

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525488</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEADOWBROOK OF BLACK RIVER FALLS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1311 TYLER ST BLACK RIVER FALLS, WI 54615</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and record review, the facility failed to ensure it maintained an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable disease and infections such as COVID-19. This has the potential to affect all 22 residents. Nursing staff were observed wearing PPE (personal protective equipment) incorrectly. Nursing staff who were previously ill returned to work too soon in accordance with standards of practice. Evidenced by: The Center for Disease Control's (CDC) 6/19/2020 Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic makes the following recommendations: Healthcare Professionals (HCP) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. The facility uses CDC guidelines for the use of facemasks and other universal source control. The facility's nurses station, which is not enclosed, is connected to both resident halls that are currently in use. There is no divider, glass or other barrier above the counter, which is approximately 3 feet tall. Example 1 On 7/7/20, Surveyor made the following observations: At 9:00 AM, LPN C (License Practical Nurse) was observed at the nurse's station typing on the computer with his facemask pulled down below his chin, mouth and nose exposed. At 12:00 PM, LPN C was observed, in the nurses station, sitting approximately 6 feet away from MD D (Maintenance Director), who did not have a mask on and was eating food. LPN C had his mask below his chin with mouth and nose exposed. MD D and LPN C were conversing. At 11:15 AM, LS E (Laundry Staff) was observed leaving the laundry room with her facemask down and looped over only 1 ear, mouth and nose exposed. Upon leaving the laundry room, LS E walked into the nurse's station for a brief moment, exited the nursing station, and then walked down a resident hall. LS E then returned to the laundry room. At 12:10 PM, CNA F (Certified Nursing Assistant) was observed exiting a resident room with her facemask below her nose. CNA F walked down to the end of the resident hall, entered the linen closet, and then returned to the resident's room to finish providing care. Upon entering the resident's room, CNA F's facemask was still below her nose. At 12:45 PM, Surveyor interviewed DN B (Director of Nursing), who is also the facility's ICP (Infection Control Preventionist). DON B, along with NC G (Nurse Consultant) stated the facility uses CDC guidelines for facemasks, other PPE and universal source control measures. DON B indicated all staff are to be wearing their facemasks at all times. DON B also indicated that it wasn't necessary to wear a mask at the nurse's station as residents were not allowed into the nurses station. When asked if residents could walk to the nurse's station, DON B stated, Staff would hear the resident and put their mask back on. Surveyor asked if other staff could potentially be exposed if staff were not wearing a facemask such as in the case with LPN C and MD D. DON B agreed potential exposure could occur. Example 2 The facility's 4/22/20 dated policy titled Outbreak Management, states, Symptomatic staff, visitors and contracted services will be directed to stay home until they are symptom free for at least 48 hours. According to the CDC, symptoms of COVID-19 include vomiting. The facility's infection control line listing for staff shows CNA H had onset of vomiting on 6/25/2020 and returned to work on 6/26/20. Facility schedules confirm CNA H returned to work on 6/26/20. On 7/7/20 at 12:45 PM, Surveyor interviewed DON B and NC G. DON B indicated staff could return to work after 24 hours. DON B also indicated she did not know the cause of CNA H's vomiting. NC G stated it was the facility's policy that staff not return to work for 48 hours after vomiting.</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.