

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525653	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/16/2020
NAME OF PROVIDER OF SUPPLIER VIRGINIA HIGHLANDS HLTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP W173 N10915 BERNIES WAY GERMANTOWN, WI 53022	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation and interview the facility did not handle and store linens to prevent the spread of infection, which has the potential to affect residents residing on 2 (300 and 500) of 3 units. Clean linen was observed on a cart in the hallway uncovered and staff was observed carrying clean linen against their clothing. Additionally, the facility did not implement infection control precautions when administering insulin to R8 when staff was observed administering insulin without wearing gloves. Findings include: 1.) The state agency received a complaint related to infection control practices regarding linen. On 3/11/20 at 9:45 am the surveyor observed a linen cart in the hallway near room [ROOM NUMBER] with the cover up, and clean linen including hospital gowns, sheets, towels, and briefs open to the environment. On 3/11/20 at 9:50 am the surveyor observed a linen cart near room [ROOM NUMBER] with the cover up and clean linen items exposed. On 3/11/20 at 9:53 am the surveyor observed CNA (certified nursing assistant)-E walking down the hallway with clean appearing linen in his hands pressed against his shirt. On 3/11/20 at 9:59 am the surveyor observed a linen cart in the hallway near room [ROOM NUMBER] with the cover up and clean linen items exposed. On 3/12/20 at 7:42 am the surveyor observed a linen cart in the hallway near room [ROOM NUMBER] with the cover up and clean linen items exposed. On 3/12/20 at 7:44 am the surveyor observed a linen cart in the hallway across from room [ROOM NUMBER] with the cover up and clean linen items exposed. On 3/12/20 at 9:30 am the surveyor observed a linen cart in the hallway near room [ROOM NUMBER] with the cover up and clean linen items exposed. On 3/12/20 at 11:29 am the surveyor observed a linen cart in the hallway near room [ROOM NUMBER] with the cover up and clean linen items exposed. On 3/12/20 at 11:30 am the surveyor observed a linen cart in the hallway near room [ROOM NUMBER] with the cover up and clean linen items exposed. On 3/16/20 at 7:59 am the surveyor observed a linen cart in the hallway near room [ROOM NUMBER] with the cover up and clean linen items exposed. On 3/16/20 at 8:01 am the surveyor observed a linen cart in the hallway near room [ROOM NUMBER] with the cover up and clean linen items exposed. On 3/16/20 at 10:49 am the surveyor interviewed Infection Control RN (registered nurse)-C. The surveyor asked if linen should be covered in the hallway. Infection Control RN-C stated the cover should be down, yes. The surveyor asked if staff should be carrying clean linen against themselves. Infection Control RN-C stated no, of course not. 2.) On 3/12/20 at 8:04 pm the surveyor observed LPN (licensed practical nurse)-D begin to prepare medications for R8. At 8:16 pm the surveyor observed LPN-D administer R8 their oral medications. LPN-D then cleansed R8's stomach with alcohol pad. LPN-D did not apply gloves prior to cleansing R8's stomach. LPN-D then administered insulin subcutaneously into R8's stomach without wearing gloves. On 3/16/20 at 10:49 am the surveyor interviewed Infection Control RN (registered nurse)-C. The surveyor asked if staff should have gloves on when administering insulin. Infection Control RN-C stated yes. The surveyor informed her of the above observation.</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.