

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER LINDENGROVE NEW BERLIN		STREET ADDRESS, CITY, STATE, ZIP 13755 W FIELDPOINTE DR NEW BERLIN, WI 53151	
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.</p> <p>Based on observation, interview, and record review, the facility did not ensure prevention of potential development and transmission of COVID-19 for 14 of 14 residents in the observation unit(s) of the facility. Staff were observed entering and exiting COVID-19 observation rooms in the facility without wearing isolation gowns. Interview with certified nursing assistant (CNA) staff indicated CNA staff who work with residents under observation for COVID-19 without wearing full Personal Protective Equipment (PPE) float to work with residents on other units potentially exposing them to COVID-19. Findings include: Current CDC (Centers for Disease Control and Prevention) Guidelines (Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) state: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. 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. Current CDC Strategies for Optimizing the Supply of Isolation Gowns (Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html) cover conventional, contingency, and crisis capacity strategies. The crisis capacity strategy states: Prioritize gowns. Gowns should be prioritized for the following activities: -During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures; -During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care. When no gowns are available, the recommendation is: Consider using gown alternatives that have not been evaluated as effective. In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use. However, none of these options can be considered PPE, since their capability to protect HCP is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured. -Disposable laboratory coats; -Reusable (washable) patient gowns; -Reusable (washable) laboratory coats; -Disposable aprons; -Combinations of clothing: Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available: -Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats; -Open back gowns with long sleeve patient gowns or laboratory coats; -Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats. R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13 and R14 were being monitored for 14 days for signs and symptoms of COVID-19 after being released from the hospital or returning from an outpatient visit. None of the residents had tested positive for COVID-19. None of the residents were showing signs or symptoms of COVID-19. The unit these 14 residents resided on consisted of two hallways: a hallway to the left and a hallway to the right of the nurses' station. The unit's left hallway contained resident rooms with three rooms at the far end of the hallway reserved for COVID-19 observation residents. R1, R2, and R3 resided on the left hallway. The unit's right hallway was dedicated to COVID-19 observation residents. The entrance to the right hallway had closed doors limiting access to staff and residents. R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, and R14 resided on the right hallway. Signs were observed to be posted on the doors of all the COVID-19 observation resident rooms which read: Caution Quarantine Area. Mask and face shield MUST be worn at all times, and Prior to entering room, ask resident to place their mask on. On 6/23/2020 at 8:50 AM, multiple staff were observed on the unit's left hallway. Staff were wearing face masks. On 6/23/2020 at 8:55 AM, Surveyor observed Certified Nursing Assistant (CNA)-C in the unit's right hallway wearing a mask and eye protection. CNA-C was not wearing a gown. Surveyor observed CNA-D exit a resident room on the unit's right hallway wearing a mask and eye protection. CNA-C stated the staff that is working with residents in observation for COVID-19 wear a mask and eye protection. CNA-C stated nobody wears a gown when going into resident rooms on that hallway. CNA-D confirmed CNA-C's statement stating only a mask and eye protection was needed in caring for the residents on this unit. CNA-D stated gowns are available if you need them, but only if the staff member is going to do a task that was messy. When asked where a gown would be found if needed, CNA-D pointed to the cart that was in the entrance of the hallway inside the closed door. When CNA-D went to the cart, CNA-D stated there weren't any gowns in that cart and would have to leave the unit to get a gown if it was required. CNA-D stated if a resident was in contact isolation, there would be a cart outside of that resident's doorway with gowns in them. No isolation carts were observed by any COVID-19 observation resident rooms. When asked if specific staff were dedicated to working on that unit, CNA-C stated CNA-C was part of the float pool and worked in all areas of the facility. On 6/23/2020 at 9:10 AM, Surveyor requested a copy of the facility's policy and procedure on use of Personal Protective Equipment (PPE) for COVID-19 observation residents from Director of Nursing (DON)-B. On 6/23/2020 at 9:20 AM, DON-B provided Surveyor with the facility policy and procedure entitled COVID-19 Infection Control dated 6/2020 which states: Procedure: Preventing the Introduction of Covid-19 into our Campus. A. Follow Standard Precautions which are the minimum infection prevention practices that apply to all resident care, regardless of suspected or confirmed infection status of the resident, in any setting where health care is delivered. These practices are designed to both protect HCP (Health Care Provider); and prevent HCP from spreading infections among residents. Standard Precautions include: . b. Use of personal protective equipment (e.g., gloves, gowns, masks, eyewear) when there is an expectation of possible exposure to infectious material. . Preventing the Spread of Covid-19 within our Campus. A. Follow Standard Precautions. B. Follow Transmission-based Precautions in addition to Standard Precautions for residents who are suspected or confirmed to have COVID-19. . C. Staff will use personal protective equipment (PPE) appropriately. -Donning PPE upon room entry and properly discarding before exiting the resident room or care area. . -Donning a clean isolation gown upon entry into the resident room or care area; -Changing the gown if it