

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FRANCISCAN WOODS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>19525 W NORTH AVE BROOKFIELD, WI 53045</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to properly prevent the spread of infections such as COVID-19 as evidenced by failures to: (1) follow infection control practices related to the use of glucometer (medical device used to measure sugar levels in the blood) for three (R1, R2 and R3) residents; (2) ensure clean linens were handled to prevent contamination for 14 (R1, R2, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14 and R16) residents; and, (3) clean and disinfect a mechanical lift after resident use for one (R15) resident. Findings include: 1. Review of R1's, R2's and R3's current [DIAGNOSES REDACTED]. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection.). A.1) Observation of Licensed Practical Nurse (LPN)1, on 5/13/20 at 11:46am, revealed LPN1 used the EvenCare G3 glucometer to check R1's blood sugar in R1's room. Initially, without using any barrier to protect the glucometer from contamination by the surface of R1's over-bed table, LPN1 sat the glucometer on top of R1's over-bed table then she took a tissue paper and sat the glucometer on top of it. After checking R1's blood sugar, LPN1 went back to the medication cart and wiped the front part of the glucometer with the CaviWipes Bleach wipe for two seconds. LPN1 put the glucometer in a resealable bag then placed the glucometer back in the medication cart. 2) Observation of LPN1 on 5/13/20 at 12:12pm, revealed LPN1 used the EvenCare G3 glucometer to check R3's blood sugar in R3's room. After checking R3's blood sugar, LPN1 wiped the glucometer with the CaviWipes Bleach wipe for two seconds, put the glucometer in a resealable bag then kept the glucometer in R3's dresser. B. Observation of LPN2 on 5/13/20 at 11:54am, revealed LPN2 used the EvenCare G3 glucometer to check R2's blood sugar in R2's room. After checking R2's blood sugar, LPN2 went back to the medication cart and wiped the glucometer with a microfiber cleaning cloth soaked in bleach solution made by the housekeeping staff. LPN2 wiped the glucometer for about 50 seconds, wrapped it with the same microfiber cleaning cloth for about 15 seconds then let it dry over a piece of latex glove on top of the medication cart. The glucometer was visibly dry after about 15 seconds. In an interview with the DON and the Administrator on 5/13/20 at 3:57pm, when told about the observation of nursing staff setting the glucometer on one resident's over-bed table without using any barrier, the DON stated, There should be a barrier. When asked about the contact time (also known as the wet time and the time that the disinfectant needs to stay wet on a surface in order to ensure efficacy) of the CaviWipes Bleach wipe, the DON stated, Three minutes. When told about the use of microfiber cleaning cloth soaked in bleach solution made by the housekeeping staff for glucometer disinfection, the DON stated, The nurse should have used the CaviWipes Bleach wipe. That (microfiber cleaning cloth soaked in bleach solution) is for disinfecting the high-touch areas. When asked about the contact time for the bleach solution made by the housekeeping staff, the DON stated, Three minutes. Review of the facility's Obtaining a Fingerstick Glucose Level policy and procedure last revised 12/2017 revealed under Steps in the Procedure, A. Place the equipment on a clean field .Q. Clean and disinfect reusable equipment between uses according to the manufacturer's instructions and current infection control standards of practice . According to the EVENCARE G3 User's Guide, under Cleaning and Disinfecting Procedures for the Meter, .To clean the meter, use a moist (not wet) lint-free cloth dampened with a mild detergent. Wipe all external areas of the meter including both the front and back surfaces until visibly clean .To disinfect your meter, clean the meter surface with one of the approved disinfecting wipes .Allow the surface of the meter to remain wet at room temperature for the contact time listed on the wipe's directions for use. Wipe all external areas of the meter including both front and back surfaces until visibly wet. Wipe meter dry, or allow to air dry . According to the CaviWipes Bleach Wipe Surface Disinfection Directions For Use, If NO gross debris is present on the surface: .2. Disinfect surface with towelette. Leave surface wet for 3 minutes . According to a Centers for Disease Control and Prevention (CDC) article titled, Guidelines for Environmental Infection Control in Health-Care Facilities published on 6/6/03 under Recommendations - Environmental Services on subsection Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient Care Areas, .3. Use barrier protective coverings as appropriate for noncritical surfaces that are 1) touched frequently with gloved hands during the delivery of patient care; 2) likely to become contaminated with blood or body substances . 