STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525659	A. BUILDING _____ B. WING _____	04/27/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GRANDE PRAIRIE HLTH AND REHAB CTR	10330 PRAIRIE RIDGE BLVD PLEASANT PRAIRIE, WI 53158

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	**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 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 six (R1, R2, R3, R4, R5 and R6) residents; and, (2) ensure that blood pressure (BP) cuff and pulse oximeter (medical device used to measure pulse and oxygen saturation level) shared among residents were properly cleaned and disinfected between resident use for four (R7, R8, R9 and R10) residents. Staff failures to disinfect shared medical equipment and handle medical equipment to prevent contamination had the potential to affect residents residing on two units (Mesa Wing and Rudin Wing) of the facility at the time of the survey. Findings include: 1.A. Review of R1's, R2's, R3's and R4's current medical [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.). Further review of R1's, R3's and R4's current medical [DIAGNOSES REDACTED]. 1) Observation of Certified Medication Aide (CMA)1, on 4/24/20 at 11:36am, revealed CMA1 used the EvenCare G2 glucometer to check R1's blood sugar in R1's room. Without using any barrier to protect the glucometer from contamination by the surface of the medication cart, CMA1 sat the glucometer on top of the medication cart then she put it in a plastic cup inside a carrying container where she also put the lancets and the alcohol wipes. Before checking R1's blood sugar, CMA1 wiped the glucometer with an alcohol wipe. After checking R1's blood sugar, CMA1 cleansed the glucometer with an alcohol wipe. 2) Using the unsanitized glucometer, CMA1 checked R2's (R1's roommate) blood sugar at 11:40am. After checking R2's blood sugar, CMA1 cleansed the glucometer with an alcohol wipe. 3) Using the same unsanitized glucometer, CMA1 went to R3's room to check R3's blood sugar at 11:45am. CMA1 sat the glucometer on R3's over-bed table without using any barrier to protect the glucometer from further contamination by the surface of the table. After checking R3's blood sugar, CMA1 cleansed the glucometer with an alcohol wipe. 4) Using the same unsanitized glucometer, CMA1 checked R4's (R3's roommate) blood sugar at 11:47am. After checking R4's blood sugar, CMA1 cleansed the glucometer with an alcohol wipe. B. Review of R5's and R6's current [DIAGNOSES REDACTED]. Further review of R5's current medical [DIAGNOSES REDACTED]. 1) Observation of Registered Nurse (RN)1, on 4/24/20 at 12:20pm, revealed RN1 used the EvenCare G2 glucometer to check R5's blood sugar right outside of R5's room. RN1 sat the glucometer on top of the medication cart without using any barrier to protect the glucometer from contamination by the surface of the medication cart then RN1 moved the glucometer and placed it on top of the computer mouse pad. 2) After checking R5's blood sugar, RN1 used an alternate glucometer to check R6's blood sugar in R6's room. RN1 sat the glucometer on top of R6's bed without using any barrier to protect the glucometer from contamination by the surface of R6's bed. In an interview with the Director of Nursing (DON) on 4/24/20 at 4:52pm when told about the observation of nursing staff sitting the glucometer on medication carts, resident's over-bed table, computer mouse pad and resident's bed without using any barrier, the DON stated, (There) should be barrier (between the glucometer and any surface). When asked what nursing staff should use to sanitize the glucometer, the DON stated, (They should use) the Clorox Healthcare Bleach Germicidal Wipes and there is an alternate glucometer (nursing staff could use as the other glucometer was being sanitized). Review of the facility's Glucometer Decontamination policy and procedure, revised 2/2018, revealed under Purpose: .Glucometers may be contaminated with blood and body fluids as well as other pathogens .This facility will use a disinfectant wipe that is EPA (Environment Protection Agency) registered as tuberculocidal; therefore is effective [MEDICAL CONDITION](Human Immunodeficiency Virus), HBV ([MEDICAL CONDITION] Virus), and a broad spectrum of bacteria . Further review of the same policy and procedure revealed under Policy: In the event that glucometers are shared within a facility, the glucometer shall be decontaminated with the facility approved wipes following use on each resident . The same policy and procedure further indicated, .I. The nurse will obtain the glucometer along with the wipes and place the glucometer on a clean surface such as on a paper towel on the mediation cart preparation area . 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. Review of R7's and R9's current [DIAGNOSES REDACTED]. 1) Observation of Licensed Practical Nurse (LPN)1, on 4/24/20 at 1:03pm, revealed LPN1 used the vital signs (VS) machine with BP cuff and pulse oximeter to check R7's BP, pulse rate and oxygen saturation level in R7's room. After using the VS machine, LPN1 sanitized the handle and the monitor of the VS machine but did not sanitize the BP cuff and the pulse oximeter. 2) Using the unsanitized BP cuff and pulse oximeter, LPN1 checked R8's BP, pulse rate and oxygen saturation level in R8's room before giving her medications at 1:12pm. 3) Using the same unsanitized BP cuff and pulse oximeter, LPN1 checked R9's BP,pulse rate and oxygen saturation level in R9's room before giving her medications at 1:19pm. B. Observation of CMA1 on 4/24/20 at 1:40pm, revealed CMA1 used the unsanitized VS machine after LPN1 used it with R9. CMA1 checked R10's BP, pulse rate and oxygen saturation level in R10's room. After using the VS machine with R10, CMA1 took the VS machine behind the nurses' station and plugged it for charging without sanitizing the BP cuff and pulse oximeter. Review of R10's current [DIAGNOSES REDACTED]. Further review of R10's current [DIAGNOSES REDACTED]. In an interview with the DON on 4/24/20 at 4:52pm, when told about the observations of nursing staff not sanitizing the BP cuff and pulse oximeter in between resident use, the DON stated, BP cuff and pulse oximeter should be disinfected with disinfectant wipes (in between resident use). During the same interview, the DON stated that the facility did not have any policy that addressed disinfection of medical equipment. According to the Infection Preventionist's Guide to Long-Term Care published by the Association for Professionals in Infection Control and Epidemiology, Inc. (APIC) in 2013 revealed on page 166 under Maintaining Equipment, All equipment approved for use in the LTCF (Long Term Care Facility) must be cleaned and disinfected according to manufacturer instructions and included in the facility's policies and procedures .All equipment policies should contain the following essential infection prevention elements: Immediately clean/disinfect all equipment with the facility-approved EPA (Environmental Protection Agency) hospital grade disinfectant when visibly soiled or after use with residents .Always follow manufacturer's cleaning and disinfection recommendations . Review of Ten Tips for Cleaning and Disinfecting Shared Medical Equipment sent by Medline on January 29, 2010 to Medline customers revealed, .7. If no visible organic material is present, disinfect the exterior surfaces after each use using a cloth or wipe with either an EPA-registered detergent/germicide with a turberculocidal or HBV/HIV label claim, or a dilute bleach solution of 1:10 to 1:100 concentration .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE