

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER BELMONT NURSING AND REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 110 BELMONT RD MADISON, WI 53714	
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	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility did not properly prevent the potential spread of infections, such as COVID-19, as evidenced by improper use of masks by 2 of 2 kitchen staff. Culinary Director C (CD) and Dietary Aide D (DA) were observed doing food prep in the kitchen and their masks were not covering their nose and mouth. This is evidenced by: May 2020 CDC Activities and Initiatives Supporting the COVID-19 Response and the President 's Plan for Opening America Up Again, Appendix B states: HCP (Healthcare Personnel) should wear a facemask at all times while they are in the facility. On 7/21/2020 at 8:30 AM, Surveyor observed CD C and DA D standing at the stainless steel tables in the kitchen prepping food for lunch. CD C and DA D had blue surgical masks below their chin, leaving the mouth and nose uncovered. On 7/21/2020 at 8:40 AM, Surveyor spoke with CD C. CD C said they were told the kitchen staff had to wear masks only when on the nursing floor, in direct contact with residents. On 7/21/2020 at 1:00 PM, DON B (Director of Nursing) said kitchen staff should wear masks at all times in the facility.		

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.