

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525692	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER OAKWOOD VILLAGE EAST HEALTH AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 5833 AMERICAN PARKWAY MADISON, WI 53718	
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 - Many	<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 failed to ensure it maintained an infection control program designed to provide a safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections such as COVID-19, for 3 residents (R4, R5 and R7) out of 8 residents reviewed. This has the potential to affect all 29 residents. The facility failed to implement the recommended Source Control Measures to prevent the potential spread of COVID-19 when: Surveyor observed R4, R5 and R7 out of their rooms in the hall and rehab area not wearing a facemask. Surveyor observed 4 staff members in the kitchen not wearing facemasks and not social distancing. This is evidenced by: The facility's suspected or Confirmed Coronavirus (COVID-19) Protocol, date June 1, 2020 states in part: . Prevention steps regarding controlling virus WITHIN the facility: 1. Keep residents and employees informed. Provide education on actions the facility is taking for their protection, answer questions and explain what they can do to protect themselves and residents. 2. Monitor visitors, residents and employees for respiratory infection symptoms. Restrict residents with fever or symptoms to their room. If deemed necessary that they leave their room, have the resident wear a facemask. It is important to note that this policy does not address Source Control to prevent the transmission of COVID-19. The facility stated that they follow the current CDC (Center for Disease Control) Guidance for prevention of COVID-19. CDC (Center for Disease Control) Guidance (website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html) notes: Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated 6/19/20 states in part: . Implement Universal Source Control Measures: Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering, as supplies allow. Patients may remove their cloth face covering when in their rooms but should put it back on when around others (e.g., when visitors enter their room) or leaving their room. HCP (Health Care Personnel) should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers. When available, facemasks are 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. Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is needed. This CDC Guidance also references: Encourage Physical Distancing Encourage Physical Distancing. Healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent [DIAGNOSES REDACTED]-CoV-2 transmission. For HCP, the potential for exposure to [DIAGNOSES REDACTED]-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. The facility stated that they follow the current CDC (Center for Disease Control) Guidance for prevention of COVID-19. The facility provided a copy of the CDC Guidelines titled Preparing for COVID-19 in Nursing Homes updated 6/22/20 states in part: . Implement Source Control Measures. HCP (Health Care Personnel) should wear a facemask at all times while they are in the facility. Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room. Example 1: On 6/22/20 at 11:40 AM, Surveyor went to the main kitchen, this kitchen provides food to multiple areas of the complex, including the HRC (Health and Rehab Center). Surveyor observed DM (Dietary Manager) D, Cook E, Cook F and DA (Dietary Aide) G in the kitchen without a facemask in place. Surveyor did observe that some staff were wearing a facemask while working in the kitchen. Surveyor observed Cook E and Cook F to be less than 6 feet apart from each other. Surveyor observed DA G applying a facemask as he was exiting the kitchen to take a food cart to the HRC 1 floor unit. Surveyor interviewed DM D about social distancing and about staff wearing facemasks while in the kitchen. DM D stated the kitchen was small and they try to 6 feet apart as much as possible. DM D stated that her understanding was the kitchen staff need to be wearing face masks when they go into common areas, but they could all wear them in the kitchen if that's what they should be doing. On 6/22/20 at 12:10 PM, Surveyor interviewed DA G on 1st floor kitchenette, Surveyor observed DA G wearing a mask. Surveyor asked DA G if he wore a mask while in the main kitchen, DA G stated he didn't but he put it on when he was going to the HRC unit. On 6/22/20 at 12:40, PM Surveyor interviewed ICN C about what PPE (Personal Protective Equipment) she would expect dietary staff to wear while working in the kitchen. ICN C stated that she would expect all kitchen staff to be wearing a surgical facemask while working in the kitchen. ICN C showed Surveyor an email dated 6/17/20, ICN C stated this email went to all staff including DM D, the email stated in part: We would like to remind all staff that masks should be worn at all times while you are at work. There are no exceptions to this requirement. (Emphasis included on document). ICP C stated she would expect all kitchen staff to be wearing facemasks while on duty at all times, which kitchen staff were observed not doing. Of note: CDC Guidelines updated 6/22/20, titled Preparing for COVID-19 in Nursing Homes states in part: . Implement Source Control Measures. HCP (Health Care