

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525730	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER IGNITE MEDICAL RESORT OAK CREEK		STREET ADDRESS, CITY, STATE, ZIP 2700 WEST HONADEL BOULEVARD OAK CREEK, WI 53154	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews and facility policy and procedures, the facility did not ensure outbreak (COVID-19) precautions for new admissions was implemented. This was observed with 3 (R5, R6 and R7) of 3 new admissions observed. The facility did not implement the required full PPE (personal protective equipment), which includes eye protection for new admissions. There was 23 new admissions with a census of 35 residents that this potentially affected. R5, R6, R7 were new admissions within 14 days. Direct care staff were observed going into their rooms without eye protection. Findings include: Current CDC (Centers for Disease Control) Guidelines (Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) note in part: . Considerations for new admissions or readmissions to the facility . A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, 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. The facility's policy and procedures COVID-19 Admissions dated 3/2020, includes guidelines to accepting admissions with known or unknown COVID-19 status. The procedures do not provide information on how long an admission is in precautions and what specific PPE is required. The procedure #3 indicates to place in contact precautions per CDC guidance based on new strategies to optimize PPE supplies. OBSERVATIONS 1. On 6/16/20 at 9:32 AM, Surveyor observed CNA-C (Certified Nursing Assistant) and CNA-D go into R5 room without eye protection. Prior to admission and while in the hospital, R5 tested negative for Coronavirus (Covid) on 6/9/20 and on 5/28/20. R5 was admitted into the facility on [DATE]. The comment area on the 5/28/20 test result stated in part; Negative for [DIAGNOSES REDACTED]-CoV-2 (2019-nCov) nucleic acid in specimen, consider other viruses. Negative results must be combined with clinical observations, patient history, and epidemiological information . The hospital documentation for the 6/10/20 Covid test result includes a note which states, Negative Covid 19 test. This removes the obligation for N95 masks and eyewear protection. The rationale to continue Droplet and Contact precautions is to protect both patient and Health Care Worker (HCW) from other virus causing the patient's illness. Check Covid-19 Toolkit for the most up to date information: https://www.advocatehealth.com/covid-19-info/ 2. On 6/16/20 at 9:37 AM Surveyor observed CNA-C and CNA-D go into R6 room without eye protection. Prior to R6's admission into the facility and while in the hospital, R6 was tested for Covid. On 6/12/20 the Covid test result was negative. R6 was admitted [DATE] from the hospital. The comment on the Coronavirus test result stated, Negative results do not preclude [DIAGNOSES REDACTED]-CoV-2 infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information. False negative results may occur if a specimen is improperly collected, transported or handled. False negative results may also occur if amplification inhibitors are present in the specimen or if inadequate levels of viruses are present in the specimen 3. On 6/16/20 at 10:35 AM Surveyor observed LPN-F go into R7 room without eye protection. While in the hospital prior to admission, R7 was tested for Coronavirus with a negative covid test result dated 6/1/20. R7 was admitted [DATE] from the hospital. The test result interpretation narrative states; [DIAGNOSES REDACTED]-CoV-2 (Covid-19) RNA not detected. Negative results do not preclude [DIAGNOSES REDACTED]-CoV-2 (Covid-19) infection and should not be used as the sole basis for treatment or other patient management decisions. INTERVIEWS On 6/16/20 at 9:22 AM Surveyor spoke with G-T (Therapy) regarding PPE use. G-T indicated they do therapy in the resident's room. The just wear a regular mask with the gown and gloves. G-T did not have any concerns with having PPE supplies available. On 6/16/20 at 9:43 AM Surveyor spoke with LPN-E (Licensed Practical Nurse). LPN-E indicated they use gowns, gloves and a regular mask. LPN-E has not used any eye protection with new admissions. LPN-E indicated the new admissions are in contact isolation for 2 weeks. LPN-E indicated they had no concerns with PPE supply. On 6/16/20 at 9:52 AM Surveyor spoke with CNA-D. CNA-D indicated they wear a mask, gown and gloves if there is an isolation cart outside the resident's door. They also get report from the floor nurse. CNA-D has not been instructed to wear any eye protection with new admissions. CNA-D had no concerns with PPE supply. On 6/16/20 at 9:57 AM Surveyor spoke with the DON-B (Director of Nurses) and requested the facility's policy and procedures for new admissions. DON-B indicated all admissions are tested before coming into the facility. They are not accepting COVID-19 positive residents. DON-B indicated staff are not required to wear eye protection because the residents were tested before entry to the facility. DON-B had no concerns with PPE availability. On 6/16/20 at 10:12 AM, DON-B, Administrator-A and NP-H (Nurse Practitioner) met with Surveyor. NP-H works with the facility's Medical Director. NP-H indicated they could not locate where the CDC (Center for Disease Control and Prevention) indicates to wear eye protection. There was no concerns expressed with eye protection equipment. NP-H indicated the new admissions were tested for COVID-19 (tested negative) before