STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525637	A. BUILDING _____ B. WING _____	06/09/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CORNELL HEALTH SERVICES	320 N 7TH ST CORNELL, WI 54732

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 0656 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility did not develop and implement a comprehensive person-centered care plan for each resident, which includes measurable objectives and goals in order to meet a resident's medical, nursing, and psychosocial needs, which are identified in the comprehensive assessment. This occurred for 1 of 3 sampled residents (Resident (R) 1) whose care plans were reviewed. R1 did not have a care plan developed for [MEDICATION NAME] care visits with measurable objectives and goals to meet R1's psychosocial needs. This is evidenced by: R1 is [AGE] years old, married and has one young child. R1 was admitted to the facility on [DATE] after suffering a cerebral infarction resulting in left sided [MEDICAL CONDITION] and [MEDICAL CONDITION] (inability to use the left side). The most recent quarterly Minimum Data Set (MDS) documents R1 has a Brief Interview for Mental Status Score of 15, meaning she is alert and oriented and able to answer questions accurately. Surveyor interviewed 6 alert and oriented residents to ask about visitation restrictions during the coronavirus pandemic and how it was affecting them. Five of the six residents indicated they were not leaving the building, and no visitors were coming in. On 05/21/20 at 2:20 p.m., Surveyor interviewed R1 about visits. R1 stated she goes out to the park about once a week. Surveyor asked how she gets to the park. R1 indicated Social Worker (SW) pushes her down the street. Surveyor asked if any other people are at the park when R1 goes there. R1 indicated a few people but they stay far away from her. R1 informed Surveyor a mask is worn at all times when R1 leaves the building. On 05/21/20 at 3:40 p.m., Surveyor interviewed SW E to ask about visitation restrictions. SW E indicated no visitors are allowed, and residents only go out for medical appointments. Surveyor asked about R1 going to the park. SW E indicated R1 does go to the park about once a week. Surveyor asked why this one resident was going to the park. SW E indicated R1 was very young and has a young child that would not be allowed in the building due to potential asymptomatic spread of [MEDICAL CONDITION]. Surveyor asked if R1 is visiting with her husband and child at the park. SW E stated Yes, they wear masks and stay 6 feet apart. Surveyor asked if the young child understands to keep the distance. SW E indicated that SW E reminds and redirects to keep the needed distance. Surveyor asked how long the visits have been occurring. SW E indicated since the end of April. On 05/21/20 at 3:50 p.m., Surveyor interviewed Certified Nursing Assistant (CNA) F to ask if R1 is on precautions. CNA F indicated R1 is not on precautions as she never leaves the building. Surveyor had reviewed the medical record prior to this interview and noted no social services notes or assessment for [MEDICATION NAME] care visits. The care plan did not contain any information on [MEDICATION NAME] care visits. On 05/21/20 at 4:00 p.m., Surveyor interviewed the Nursing Home Administrator (NHA) and asked if R1 was leaving the building for visits. NHA indicated R1 was going out for [MEDICATION NAME] care visits due to her young age, having a young child and a planned surgery June 16th to replace part of skull that was removed during surgery post [MEDICAL CONDITION]. The NHA indicated it will be a very risky surgery and R1 may not survive. Surveyor asked for the assessment and care plan for the [MEDICATION NAME] care visits. The NHA indicated it would be in the care plan. After the interview, Surveyor went into the electronic health record and noted a care plan for [MEDICATION NAME] care was developed on 05/21/20 after the surveyor interview.
F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and policy/procedure review, the facility did not establish an Infection Control Program under which it investigates, controls and prevents infections in the facility, or implement procedures such as isolation to prevent the spread of infections such as Covid 19. This has the potential to affect all 40 residents that reside in the facility. The facility did not implement their infection prevention and control program in a timely manner. They did not: -Maintain their procedure for accurately tracking all residents and staff with signs/symptoms of acute respiratory symptoms through daily surveillance -Utilize the surveillance to identify that an outbreak had occurred on 03/05/20. One staff member Certified Nursing Assistant (CNA) C on 3/04/20 with fever, cough and myalgia. On 03/05/20, Resident (R) 2, R3, and R15 became symptomatic with 2 or more respiratory symptoms. An additional 6 residents living on the same unit had at least one respiratory symptom of coughing on 03/05/20. -Implement aggressive measures (isolation) to prevent the spread of the infection in a timely manner -Notify appropriate agencies with accurate and complete information at the time of the outbreak -Assure housekeeping immediately initiated a more intensive cleaning procedures -Document return to work dates for employees that were ill, to ensure they were not symptomatic and to prevent spread of infection. -Identify and isolate suspected Covid 19 residents and seek prompt testing This is evidenced by: Surveyor reviewed the facility's Infection Control policy. The policy states that the facility Infection Control Officer provides oversight of the infection control program. SURVEILLANCE Under the heading Daily, the policy states: 1. Infection Control log 2. Facility Spot Map 3. Infection report for each infection using the Criteria for Determining an Infection. File