

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525520</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>DIVINE REHABILITATION AND NURSING AT LODI</b>		STREET ADDRESS, CITY, STATE, ZIP <b>700 CLARK ST LODI, WI 53555</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) place newly admitted or readmitted residents on appropriate transmission based precautions after being discharged from the hospital and ensure nursing staff donned appropriate personal protective equipment (PPE) per CDC's (Centers for Disease Control and Prevention) recommendation when entering the rooms of seven (R1, R2, R3, R4, R5, R6 and R7) residents which were under monitoring due to possible exposure to COVID-19 during hospitalization ; (2) perform hand hygiene when delivering meal trays for five (R8, R9, R10, R11 and R12) residents; (3) appropriately clean and disinfect the mechanical lift after resident use for two (R13 and R14) residents; and, (4) follow infection control practices related to the transport of clean laundry in one unit (300 Hall). Findings include: 1. According to the Centers for Disease Control and Prevention, Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE (which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown) . In an interview with the Administrator in the presence of the Director of Nursing (DON), on 6/24/20 at 10:30am, the Administrator stated, Newly admitted or readmitted residents are put on standard precautions (the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed status of the patient and based on a risk assessment and make use of common sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient) upon admission (to the facility). When asked what PPE were required of staff to use when entering the rooms of residents under quarantine (a period or place of isolation in which people that have arrived from elsewhere or been exposed to infectious or contagious disease are placed), the Administrator stated, Gloves and mask. Review of the Newly admitted /readmitted Resident List dated 6/24/20 revealed that R1, R2, R3, R4, R5, R6 and R7 were admitted /readmitted to the facility from 6/10/20 to 6/22/20. Observation on 6/24/20 at 10:45am revealed that there were signs by the doors of R1's, R2's, R3's, R4's, R5's, R6's and R7's indicating that only gloves and mask were required to enter the rooms of these residents. In an interview with the DON on 6/24/20 at 4pm, the DON stated, The transmission-based precautions (contact and droplet precautions - transmission-based precautions that are used in addition to Standard Precautions for patients with known or suspected infections that can be spread to others by speaking, sneezing, or coughing and require use of mask, gown and gloves) and PPE that need to be used (to enter the rooms of residents on quarantine) were changed today to require gown and eye protection (in addition to gloves and mask). Review of the facility's Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) policy and procedure dated 3/20/20 revealed under Procedure, .2. For new residents (or residents with recent travel history, contact with anyone with lab confirmed COVID-19) .a) Place residents in private rooms on contact precautions .6. Limit only essential personnel to enter the room with appropriate PPE and respiratory protection. a. PPE includes: 1) Gloves; 2) Gown; 3) N95 respirators will be donned when entering and after exiting resident room; 4) Eye Protection that covers both the front and sides of face if available. Remove before leaving resident room. Reusable eye protection will be cleaned and disinfected according to manufacturer's recommendation. Disposable eye protection will be discarded after use . 2. According to CDC in an article titled People with Certain Medical Conditions updated last 6/25/20, .People of any age with the following conditions are at increased risk of severe illness from COVID-19: [MEDICAL CONDITION] .obesity, serious heart conditions, such as heart failure .type 2 diabetes mellitus .people with the following conditions might be at an increased risk for severe illness from COVID-19: .hypertension or high blood pressure .neurologic conditions, such as dementia . Review of R8's current [DIAGNOSES REDACTED]. Further review of R8's current [DIAGNOSES REDACTED]. [DIAGNOSES REDACTED]. Review of R11's current [DIAGNOSES REDACTED]. Review of R12's current [DIAGNOSES REDACTED]. Observation on 6/24/20 at 12:09pm revealed that the Social Worker (SW) brought lunch trays to R8's, R9's, R10's, R11's and R12's rooms. The SW was wearing gloves and was not observed performing hand hygiene before delivering the lunch trays to the five rooms. SW assisted in putting on residents' clothing protectors and setting up the residents' meals on