

Consumer Information Report for Nursing Homes

Summary 2024

WATERS EDGE HEALTH AND REHABILITATION CENTER

3415 N SHERIDAN RD

KENOSHA, WI 53140

(262) 657-6175

License Number:	3246	Medicare Certified?	YES
Number of Licensed Beds:	128	Medicaid Certified?	YES
Ownership Type:	LLC Profit		
Owner:	BAY AT WATERS EDGE HEALTH AND REHABILITATION LLC		

Staff: Residents

Staff: Residents (Average daily number of residents: 99)			
	Nurse Aides	LPNs	RNs
This Home	1 Nurse: 13 Residents	1 Nurse: 28 Residents	1 Nurse: 58 Residents
KENOSHA County Average	1 Nurse: 12 Residents	1 Nurse: 31 Residents	1 Nurse: 39 Residents
Wisconsin Average	1 Nurse: 10 Residents	1 Nurse: 52 Residents	1 Nurse: 29 Residents

Staff to resident ratios are based on staffing hours and resident census figures reported by facilities and available in the CMS Payroll Based Journal dataset covering the period 10/01/2024 through 12/31/2024.

"NS" indicates that data was not available in the PBJ dataset for that measure.

Staff Turnover Rates

Nursing Home Staff	Staff Turnover Rates (Percent of staff no longer employed)		
	This Home	KENOSHA County Average (7 homes reporting)	State of Wisconsin Average (325 homes reporting)
Registered Nurses (RNs)	67%	41%	43%
All Nursing Staff	54%	49%	49%

Staff turnover rates are based on data by facilities and available in the CMS Payroll Based Journal dataset covering the period 10/1/2023 through 9/30/2024. "NS" indicates that data was not available in the PBJ dataset for that measure.

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 7/1/2025) at <https://www.dhs.wisconsin.gov/guide/cir.htm> or request a copy (after 7/1/2025) at (608) 266-8368. The report should also be available in the facility.

Federal Violations Cited in State "Inspection" Surveys for

WATERS EDGE HEALTH AND REHABILITATION CENTER

This summary table provides a count of federal violations cited for this nursing home in 2024, 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 cited with Substandard Quality of Care during the year 2024. See the full Consumer Information Report 2024 for details.

Federal Regulation Categories*	Federal Violations in 2024		
	Total # Citations for this Home (NS = Facility not surveyed in 2024)	Average # Citations for KENOSHA County (7 homes)	Average # Citations for Wisconsin (325 homes surveyed in 2024)
* 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.	14	5.4	3.5
Resident Services: Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident.	4	3.0	1.6
Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests.	1	0.6	0.4
Resident Rights: Assure individual rights. Example: Assure right to personal privacy.	4	2.1	1.3
Freedom from Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	2	0.9	1.0
Staffing/Staff Training: Provide adequate and qualified staff. Provide training to staff on policies and procedures. Example: Provide sufficient and competent nursing staff.	1	0.4	0.3
Pharmacy/Lab Services: Provide or obtain medications and lab services. Example: Residents are free of significant medication errors.	0	1.6	1.1
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	0.1	0.3
Total Violations	27	14.1	9.6

**Consumer Information Report for Nursing Homes
2024**

INTRODUCTION

WATERS EDGE HEALTH AND REHABILITATION CENTER
3415 N SHERIDAN RD
KENOSHA, WI 53140
(262) 657-6175

License Number: 3246

DQA Regional Office: SOUTHEASTERN

Ownership Type: LLC Profit

Owner (Licensee): BAY AT WATERS EDGE 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 2024. "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 RATES

Section 2 provides information about **nursing staff turnover** rates at this nursing home in 2024. It compares these rates to the averages for all nursing homes of similar size.

APPENDICES (on the internet after 7/1/2025) include:

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

Appendix B - information about how nursing staff turnover 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 2024 are described in this report. The number of federal regulation deficiencies cited in Wisconsin nursing homes during 2024 surveys ranged from **0 to 70, with an average of 9.6 citations.**

In 2024 survey(s), WATERS EDGE HEALTH AND REHABILITATION CENTER, KENOSHA, which has 128 licensed beds, was cited with:

27 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for a nursing home with 100-199 beds was **13.0**.

In addition, this home was cited with **9** federal building safety violations and **1** federal emergency preparedness violations.

