL | 03/22/2022 |
| Resident/Family Group And Response | RR | 03/22/2022 |
| Respiratory/Tracheostomy Care And Suctioning | QC | 03/22/2022 |
| Right To Be Free From Physical Restraints | FA | 03/22/2022 |
| Adl Care Provided For Dependent Residents | QL | 11/22/2022 |
| Colostomy, Urostomy, Or Ileostomy Care | QC | 11/22/2022 |
| Investigate/Prevent/Correct Alleged Violation | FA | 11/22/2022 |
| Reporting Of Alleged Violations | FA | 11/22/2022 |

Substantial Compliance. This deficiency exists when a situation has the potential for causing only minor negative impact on residents. This nursing home received **1 Substantial Compliance deficiencies** in 2022.

| <u>DEFICIENCY</u> | <u>CATEGORY</u> | <u>SURVEY DATE</u> |
|-------------------|-----------------|--------------------|
| Required Postings | RR | 01/19/2022 |

For questions about this report, call (608) 264-9898. For further information about specific violations or more recent surveys, contact the administrator of this facility or the Division of Quality Assurance at (608) 266-8368.