

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER SUN PRAIRIE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 228 W MAIN ST SUN PRAIRIE, WI 53590	
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 did not establish and maintain an Infection Control Program designed to provide a safe environment to help prevent the development and transmission of disease and infection (such as COVID-19) for 2 of 2 dietary staff and 1 of 1 new admissions. The facility did not ensure universal source control was followed as staff were observed not wearing masks in the kitchen. The facility did not ensure R2 (who tested negative for COVID-19 at the hospital prior to admission) was on isolation precautions for 14 days after being admitted to the facility. Evidenced by: Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Memo dated 5/18/20 QSO 20-30 includes: Recommendations for States: Universal source control: Residents and visitors wear a cloth face covering or facemask. According to the Center for Disease Control (CDC) 5/18/20 Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings includes Website: (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) Recommendations: 1. Minimize Chance for Exposures -Universal Source Control: Healthcare Personnel: As part of source control efforts, Health Care Personnel (HCP) should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are anticipated shortages of facemasks, facemasks should be prioritized for HCP and then for patients with symptoms of COVID-19 (as supply allows). Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. Some HCP whose job duties do not require PPE (e.g., clerical personnel) might continue to wear their cloth face covering for source control while in the healthcare facility. Other HCP (e.g., nurses, physicians) might wear their cloth face covering for part of the day when not engaged in direct patient care activities, only switching to a respirator or facemask when PPE is required. To avoid risking self-contamination, HCP should consider continuing to wear their respirator or facemask (extended use) instead of intermittently switching back to their cloth face covering. Of note, N95s with an exhaust valve might not provide source control. HCP should remove their respirator or facemask and put on their cloth face covering when leaving the facility at the end of their shift. They should also be instructed that if they must touch or adjust their facemask or cloth face covering they should perform hand hygiene immediately before and after. The Center for Disease Control (CDC) 5/18/20/20 Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings includes: Continued community transmission has increased the number of individuals potentially exposed to and infectious with [DIAGNOSES REDACTED]-CoV-2. Fever and symptom screening have proven to be relatively ineffective in identifying all infected individuals, including HCP (Health Care Professionals). Symptom screening also will not identify individuals who are infected but otherwise asymptomatic or pre-symptomatic; additional interventions are needed to limit the unrecognized introduction of [DIAGNOSES REDACTED]-CoV-2 into healthcare settings by these individuals. As part of aggressive source control measures, healthcare facilities should consider implementing policies requiring everyone entering the facility to wear a cloth face covering (if tolerated) while in the building, regardless of symptoms. This approach is consistent with a recommendation to the general public advising them to wear a cloth face covering whenever they must leave their home. The facility policy dated 4/14/20 signed by the Medical Director on 5/13/20 titled (Facility) policy for Facemask Use Without Suspected or Confirmed COVID-19 Cases in Facility: #4. Locations where you do not need to wear your facemask: a. While in office or at nurses' station (unless a resident is within 6 feet); b. in breakroom; c. Laundry room, kitchen, or other designated work areas. Example 1 On 6/11/20 shortly after 7:46 AM Surveyor was walking the halls making observations. Surveyor entered the dining area that was empty and viewed 2 kitchen staff working in the kitchen without face coverings. Dietary Aide (DA) C was near the dish washing machine and Cook D was prepping food. On 6/11/20 at approximately 8:35 AM Surveyor interviewed DA C who was passing water cups to residents wearing a cloth facemask. She explained staff did not have to wear facemasks in the kitchen but as soon as she would leave the kitchen she would put on her mask. Then upon returning into the kitchen she would take off her mask. Surveyor asked how she knew it was ok to take her mask off in the kitchen. DA C explained that she had a meeting maybe in March or April where it was explained where they should wear masks and they did not have to in the kitchen. Surveyor asked DA C if staff remained 6 feet apart while in the kitchen. DA C stated at times we are probably within 6 feet. On 6/11/20 at 10:10 AM Surveyor interviewed Cook D who stated he was given training at approximately the end of March. He explained as long as they could social distance in the kitchen they did not have to wear a mask. Surveyor had observed Cook D icing a cake without a mask in the kitchen prior to the interview. On 6/11/20 at 10:15 AM Surveyor interviewed Dietary Manager E who explained she did educate her staff face masks are not required in the kitchen per facility policy. She stated they were able to social distance since at most only 2 staff worked in the kitchen at a time. Example 2 Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Memo revised 3/13/20 QSO 20-14 includes: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room). The facility used a table provided by their medical director titled Table 1: Accepting Hospital Admissions When There are NO COVID-19 Cases Present in SNF dated 3/26/20. The bullet points under the table include; if a patient is COVID-19 (-) then admit the patient, place them in droplet precautions/isolation and monitor for 14 days. The facility policy titled Infection Prevention and Control Policy for Coronavirus (COVID-19) updated 5/5/20 and signed by the Medical Director on 5/7/20 states under #4. Admissions a. If a resident is tested for COVID-19 in the hospital and is negative, our facility recommends staff wear facemasks for 7 days while taking care of resident. The resident would wear a facemask if leaving the room for any reason. On 6/11/20 at 7:46 AM Surveyor spoke with Director of Nursing (DON) B who explained new admissions should be on isolation for 7 days if they tested negative for COVID-19 in the hospital. DON B stated they have only admitted residents who had tested negative in the hospital and she kept new admissions on isolation precautions for 10 days just to be sure. The facility line list shows R2 was admitted from the hospital to the facility on [DATE] and was taken off isolation precautions on 5/18/20 totaling 9 days.</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.