

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525430	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER ROLLING HILLS REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 14345 CTY HWY B SPARTA, WI 54656	
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 failed to ensure it maintained an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases such as COVID-19. This has the potential to affect 13 out of 14 Residents residing on the 2nd floor out of a total of 47 residents residing in the facility. R2 was asymptomatic and tested positive for COVID-19. R2 was placed on transmission based precautions (TBP) based on R2's test date of 10/5/20. R2 developed minor symptoms such as low O2 sats and nasal congestion which would have extended the 10 day TBP's for R2. R2 was removed from TBP too soon and placed back in his room putting other residents and staff at risk of exposure. Second floor Staff are not wearing the appropriate PPE (personal Protective equipment) while working with non-COVID-19 Residents residing on a unit with a positive COVID-19 case. Staff are not performing hand hygiene at appropriate times or removing PPE when leaving TBP (Transmission based precaution) rooms. This is evidenced by: CMS (Centers for Medicare and Medicaid Services) Critical Element Pathway entitled 'COVID-19 Focused Survey for Nursing Homes,' states in part: 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. When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit. Facility Policy entitled 'Isolation Garb - Application and Removal,' states in part: follows all CDC and OSHA guidelines in the protection of employees and residents from infectious organisms and blood borne pathogens. Procedure: Sequence for application, Gown (arrow) Mask (arrow) goggles (arrow) gloves. Begin with clean hands by use of hand rub disinfectant or handwashing with soap and water: 1. Gown: Put the gown on and wrap it around the back of your uniform. Tie the strings at the neck. Tie the waist strings. Make sure your uniform is completely covered. 2. Mask: Position the mask snugly over your nose and mouth and secure ear loops around your ears. 3. Goggles 4. Gloves Procedure: Sequence for removal: 1. Remove gloves. 2. Remove goggles and mask. 3. Remove gown. End with clean hands either by handwashing or alcohol base hand rub. If not already done so, spray goggles placed on a paper towel on top of isolation cart with disinfectant solution and allow to air dry a minimum of 10 minutes. Example 1 On 10/5/20, R2 received a nasal swab test for COVID-19. On 10/7/20 R2's nasal swab came back positive for COVID-19. R2 was on COVID-19 precautions from 10/7/20 - 10/16/20. R2 was placed on the COVID wing from 10/7/20 - 10/16/20. Throughout R2's nursing notes the facility documented R2 was asymptomatic from 10/7/20- 10/16/20. However R2 required oxygen due to low O2 (oxygen) saturation and had nasal congestion. These symptoms are consistent with COVID 19. R2 displayed symptoms beginning on 10/8/20 when the facility recorded R2's low O2 saturation and the need to initiate oxygen. Based on this assessment the facility should have extended R2's stay on the COVID Wing and on TBP. R2 had additional symptoms of nasal congestion, on 10/12/20, this is also indicative of COVID-19. On 10/8/20 at 7:14 AM, R2's Nurses Note states in part: O2 (oxygen) saturation: 83% (percent) on room air placed on O2, no (signs/symptoms) of resp. (respiratory) distress. Of note, R2's oxygen saturation drops requiring R2 to be placed on O2. This is an indicative sign of COVID-19. Based on the low O2 saturation R2 is now mildly symptomatic the facility should have recognized this as an indicative sign of COVID-19 thus re-starting the date for TBP 10/8/20 would now be considered Day 1 of symptoms and TBP. R2 would need to remain at minimum on TBP for 10 days + 24 hours without fever and reduction of symptoms beginning 10/8/20. The earliest R2 could be removed from the COVID Wing and off TBP would be 10/19/20 if all criteria above is met. On 10/12/20 at 9:37 PM, R2's Nurses Note states in part: Respiratory Findings: (R2) is nasal congested, denies cough or headache or SOB (shortness of Breath). Lungs are clear all 4 (four) lobes. Sats 89%, just wanted the air turned on, refused O2 at this time. Continues on Covid precautions. Of note, R2 is experiencing nasal congestion. This is an indicative sign of COVID-19. Based on the low O2 saturations as documented above and now nasal congestion R2 is displaying signs and symptoms indicative of COVID-19. R2 is mildly symptomatic the facility should have recognized this as an indicative sign of COVID-19. On 10/15/20 at 2:12 PM, R2's Nurses Note states in part: O2 Saturation: 98% on