entry and did not deem it necessary to wear eye protection. On 6/16/20 at 10:35 AM Surveyor spoke with LPN-F. LPN-F indicated they have not used eye protection for new admissions. They wear a mask, gown and gloves. LPN-F indicated they have not been told to wear eye protection. LPN-F indicated there has been no concerns obtaining PPE supplies. On 6/16/20 at 11:18 AM Surveyor spoke with CNA-C. CNA-C indicated they wear a mask, gown and gloves. They have not worn eye protection with new admissions. CNA-C indicated they had no concerns obtaining PPE supplies. On 6/16/20 at 11:45 AM Surveyor met with DON-B, Administrator-A and the facility owner. The eye protection concerns were shared. There was no concerns expressed with obtaining eye protection. On 6/18/20, the facility provided additional information which included a policy and procedure guideline labeled Coronavirus (Covid-19) dated February 2020 and with revision dates March 2020, April 2020, May 2020 and CDC Discontinuation of Transmission-Based Precautions and Disposition of Patients with Covid-19 in Healthcare Settings (Interim Guidance) which state in part; The policy and procedure is To provide a process for the facility care and transfer of the 2019 Novel Coronavirus (Covid-19). Not all Coronaviruses are Covid-19. Residents with current, active treatment of [REDACTED]. This policy in part indicates; 1 . Upon acceptance of new guests/residents, the facility will request Covid-19 testing from hospitals in markets where testing is available. In the event that testing is limited, the facility will request that all symptomatic patients be tested prior to acceptance . 14. All Covid-19 positive guests will remain in isolation for 14 days from the date of the initial positive test, and a repeat Covid-19 test may be performed if applicable 14 days after the initial positive result is received . 15. In the event access to Covid-19 testing is limited guests may be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their exposure (or admission). Testing at the end of this period may be considered to increase certainty that the guest is not infected. In the event Covid-19 testing is available a test-based strategy will be utilized prior to admission to determine guest status. (See CDC guidance below). If a negative test result for covid-19 is known prior to or at the time of admission into the facility and the guest is asymptomatic for Covid-19 the guest will not</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>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>be required to be placed in droplet precautions. Process items listed in item number #1 will continue to be followed. (The following information is based on federal guidance, please refer to your specific state for additional guidance.) The decision to discontinue empiric Transmission-Based Precautions by excluding the [DIAGNOSES REDACTED]. If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for [DIAGNOSES REDACTED]-CoV-2 RNA. If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the symptom-based strategy. Ultimately, clinical judgement and suspicion of [DIAGNOSES REDACTED]-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions. The CDC Coronaviours Disease 2019 (Covid-19) Discontinuation of Transmission-Based Precautions and Disposition of Patients with Covid-19 in Health Care Settings (Interim Guidance) states in part: Test-based strategy for Symptomatic patients with Covid-19 until either, Resolution of fever without the use of fever-reducing medications and Improvement in respiratory symptoms (e.g. cough, shortness of breath) and Negative results of an FDA Emergency Use Authorized Covid-19 molecular assay for detection of [DIAGNOSES REDACTED]-CoV-1 RNA from at least two consecutive respiratory specimens collected greater than 24 hours apart (total of two negative specimens). See interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). Of note, there have been reports of prolonged detection of RNA without correlation to [MEDICAL CONDITION] culture. Test-based strategy for patients with laboratory-confirmed Covid-19 who have not had any symptoms should remain in Transmission-Based Precautions until either, Negative results of an FDA Emergency Use Authorized Covid-19 molecular assay for detection of [DIAGNOSES REDACTED]-CoV-2 RNA from at least two consecutive respiratory specimens collected greater than 24 hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to [MEDICAL CONDITION] culture. On 6/22/20, the facility provided information pertaining to the Coronavirus testing of R's 5, 6, and 7 indicating all 3 residents were tested negative for Covid-19 prior to admission. DON-B indicated the facility used the Test-Based Strategy for the above 3 residents, however it was noted R6 and R7 had only 1 Covid test conducted, while the CDC guidelines provided by the facility indicates having 2 consecutive (total of two negative specimens) respiratory specimens collected greater than 24 hours apart. In addition, according to DON B, the facility did not use goggles upon admission and that the facility used droplet and contact precautions. The facility is not following the CDC guidance recommending PPE should be worn during cares of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if 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. The CDC guidance also states, Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2 infected residents into the Covid-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. 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.</p>		