

**Consumer Information Report for Nursing Homes  
Summary 2021**

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**THE BAY AT SHERIDAN HEALTH AND REHABILITATION**  
8400 SHERIDAN RD  
KENOSHA, WI 53143  
(262) 658-4141

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**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 (THE**

**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
<b>Nurses (RNs &amp; LPNs)</b>	NO RESPONSE	NO RESPONSE	NO RESPONSE
<b>Nurse Aides</b>	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 (2 homes reporting)	State of Wisconsin Average (277 homes reporting)
<b>Full-time Nurses (RNs)</b>	NO RESPONSE	75%	76%
<b>Part-time Nurses (RNs)</b>	NO RESPONSE	63%	69%
<b>Full-time Nurses (LPNs)</b>	NO RESPONSE	80%	75%
<b>Part-time Nurses (LPNs)</b>	NO RESPONSE	72%	69%
<b>Full-time Nurse Aides</b>	NO RESPONSE	72%	70%
<b>Part-time Nurse Aides</b>	NO RESPONSE	83%	60%

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 5/1/2022) at <https://www.dhs.wisconsin.gov/guide/cir.htm> or request a copy (after 5/1/2022) at (608) 266-8368. The report should also be available in the facility.

## Federal Violations Cited in State "Inspection" Surveys for

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### THE BAY AT SHERIDAN HEALTH AND REHABILITATION

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This summary table provides a count of federal violations cited for this nursing home in 2021, 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 2021. See the full Consumer Information Report 2021 for details.

Federal Regulation Categories*	Federal Violations in 2021		
	Total # Citations for this Home (NS = Facility not surveyed in 2021)	Average # Citations for KENOSHA County (8 homes)	Average # Citations for Wisconsin (341 homes surveyed in 2021)
* Each category consists of many specific regulations. See detail in report.			
<b>Quality of Care:</b> Provide care that promotes resident's highest level of well-being. Example: Prevent/treat pressure sores.	8	6.3	3.5
<b>Resident Services:</b> Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident.	3	1.9	1.0
<b>Quality of Life:</b> Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests.	1	0.9	0.3
<b>Resident Rights:</b> Assure individual rights. Example: Assure right to personal privacy.	1	2.6	1.1
<b>Freedom from Abuse:</b> Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	0	1.9	0.8
<b>Staffing/Staff Training:</b> Provide adequate and qualified staff. Provide training to staff on policies and procedures. Example: Provide sufficient and competent nursing staff.	0	0.0	0.2
<b>Pharmacy/Lab Services:</b> Provide or obtain medications and lab services. Example: Residents are free of significant medication errors.	3	1.3	0.8
<b>Administration:</b> 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	0.2
<b>Total Violations</b>	17	15.3	7.8

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**INTRODUCTION**

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THE BAY AT SHERIDAN HEALTH AND REHABILITATION  
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  
(THE

**Federal Certification Level:** MEDICARE (TITLE 18) SKILLED NURSING FACILITY (SNF)  
MEDICAID (TITLE 19) NURSING FACILITY (NF)

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## **SECTION 1 - FEDERAL REGULATION DEFICIENCIES**

Section 1 of this report describes the numbers and types of **Federal regulation deficiencies** found during surveys conducted in 2021. "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 2021. It compares these rates to the averages for all nursing homes of similar size.

**APPENDICES** (on the internet after 5/1/2022) 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**.

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**SECTION 1 - SURVEY RESULTS FOR THIS FACILITY**  
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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 2021 are described in this report. The number of federal regulation deficiencies cited in Wisconsin nursing homes during 2021 surveys ranged from **0 to 84, with an average of 7.8 citations.**

In 2021 survey(s), THE BAY AT SHERIDAN HEALTH AND REHABILITATION, KENOSHA, which has 81 licensed beds, was cited with:

**17 Federal regulation deficiency(ies)**

Statewide, the average number of deficiencies for a nursing home with 50-99 beds was **6.8.**

In addition, this home was cited with **0** federal building safety violations and **0** federal emergency preparedness violations.

The number of federal building safety violations statewide in 2021 ranged from **0 to 26, with an average of 4.8 citations.**

The number of federal emergency preparedness violations statewide in 2021 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 2021 surveys ranged from **0 to 3, with an average of 0.06 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 2021. 51 Wisconsin nursing homes received the SQC designation in 2021.** 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 2021.

<u>DEFICIENCY</u>	<u>CATEGORY</u>	<u>SURVEY DATE</u>
Nutrition/Hydration Status Maintenance	QC	03/30/2021

**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 **0 Significant Correction deficiencies** in 2021.

**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 **16 Correction deficiencies** in 2021.

<u>DEFICIENCY</u>	<u>CATEGORY</u>	<u>SURVEY DATE</u>
Laboratory Services	PL	03/30/2021
Pharmacy Srvcs/Procedures/Pharmacist/Records	PL	03/30/2021
Qualified Dietary Staff	RS	03/30/2021
Quality Of Care	QC	05/11/2021
Colostomy, Urostomy, Or Ileostomy Care	QC	08/03/2021
Discharge Summary	RS	08/03/2021
Treatment/Service For Dementia	RS	08/03/2021
Tube Feeding Mgmt/Restore Eating Skills	QC	08/03/2021
Reporting - National Health Safety Network	QC	08/30/2021
Covid-19 Immunization	QC	10/27/2021
Essential Equipment, Safe Operating Condition	QL	10/27/2021
Quality Of Care	QC	10/27/2021
Resident Records - Identifiable Information	AD	10/27/2021
Residents Are Free Of Significant Med Errors	PL	10/27/2021
Safe/Clean/Comfortable/Homelike Environment	RR	10/27/2021
Treatment/Svcs To Prevent/Heal Pressure Ulcer	QC	10/27/2021

**Substantial Compliance.** This deficiency exists when a situation has the potential for causing only minor negative impact on residents. This nursing home received **0 Substantial Compliance deficiencies** in 2021.

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.