O2: 3 liters, had oxygen off while eating lunch and sats were 85%, oxygen reapplied at 2 liters. No complaints of cough, sore throat or headache Afebrile (without fever). Covid tests have been negative, does remain on covid precautions. On 10/16/20 R2 was removed from COVID-19 precautions and moved off the COVID unit. The facility failed to recognize low O2 saturations and mild nasal congestion as signs and symptoms of COVID-19. R2 was removed off of the COVID Wing and TBP based on R2's test date and not the date of symptoms. R2 should have remained on the COVID Wing and TBP as R2 displayed mild symptoms beginning 10/8/20. On 10/17/20 at 10:32 AM, R2's Nurses Note indicates R2 is having a low oxygen Saturation, a fever of 100.2 degrees Fahrenheit. Oxygen Saturation is 86 to 90 percent on room air. Difficulty auscultating (hearing) lung sounds. Resident placed on covid isolation precautions. On 10/17/20 R2 had another nasal swab taken for COVID-19 and was placed on COVID-19 precautions for the next 14 days. 10/17/20 at 4:28 PM, R2's Nurses Note indicates a productive hacking cough at times with clear lung sounds and was started on antibiotics as R2's chest X-ray indicates he was developing a right lower lobe infiltrate with a small left pleural effusion. On 10/18/20 R2's COVID-19 test came back positive and R2 is experiencing dry throat, cough, with a runny nose. R2's oxygen level is 100 percent on 2 liters of oxygen with a temperature of 99.0. On 10/19 at 6:20 PM, R2's Nurses Note indicates that R2's O2 saturation was 84%, and R2's oxygen was increased up to 4 liters per nasal cannula. On 10/19/20 at 9:44 PM, R2's Nurses Note indicates that R2's O2 saturation was 84% on 2 liters of oxygen, and was increased to 4 liters of oxygen to obtain an O2 saturation of 87%. On 10/20/20 at 6:35 AM, R2's Nurses Note indicates that R2's oxygen drops to 82 percent while on oxygen at 4 Liters per nasal cannula. R2 is refusing to go the hospital. On 10/20/20 at 9:44 AM, Surveyor observed R2 to be on contact/droplet TBP (transmission based precautions) with his door closed at this time. On 10/20/20 at 9:50 AM, R2's Nurses Note indicates R2 is having a heavy chest feeling, denied chest pain or feeling short of breath. O2 saturation is 99% with Oxygen at 4 liters and R2's Oxygen was then turned down to 2 liters. (R2 denied wanting to go to the hospital on [DATE]) On 10/20/20 at 9:52 AM, Surveyor interviewed CNA E (Certified Nursing Assistant) regarding COVID-19. CNA E indicated there is one Resident who is positive for COVID-19 on the 2nd floor. CNA E indicated there is no designated staff to just help R2 who's COVID-19 positive as they work with all the residents on the unit. On 10/20/20 at 10:09 AM to 10:20 AM, Surveyor observed RN D (Registered Nurse) related to TBP. Surveyor observed RN D use ABHR (antibacterial hand rub), put on a gown then remove her surgical mask, put on gloves then put on an N95 out of a paper bag. RN D then removed her gloves and took off her goggles to put on a different pair of goggles, followed by a surgical mask over her N95, then put on another pair of gloves and proceeded into R2's room at this time. (RN D did not perform hand hygiene in between removal of goggles, gloves or between mask donning/doffing.) RN D came out of R2's room at approximately 10:12 AM, where she removed her gloves, used ABHR, put on a new pair of gloves then removed the surgical mask was on top of her N95. RN D then removed her gloves and placed a new surgical mask on without performing hand hygiene in between. RN D then used ABHR then gloved and re-entered R2's room at 10:15 AM. At 10:17 AM Surveyor observed RN D come out of R2's room in full PPE with dirty linen balled up. RN D did not have the linen in any type of bag and placed the linen into the isolation bin outside R2's room slightly down the hallway</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>from R2's room (approximately 3 feet). RN D then removed her PPE at this time in the hallway and discarded it into the hallway bins. RN D cleaned her shield with peroxide wipes at this time, then immediately placed her shield back on without allowing it to dry between uses. On 10/20/20 at 10:22 AM, Surveyor observed CNA F come out of R6's room with used linen and place it into a linen bin that R2's linen was placed in. CNA F touched the handle on the bin without a gloves, in order to throw gloves away. CNA F did not perform hand hygiene at this time and proceeded to the nurses station and began charting. Surveyor interviewed CNA F at regarding hand hygiene. CNA F indicated hand hygiene is to be done after resident cares and when leaving rooms. CNA F agreed hand hygiene should have been performed and was