2.A. Observation on 5/13/20 at 12:53pm revealed a laundry staff (E1) was delivering clean laundry to R1's, R2's, R4's, R5's, R6's, R7's, R8's, R9's, R10's, R11's, R12's, R13's, R14's and R16's rooms and was holding the clean laundry against her uniform. Review of R1's, R2's, R5's, R10's, R11's current [DIAGNOSES REDACTED]. High blood sugar levels can weaken the person's immune system defenses.) Review of the current [DIAGNOSES REDACTED]. Further review of R8's current [DIAGNOSES REDACTED]. According to the Centers for Disease Control and Prevention (CDC), People with moderate to severe asthma may be at higher risk of getting very sick from COVID-19. COVID-19 can affect your respiratory tract (nose, throat, lungs), cause an asthma attack, and possibly lead to pneumonia and acute respiratory disease. In an interview with E1 on 5/13/20 at 1:20pm, when told about the clean laundry touching her uniform as she was delivering them to residents' rooms, E1 stated, I should keep an eye on that. It's probably because I am in a hurry. When asked why the clean laundry should not be touching her uniform, E1 stated, They're (uniform) dirty. In an interview with the DON on 5/13/20 at 4:09pm, when asked about his expectations of laundry staff when delivering clean laundry, the DON stated, (The clean laundry should) not touch the ground and the uniform. When asked why the clean laundry should not be touching the uniform, the DON stated, (That is) cross contamination. B. Observation on 5/13/20 at 3:29pm revealed nursing assistants (NA1 and NA2 were by the linen cabinet handling linens and were holding them against their uniform before they went inside the room of R16. In an interview with the DON on 5/13/20 at 4:30pm, when told about the observations of NA1 and NA2 holding clean linens against their uniform, the DON stated, Linen should be carried away from the body. Review of the facility's Environmental Services - Laundry and Linen policy and procedure revised 12/2019 revealed under Washing Linen and other Soiled Items, .G. Clean linen will remain hygienically clean (free of pathogens in sufficient numbers to cause human illness) through measures designed to protect it from environmental contamination . According to Best Practice Guidelines - Storing and Handling Clean Linen in Healthcare Facilities published on 2/20/18 under Storage and Handling Procedures - Clinical/Patient Environment, .2. Linen should be carried slightly away from the body to avoid cross-contamination . 3. Observation on 5/13/20 at 3:28pm revealed that NA1 and NA2 were coming out of R15's room with a mechanical lift then NA2 parked the mechanical lift inside the shower room without disinfecting it. Review of the current [DIAGNOSES REDACTED]. In an interview with the DON on 5/13/20 at 4:12pm, when told about the above observation, the DON stated, (The mechanical lift) should be disinfected between residents. Review of the facility's Cleaning and Disinfection of Resident-care Items and Equipment policy and procedure last revised on 12/2017 revealed under Policy Interpretation and Implementation, .4. Reusable items are cleaned and disinfected or sterilized between residents (e.g .durable medical equipment) . According to Agency for Healthcare Research and Quality's publication titled, A Unit Guide To Infection Prevention for Long-Term Care Staff, under Environmental Cleaning and Disinfection, All staff have a role in keeping the facility and equipment clean and disinfected .Cleaning typically refers to physically removing soil and dirt. Disinfecting and sanitizing, however, is removing or killing the germs that can cause disease. Surfaces in a room or equipment can harbor these germs. All surfaces and equipment must be routinely cleaned and disinfected, including between use on each resident, to prevent the spread of germs</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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