the residents' tables in their rooms. In an interview with the SW on 6/24/20 at 12:09pm, when told about the observation of her wearing the same pair of gloves as she was delivering lunch trays to the residents' rooms, the SW stated, I probably should take them off and use hand sanitizer in between rooms. In an interview with the DON on 6/24/20 at 3:39pm, when told about the above observations, the DON stated, (She should) take them (gloves) off, clean her hands and put new ones on. (Use) clean pair of gloves for each room and clean (hands) in between. Review of the facility's Hand Washing and Glove Use policy and procedure last revised 7/2018 revealed under Policy, .Employees wash their hands as required and wear gloves only when appropriate to protect any food from contamination that may be present on hands. Employees limit the potential for cross-contamination by using gloves correctly and only when appropriate . Further review of the same policy and procedure revealed under Procedure, .2. When to wash hands: .b. Before, between and after resident contact; c. After touching any contaminated object (face, hair, body or clothing .); d. Before eating or touching food . The same policy and procedure indicated under Proper Use of Gloves, 1 .The use of gloves does not eliminate the need for proper hand washing or good hygiene .5. Gloves are changed as follows: .b. When coming in contact with something that may be contaminated, such as handling pots/pans/tray/utensils .or touching a doorknob .f. After touching hair, skin or clothing . 3. Review of the current [DIAGNOSES REDACTED]. Review of the current [DIAGNOSES REDACTED]. R13's and R14's underlying medical conditions put them at increased risk of severe illness from COVID-19. A. Observation on 6/24/20 at 12:53pm revealed that the nursing assistant (NA1) and NA2 were coming out of R13's room with a mechanical lift then NA1 and NA2 kept the mechanical lift in a storage area. NA2 wiped the mechanical lift with a PDI Sani-Cloth Plus for 10 seconds. The mechanical lift was visibly wet for approximately 30 seconds. In an interview with NA1 and NA2 in the presence of NA3, on 6/24/20 at 12:57pm, when asked if they were familiar with 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 PDI Sani-Cloth Plus, NA2 stated, No. When asked how long was the mechanical lift wet after she wiped it with the PDI Sani-Cloth Plus, NA2 stated, Usually wet for 20-30 seconds. Review of the PDI Sani-Cloth Plus General Guidelines for Use, revealed, .4. Allow treated surface to remain wet for three (3) minutes . B. Observation on 6/24/20 at 1:15pm revealed that NA4 and NA5 used the mechanical lift to transfer R14 from the wheelchair to her bed. NA4 was seen coming out of R14's room with the mechanical lift then kept the mechanical lift in a storage area. NA4 stated that NA5 wiped the mechanical lift with a PDI Sani-Cloth. In an interview with NA4 and NA5 on 6/24/20 at 1:20pm, when asked how long was the mechanical lift wet after NA5 wiped it, NA5 stated, (It was) wet for 15 seconds. Review of the PDI Sani-Cloth Instructions for Use: .Treated surface must remain visibly wet for a full three (3) minutes. Use additional wipe(s) if needed to assure continuous 3 minute wet contact time . In an interview with the DON on 6/24/20 at 3:44pm, when told about the above observations, the DON stated, (They should) refer to the list (of the different disinfectant wipes with their contact times), see what the (contact) time of what (disinfectant wipe) I'm using today. 4. Observation of a laundry staff (E1) on</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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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Some</p>	<p>(continued... from page 1)</p> <p>6/24/20 at 12:05pm revealed that E1 was delivering clean laundry in the 300 Hall using a cart that was not covered. In an interview with E1 on 6/24/20 at 12:20pm, when asked if the linen cart should have been covered, E1 stated, It should be covered. When asked if she had been distributing clean laundry with the cart uncovered, E1 stated, I usually do. Review of the resident room roster provided by the facility on 6/24/20 at approximately 11:42am, revealed eleven residents resided in the 300 Hall. In an interview with the DON on 6/24/20 at 3:43pm, when told about the above observation, the DON stated, It (the linen cart) should be covered. Review of the facility's undated Laundry-resident clothing policy and procedure revealed under Procedure, To return clothes, laundry personnel will sort clothes by name, and deliver them to the resident in a manner that maintains cleanliness and security. When using a basket or hamper, it should be covered for cleanliness and security.</p>		