becomes soiled; -Removing and discarding the gown in a dedicated container for waste or linen before leaving the resident room or care area; -Disposable gowns will be discarded after use; -Gowns that need to be reused will be kept in the isolation room; -If there are shortages of gowns, they will be prioritized for: a. aerosol-generating procedures b. care activities where splashes and sprays are anticipated c. high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care. Surveyor discussed with DON-B the observation of staff members not wearing any gowns when caring for the potential COVID-19 positive residents that are in observation. DON-B stated the facility was not treating newly admitted residents as being positive for COVID-19 because the residents came from the hospital. DON-B stated the residents are in quarantine, not isolation and they are following the Centers for Disease Control and Prevention (CDC) and the Department of Health Services (DHS) recommendations. When Surveyor showed DON-B the facility policy and procedure entitled COVID-19 infection Control DON-B had provided where it stated to wear a gown for suspected COVID-19 positive residents, DON-B stated they are not following that policy. On 6/23/2020 at 9:38 AM, DON-B stated if any of the residents showed positive signs or symptoms of having COVID-19, the staff would be using gowns when caring for those residents. DON-B</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525064	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER LINDENGROVE NEW BERLIN		STREET ADDRESS, CITY, STATE, ZIP 13755 W FIELDPOINTE DR NEW BERLIN, WI 53151	
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>(continued... from page 1)</p> <p>stated the facility did not have enough gowns to be used with all the residents that are in observation for COVID-19, and the facility is prioritizing the use of gowns for when someone is positive. DON-B stated they are using PPE optimization to conserve the gowns they have. Surveyor shared the Division of Quality Assurance notification dated 6/12/2020 Clarification regarding 14-day Observation for Residents of Long-Term Care Facilities where is states: Additionally CDC guidance recommends the following: 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. DON-B stated DON-B hadn't seen that before. On 6/23/2020 at 10:05 AM, Surveyor met with DON-B to discuss the facility's supply of gowns. DON-B stated the facility is part of a corporation and PPE is requested daily as needed from the corporation. DON-B stated the Infection Control Team made the determination to not wear gowns when caring for residents in observation for COVID-19. Surveyor asked DON-B if the Department of Public Health (DPH) was contacted to help with the optimization of gown use, DON-B stated no, DON-B had not contacted DPH. On 6/23/2020 at 10:10 AM, Surveyor met with Central Supply (CS)-E in the supply area where PPE was kept. CS-E stated the facility does not have any shortage in gowns and if any PPE is needed, the corporation is contacted and supplies are delivered. CS-E stated a request for supplies is made daily from the corporation and they have never run out of anything. Surveyor observed two boxes of 50 yellow isolation gowns in each box and one box of 75 plastic gowns. CS-E stated there is one more box of 50 yellow isolation gowns on the resident units. The facility had a total of 225 isolation gowns. On 6/23/2020 at 10:20 AM, Surveyor met with Nursing Home Administrator (NHA)-A and DON-B to discuss the observations of staff not wearing isolation gowns when caring for residents in isolation for potential COVID-19 and the concern of not following the guidance issued by the CDC on the use of gowns when caring for these residents. No further information was provided at that time. On 6/23/2020 at 12:12 PM, the facility provided additional information which included: COVID-19 Preparation and Response Protocols dated 3/2020, clinical response scenarios for COVID-19 symptomatic, asymptomatic, and positive residents dated 5/28/2020, and the facility's gown utilization and optimization guidelines dated 5/2020. The clinical response scenarios indicated staff should wear a gown, gloves, mask, and protective eyewear while caring for residents in all scenarios. The footnote on each page indicated staff were to wear PPE as available per the PPE optimization guidelines. The optimization guidelines stated: Accordingly, until further notice, (the facility's) gowns will be reserved for use by facility personnel while working with residents with symptomatic or confirmed COVID-19 to ensure (the facility) maintains a sufficient supply of gowns in the event of a COVID-19 outbreak at one or more of its facilities. On 6/23/2020 at 3:44 PM, Surveyor spoke with Corporate Legal Counsel (CLC)-F regarding the facility's use of isolation gowns. CLC-F stated they are conserving the use of gowns in case of an outbreak. When asked if DPH was consulted in the creation of the facility's optimization guidelines, CLC-F stated DPH was contacted to request PPE but not to assist with the creation of the guidelines. On 6/23/2020 at 7:59 PM, CLC-F provided information via email stating their optimization level is 30,000 gowns to be prepared for a 10% outbreak in their community. On 6/23/2020 at 8:00 PM, CLC-F stated in an email: We have purchased non-traditional items to be used as gowns in emergency circumstances, such as ponchos and water resistant coverings, which are also in scarce supply. Including these items in our PPE count, we still fall below our gown optimization level for a 10% outbreak. On 6/24/2020 at 12:57 PM, CLC-F provided information via email on how additional PPE was requested through county Health Department. The facility is not following the CDC guidance recommending PPE should be worn during cares 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. The facility's optimization of gown usage policy does not follow the CDC guidance for Strategies for Optimizing the Supply of Isolation Gowns. The guidance being used by the facility is based upon calculations for optimal supplies for 4 campuses that include skilled nursing long term care, community based residential facilities, and residential care apartment complexes rather than individualized for the specific facility's needs and proper usage for their population.</p>		