The number of federal building safety violations statewide in 2024 ranged from **0 to 24, with an average of 6.8 citations.**

The number of federal emergency preparedness violations statewide in 2024 ranged from **0 to 5, with an average of 0.6 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 2024 surveys ranged from **0 to 2, with an average of 0.10 citations.** This home was cited with **0** 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 designated with SQC during the year 2024. 65 Wisconsin nursing homes received the SQC designation in 2024.** 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 **1 Immediate Jeopardy deficiencies** in 2024.

<u>DEFICIENCY</u>	<u>CATEGORY</u>	<u>SURVEY DATE</u>
Treatment/Svcs To Prevent/Heal Pressure Ulcer	QC	05/20/2024

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 **2 Significant Correction deficiencies** in 2024.

<u>DEFICIENCY</u>	<u>CATEGORY</u>	<u>SURVEY DATE</u>
Bowel/Bladder Incontinence, Catheter, Uti	QC	05/20/2024
Free Of Accident Hazards/Supervision/Devices	QC	10/30/2024

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 **23 Correction deficiencies** in 2024.

<u>DEFICIENCY</u>	<u>CATEGORY</u>	<u>SURVEY DATE</u>
Reporting - National Health Safety Network	QC	02/06/2024
Adl Care Provided For Dependent Residents	QL	05/20/2024
Choose/Be Notified Of Room/Roommate Change	RR	05/20/2024
Free Of Accident Hazards/Supervision/Devices	QC	05/20/2024
Md/Id Significant Change Notification	RS	05/20/2024
Notice Of Rights And Rules	RR	05/20/2024
Nutrition/Hydration Status Maintenance	QC	05/20/2024
Quality Of Care	QC	05/20/2024
Reporting Of Alleged Violations	FA	05/20/2024
Resident Records - Identifiable Information	AD	05/20/2024

Resident/Family Group And Response	RR	05/20/2024
Respiratory/Tracheostomy Care And Suctioning	QC	05/20/2024
Bowel/Bladder Incontinence, Catheter, Uti	QC	08/05/2024
Comprehensive Assessment After Significant Chg	RS	08/05/2024
Free Of Accident Hazards/Supervision/Devices	QC	08/05/2024
Increase/Prevent Decrease In Rom/Mobility	QC	08/05/2024
Nutritive Value/Appear, Palatable/Prefer Temp	RS	08/05/2024
Safe/Clean/Comfortable/Homelike Environment	RR	08/05/2024
Sufficient Nursing Staff	ST	08/05/2024
Treatment/Devices To Maintain Hearing/Vision	QC	08/05/2024
Treatment/Svcs To Prevent/Heal Pressure Ulcer	QC	08/05/2024
Tube Feeding Mgmt/Restore Eating Skills	QC	08/05/2024
Investigate/Prevent/Correct Alleged Violation	FA	09/11/2024

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 2024.

<u>DEFICIENCY</u>	<u>CATEGORY</u>	<u>SURVEY DATE</u>
Accuracy Of Assessments	RS	08/05/2024

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.

SECTION 2 - NURSING STAFF TURNOVER

This section provides information on the facility turnover rate, which describes the rate of change among nursing staff from October 1, 2023 through September 30, 2024. The turnover rate is defined as the percentage of staff that left the nursing home over a twelve-month period and is derived using data from the Centers for Medicaid and Medicaid Services' (CMS) Payroll-Based Journal (PBJ) System. Turnover is identified based on gaps in days worked, and the turnover rate is based on the number of "employment spells" that ended with staff leaving employment as a proportion of total employment spells. The formulas used to calculate nurse staffing turnover are explained in [Appendix B](#). An "NS" indicates that data was not available in the PBJ dataset for that measure.

Turnover rates are provided for two staff types, RNs (registered nurses) and total nursing staff. RNs include RN Directors of Nursing, RNs with administrative duties, and RNs. Registered nurses are nurses who are licensed and hold a certificate of registration by the State of Wisconsin. Total nursing staff include the staff categories above as well as licensed practical nurses (LPNs), LPNs with administrative duties, certified nursing assistants/nurse aides, aides in training, and medication aides. Licensed practical nurses (LPNs) are nurses who are licensed by the State of Wisconsin as practical nurses. Nursing assistants/nurse aides (NAs) provide direct personal care to residents, but are not registered nurses or licensed practical nurses.

In 2024, this nursing home had:

- **A turnover rate for registered nurses (RNs) of 67%,** vs. 43% statewide and 44% across all nursing homes with 100-199 beds.
- **A turnover rate for all nursing staff of 54%,** vs. 49% statewide and 51% across all nursing homes with 100-199 beds.