a report in the clinical record/scan to the EMR (Electronic Medical Record) . Surveyor reviewed a policy entitled Suspected or Confirmed COVID-19 Management Policy that includes in part, The center will implement isolation procedures (contact and droplet) for residents who are positive for or suspected positive for Covid-19 . The center's Infection Preventionist will follow the center's Infection Control surveillance policy and CMS/CDC/state agency/local and state public health department guidance for resident and staff monitoring to promote early detection. All residents will be screened for signs/symptoms of respiratory illness and/or fever at least each shift. Licensed staff will document the assessment in the electronic medical record. Any concerns identified during screening will be addressed including primary care provider notification, resident/representative notification, Medical Director notification, DON notification and Infection Preventionist notification. If a resident develops a fever and/or any respiratory symptoms, isolation will immediately be implemented. On 05/20/20, Surveyor initiated a remote investigation. Surveyor requested and received a respiratory line list for an influenza outbreak that occurred in March 2020. Surveyor requested daily surveillance for respiratory illnesses for March, April and May. Surveyor reviewed the influenza outbreak timeline, that identifies the outbreak as occurring on 03/06/20. The line list does not identify the type of isolation or dates of isolation for the ill residents. The line list identifies CNA C as the last person listed on the active line list. Employee C had fever, cough and myalgia on 03/04/20, becoming the first ill staff or resident. An influenza swab was collected on 03/04/20 for suspicion of influenza. The facility was informed of the positive influenza result on 03/06/20. A symptom resolution date of 03/11/20 is documented; there is no information for a return to work date. The timeline provided documents all ill residents were isolated in their rooms on 03/06/20. The respiratory line list contains 3 additional staff members that became ill. The list contains a resolution date of symptoms but no information on well date to determine return to work status. Surveyor interviewed the Infection Preventionist, Registered Nurse (RN) D, to ask what hall CNA C worked. RN D stated at that time staff were working both halls. The line list identifies 6 residents that reside on the 100 hall (R11, R12, R13, R3, R4, R14) had at least one

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	(continued... from page 1) respiratory symptom on 03/05/20. In addition R2 is on the line list 03/05/20 with two symptoms of respiratory illness, cough and myalgia. Surveyor reviewed the nurses' notes that identify R2 had respiratory symptoms start on 03/04/20. The line list is inaccurate for R2. R3 had fever, cough, and myalgia with onset of 03/05/20. R15 is on the line list with onset date of 03/05/20 with symptoms of fever, myalgia and cough. This is the fourth illness of staff and residents that meet the definitions below. The facility provided Surveyor with CDC influenza guidelines and the Department of Public Health memo regarding influenza. Surveyor asked RN D which one they use. RN D stated, I think it is always CDC. The CDC guideline instructs, .Influenza testing should occur when any resident has signs and symptoms that could be due to influenza, and especially when two residents or more develop respiratory illness within 72 hours of each other. The DPH memo instructs, If 3 residents with 2 or more acute respiratory symptoms occur within 72 hours an outbreak may be occurring. The facility met both of these definitions on 03/05/20. Surveyor reviewed the nurses' notes of R4 who is on the line list with onset date of 3/06/20. The nurses' notes document the respiratory symptoms of dry cough, sneezes, and nasal drainage started 03/05/20. R5 has an onset date of 03/06/20 on the line list. Surveyor reviewed R5's nurses' notes that identify 2 respiratory symptoms of dry cough and hoarse voice started on 03/05/20. The line list is inaccurate with the onset dates of respiratory illnesses for R4 and R5. Surveyor reviewed R11's nurses notes' that identify symptoms of a fever of 102.3. The fever is not marked as a symptom on the line list. The documented surveillance list for respiratory symptoms is inaccurate in several areas. This would prevent prompt identification of a respiratory outbreak in the facility. On 05/21/20 at 9:30 a.m., Surveyor interviewed RN D and Director of Nursing (DON) B. Surveyor asked when they identified the respiratory outbreak. RN D indicated 03/06/20. Surveyor reviewed the definitions of an outbreak and the line list with RN D asking what date the facility met the definition of an outbreak per the CDC definition or State of Wisconsin DPH memo. RN D stated, It was on 03/05/20; we missed it. Surveyor reviewed the medical records of residents with respiratory symptoms for isolation dates. The medical record contains no information on isolation type or dates. The line list does not identify dates or types of isolation for ill residents with respiratory symptoms. Surveyor noted the only documented isolation for the ill residents is noted on the timeline provided as starting 03/06/20, one day after the outbreak should have been identified. The facility did not initiate notification of public health, enhance cleaning, do prompt isolation, discontinue activities, or notify the medical director until 03/06/20. On 05/20/20 at 4:00 p.m., Surveyor interviewed the Nursing Home Administrator (NHA) A and DON B asking again for daily surveillance for April and May. DON B stated they do not have a sheet unless there would be an outbreak. DON B went on to say they do Covid Tracker charting in the Electronic Health Record each day. Surveyor