

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525681	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER NAZARETH HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 814 JACKSON ST STOUGHTON, WI 53589	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility did not ensure it maintained an infection prevention and control program designed to provide safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections such as COVID-19 with the potential to affect 9 of 11 residents reviewed for infection control. The facility did not ensure staff donned goggles and gloves upon entering resident rooms who were newly admitted to the facility and on isolation precautions for observation of COVID-19. A total of 9 residents who reside on the same unit who were being assisted by CNA C (R2, R4, R5, R6, R7, R8, R9, R10, and R11). Evidenced by: Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Memo revised 3/13/20 QSO 20-14 includes: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room). Current CDC (Centers for Disease Control) Guidelines (Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) note in part: . Considerations for new admissions or readmissions to the facility . A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Centers for Medicare and Medicaid Services, Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Reference QSO-20-29 dated 5/6/20 includes: Critical Element (5/8/20) COVID-19 Focused Survey for Nursing Homes: Page 4 Transmission-Based Precautions . For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment; For a resident on Droplet Precautions: staff don a facemask within six feet of a resident; . For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available . The facility policy titled Admissions Protocol for COVID-19 includes, All recommended COVID-19 PPE (Personal Protective Equipment) should be worn during the care of residents under observation, which includes N95 masks or a facemask if a N95 is not available, eye protection which includes goggles or a face shield that covers the front and sides of the face, gloves and gown. R2 was admitted on [DATE] from the hospital and signs outside her door showed she was on contact and droplet precautions. The signs included to wear gloves and gown before entering the room. On 6/29/20 between 8:00 AM and 8:07 AM Surveyor observed CNA C get R2's meal tray ready. Then she cleaned the goggles she had been wearing on top of her head and put them over her eyes. She sanitized her hands with hand sanitizer and wearing a mask she entered R2's room. CNA C moved R2's over bed table from bedside to sit in front of the recliner then set the food tray on the over bed table. R2 was observed by Surveyor to be ambulating with her walker around CNA C to then sit in the recliner. At 11:25 AM Surveyor interviewed CNA C. Surveyor asked how she knows what to wear into a resident's room if they are on isolation precautions. CNA C said there was instruction at the nurses' station as well as signs on the resident's door. Surveyor asked her why she did not wear a gown and gloves to deliver R2's meal tray at breakfast. CNA C stated she thought that she did not need gloves or gown if she was just delivering a meal tray. Surveyor clarified that just to deliver trays was the only time she believed she did not have to wear gloves and gown. Surveyor asked CNA C to show the guidance at the nurses' station and CNA C read the guidance. CNA C stated she should have worn gloves and gown to deliver trays. At 12:10 PM Surveyor verified with CNA D that CNA C was responsible for the short hall and delivered breakfast trays to R2, R4, R5, R6, R7, R8, R9, R10, and R11. Of note not following appropriate TBP places increases the risk of exposure to the healthcare provider with potential to spread communicable disease, COVID 19, to facility residents and staff. On 6/29/20 at 12:30 PM Surveyor spoke with Director of Nursing B and Nursing Home Administrator A who both agreed CNA C should have worn gloves and gown when passing trays to resident's in isolation for new admissions.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.