Personnel) should wear a facemask at all times while they are in the facility. Example 2: R5 was admitted to the facility on [DATE] for a [MEDICAL CONDITION] femur. R5 was placed in TBP (Transmission Based Precautions) for 14 days following admission. R5's admission MDS (Minimum Data Set) assessment, dated 5/22/20, notes a BIMS (Brief Interview for Mental Status) score of 15 indicating that R5 is cognitively intact. On 6/22/20 at 9:15 AM, Surveyor observed R5 being walked in the hall by PT I (Physical Therapist), R5 was not wearing a facemask. Surveyor interviewed PT I who stated that they leave it up to the resident if they want to wear a mask if the resident is out of quarantine. On 6/22/20 at 9:31 AM, Surveyor interviewed CNA K (Certified Nursing Assistant) about residents wearing masks when they come out of their room. CNA K stated masks are not needed for residents when they come out of their room after their 14 days in isolation precautions. Example 3: R4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R4's admission MDS (Minimum Data Set) assessment, dated 6/9/20, notes a BIMS (Brief Interview for Mental Status) score of 15 indicating that R4 is cognitively intact. R4 is able to ambulate independently. On 6/22/20 Surveyor observed R4 sitting in a chair just outside of the dining/rehab area, about 9:45 AM, talking to a staff member who was wearing a mask, R4 was observed without a facemask in place. At 11:55 AM, Surveyor observed R4 walking independently from the hall into the dining area near the kitchenette checking the menu, without a facemask. On 6/22/20 at 12:10 PM, Surveyor interviewed R4 in his room, about wearing a facemask when he comes out of his room. R4 stated when he first came into the facility he wore a mask when he left his room. R4 stated last week staff told him he had free range going out of his room after the 14 days, he did not recall the exact date. R4 stated that he goes to therapy and walks the halls and takes the stairs for a loop to get his walking in. Surveyor asked R4 if he had a mask and said I have one right here pointing to a mask on his over the</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>bed table. Surveyor asked R4 if he would be willing to wear his mask when he came out of his room, R4 stated I'll do whatever is needed. On 6/22/20 at 12:20 PM, Surveyor interviewed NE H (Nurse Extern) about R4 not wearing a mask when he was out of his room today, NE H stated that R4 didn't want to wear the mask. Surveyor asked what NE H reviewed with R4 regarding wearing a facemask, Surveyor asked if NE H reviewed the risks and benefits of R4 coming out of his room without a mask, NE H stated she did not review with risks of not wearing a facemask with R4 when he comes out of his room. Example 4: R7 was admitted to the facility on [DATE] with a right trochanteric fracture. R7 was placed in TBP (Transmission Based Precautions) for 14 days following admission. R7's admission MDS (Minimum Data Set) assessment, dated 6/5/20, notes a BIMS (Brief Interview for Mental Status) score of 9 indicating that R7 has moderate cognitive impairment. On 6/22/20 at 11:00 AM, Surveyor observed R7 in the dining/rehab area on second floor with therapy staff, R7 was not wearing a facemask. Surveyor asked R7 if staff offered her a facemask, R7 stated no. PTA J (Physical Therapy Aide) stated that she offered R7 a facemask and R7 didn't want it, and said R7 is cognitively impaired and that PTA J did offer R7 a mask before leaving R7's room. On 6/22/20 at 12:50 PM, Surveyor interviewed NHA A (Nursing Home Administrator), IDON B (Interim Director of Nursing) and ICN C (Infection Control Nurse). Surveyor discussed observations of residents out of their rooms without wearing facemasks. IDON B stated: we are following the DHS (Department of Health Services) Guideline dated 6/19/20 Keep COVID-19 from entering your facility. Have residents who must regularly leave the facility for medically necessary purposes (for example, residents receiving [MEDICAL TREATMENT]) wear a face mask whenever they leave their room, including for procedures outside of the facility. IDON B stated that the facility interprets this to mean, that is the time when the resident needs the mask, when they leave their room and are leaving the building, and if they are on quarantine. NHA A stated that is what we have been doing all along. IDON B stated residents refuse to wear the masks at times. Surveyor asked for any documentation of resident refusals to wear a facemask and education staff provided to residents of risks and benefits to R4, R5, R6, and R7 for not wearing a facemask when coming out of their room, no further information was provided. IDON B also provided Surveyor with a copy of the CDC Guidelines titled Preparing for COVID-19 in Nursing Homes updated 6/22/20. Surveyor pointed out this CDC Guideline states in part: . Implement Source Control Measures . Residents should wear a cloth face covering or facemask (if tolerated) whenever they leave their room . which the facility was observed not to be following and could lead to unprotected exposure of COVID-19. The facility did not ensure residents were wearing facemasks when leaving their room, and did not ensure all staff were wearing mask and social distancing per current standards of practice which could lead to the transmission of COVID-19 from unknown/ asymptomatic sources.</p>		