asked if a nurse on one hall enters a resident and a nurse on the other hall enters 2 residents, who will know when they have a cluster of 3 residents with respiratory symptoms. The DON B stated it would be in report and it would go on a clinical follow up tool. Surveyor asked to review these for April and May. Surveyor received the clinical follow up tool. This is used as a 24 hour report for all residents. It contains resident information for falls, medication changes, labs etc. The tool does not contain any area for signs and symptoms of a respiratory illness, isolation type or dates of onset. Surveyor received the Monthly Line List/Monthly Healthcare Associated Infection Incidence Rate reports for March, April and May. Surveyor compared the May report above with the clinical follow up tool for May 2020. The infection control line list/monthly HAI Incidence Rate report for May contains the type of infection, culture result and antibiotic used. It does not contain specific signs and symptoms of an infection for daily surveillance to identify an outbreak. Surveyor reviewed the nurses' notes of R6 who is listed on the clinical follow up tool 05/19/20. R6 is not listed on the infection control line list/monthly HAI log in May. The nurses' notes document R6 started with respiratory symptoms of increased shortness of breath, and change in lung sounds on 05/11/20. The Covid tracker is completed the same day and does not identify any symptoms. On 05/18/20, the nurses' notes document R6 has complaints of shortness of breath and an O2 saturation of 88% on 3.5 L of oxygen. The Covid Tracker documents no symptoms on this date. The listed symptoms in the nurses' notes do meet the signs and symptoms outlined by CDC for the elderly for potential Covid. R6 was hosptalized on [DATE]. R6 was put on the clinical follow up tool 8 days after respiratory symptoms had started. R6 did test negative for Covid 19 at the hospital on [DATE]. Surveyor reviewed nurses' notes for R7 who had symptoms of feeling sleepy with oxygen saturations of 84-85% on room air on 05/16/20. The Covid Tracker completed the same date marks O2 sat less than 90% and no symptoms present. R7 is not on the monthly line listing/HAI incidence report, or the clinical follow up report on 05/16/20. On 05/18/20, R7 was more confused, O2 sat at 78 room air, no appetite, bilateral lobe crackles. The Covid Tracker identifies abnormal lung sounds, but not O2 saturations less than 90%. A chest X-ray was performed on 05/18/20 that was negative for TB, pneumonia, and [MEDICAL CONDITION]. R7 is not on the clinical follow up tool list until 05/19/20, 3 days after the onset of respiratory symptoms. The clinical follow up tool sheet does not identify specific symptoms or isolation. R7 had respiratory symptoms that meet the definition for possible Covid in the elderly population. R7 was hosptalized on [DATE] with inability to maintain her oxygen saturation levels. R7 is on the monthly line listing/HAI Incidence rate report sheet with onset of 5/16/20 with admitted to hospital [DIAGNOSES REDACTED]. R7 did test negative for Covid 19 at the hospital. SYMPTOMS: The CDC defines COVID-19 symptoms in the elderly as: Cough, fever (100.0), shortness of breath or difficulty breathing, muscle or body aches, fatigue, headache, nausea or vomiting, diarrhea, chills, sore throat, congestion or runny nose and loss of taste or smell . Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea .(cdc.gov/coronavirus 05/20). KEY STRATEGIES TO PREPARE FOR COVID-19 IN LONG TERM CARE FACILITIES CDC 05/20/20. Identify infections early: Actively screen all residents daily for fever and symptoms of COVID-19; if symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions . Identification of these symptoms should prompt isolation and further evaluation for COVID-19. Notify your state or local health department immediately (<24 hours) if these occur: Severe respiratory infection causing hospitalization or sudden death Clusters (=3 residents and/or HCP) of respiratory infection Individuals with suspected or confirmed COVID-19. Surveyor reviewed a list of current residents on transmission based precautions for current compliance with isolation dates. Surveyor reviewed the medical record, and infection control monthly line list/HAI incidence rate to find the dates and types of isolation for R8, R9 and R10. Surveyor could not locate the dates for initiation of precautions. Surveyor interviewed RN D asking where to find the information. RN D indicated it would be on the care plan for each resident. Surveyor went into the electronic medical record after the interview and located care plans with isolation type and dates that were created after the interview. The care plans were all dated 05/20/20. Surveyor noted during review of the clinical log follow up reports, that on weekends there is no information entered for infection surveillance. On 05/27/20 at 9:45 a.m., Surveyor did a telephone interview with the NHA and RN D to review the concern with daily infection control surveillance. The symptoms in the nurses' notes for ill residents are not on the Covid Tracker electronic charting or accurately on surveillance lists. Surveyor asked RN D if the Covid Tracker is the system she is using to identify respiratory outbreaks. RN D and NHA A indicate they can see the confusion. NHA A stated the clinical log is a daily report sheet, and the monthly line list/HAI monthly incidence rate report is tracking actual infections. NHA A stated the facility is implementing a system to do accurate daily surveillance. Surveyor asked about Covid testing process for residents with respiratory illness. Surveyor asked why R6 and R7 were not tested as soon as they manifested respiratory symptoms per CDC guidance. The NHA indicated the facility has decided to do facility wide testing and has ordered testing supplies.