not. On 10/20/20 at 10:25 AM, Surveyor observed RN D put on PPE. RN D put on a gown, gloves. RN D already had a surgical mask on, and then placed an N95 over her surgical mask followed by another surgical mask over her N95. RN D then went into R2's room. On 10/20/20 at 10:26 AM, Surveyor observed CNA E come out of another Residents room and place used linen into the isolation bin receptacles in the hallway. CNA E only had on a surgical mask and goggles. On 10/20/20 at 10:32 AM, Surveyor observed RN D come out of R2's room in full PPE. RN D turned to the right, as on the left of the door there is a Styrofoam container. RN D opened the Styrofoam container looking for ice, and indicated there was no ice. CNA E then went to get ice for R2, while RN D stood in the hallway in full PPE waiting for CNA E to return with ice. RN D obtained ice from CNA E then went back into R2's room. RN D then came out removed gloves, used ABHR, removed top surgical mask, then removed N95, RN D still had one surgical mask on her face at this time. RN D used ABHR, then removed her last surgical mask and placed the surgical mask on top of the isolation bin, then removed her gown and placed that into the isolation bin bare handed. RN D then grabbed her surgical mask bare handed and threw it away, then used ABHR then removed her goggles and put on another Surgical mask (without using ABHR between goggle removal and a new surgical mask) RN D put on gloves to clean her goggles with peroxide and then used the same wipe to wipe her hands off then used ABHR. On 10/20/20 at 10:40 AM, Surveyor interviewed RN D regarding observations. RN D indicated hand hygiene is to be done in between and before putting on PPE and before and after switching masks. RN D indicated she had two surgical masks on as she had one surgical mask on, then put her N95 on with a surgical mask over it. RN D indicated that is not the appropriate way to wear an N95. RN D indicated you are to remove your gloves, then use ABHR, remove your mask, use ABHR, and then remove your gown, then use ABHR, then remove your goggles and then use ABHR. RN D indicated that the hallway should be a clean area, and the outside bins (garbage/linen) are considered dirty. RN D indicated that other residents clothing should not be put into the isolation bins with R2's items. RN D indicated there were no extra isolation bags in R2's room when she brought out R2's linens earlier un-bagged. On 10/20/20 at 1:17 PM, Surveyor interviewed RN C and NHA A (Nursing Home Administrator) regarding Infection control. RN C indicated they had three positive Residents that had been up on a COVID unit. RN C indicated R2 was one of those Residents. RN C indicated R2 never had any symptoms while on the COVID unit and has had negative tests. RN C indicated Residents were tested on [DATE] and R2 was moved on 10/7/20 to the COVID unit due to being positive. RN C indicated R2 was tested multiple times after that and was negative. RN C indicated R2 was moved back down to a regular wing and within twenty four hours R2 had respiratory signs and symptoms. RN C indicated they decided to leave R2 on the unit and designate a staff member to him due to only having one case with staffing challenges. RN C indicated the designated staff member is the only CNA able to go into R2's room, but can work with other residents. RN C indicated staff are to use an N95 with R2 and just a surgical mask with other Residents on the unit. RN C indicated full PPE to be used with just R2. RN C indicated handwashing is to be done anytime before and after staff touch their mask, and it's required between each step of Doffing (removing) PPE. RN C indicated staff are taught to touch the straps. RN C indicated staff should not be in the halls in full PPE while waiting for items. RN C indicated hand hygiene is to be done when leaving resident rooms and after glove removal. Surveyor reviewed CMS's Critical Element Pathway with RN C and NHA A at this time. Surveyor had RN C read page 5 which states in part: 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. When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit. RN C indicated they are currently not doing this. On 10/20/20 at 3:37 PM, Surveyor interviewed DON B (Director of Nursing) regarding infection control and R2. DON B indicated R2 had already been on isolation for 10 days due to testing positive. DON B indicated that R2 was then moved down to the unit, and indicated that staff know the other Residents (on the unit) are negative and that the facility has R2 on isolation that is why they're not doing what the pathway indicates. On 10/26/20 at 6:50 PM, Surveyor received and reviewed additional information from the NHA A regarding R2.</p>		