

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525456	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2020
NAME OF PROVIDER OF SUPPLIER SHEBOYGAN HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP 3129 MICHIGAN AVE SHEBOYGAN, WI 53082	
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 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, record review and staff interview, the facility did not ensure food was stored, prepared, distributed and served under sanitary conditions in the following areas: The dish machine was used to wash dishes for approximately three days without soap. The floors in the walk-in freezer and refrigerator contained food and debris. This practice had the potential to affect all 38 of 38 residents in the facility. Findings include: The facility's Manual Warewashing policy, dated 9/2017 states, All cookware, dishware and serviceware that is not processed through the dish machine will be manually washed and sanitized. Procedures: 1. The Dining Service staff will be knowledgeable in proper technique including: Soap dispensing Wash temperature at no less than 110 degrees Fahrenheit Chemical sanitizer dispensing Chemical sanitizer testing and concentrations 2. Appropriate test strips will be utilized to measure the concentration of the sanitizer solution. Results will be recorded on the Three-Compartment Sink Log. 2013 Federal Food Code: Section 4-602.11(5) states equipment used for storage of packaged or unpackaged food such as a reach-in refrigerator should be cleaned at a frequency necessary to preclude accumulation of soil residues. Section 6-201.11 states floors, floor coverings, walls, wall coverings, and ceilings shall be designed, constructed and installed so they are smooth and easily cleanable. On 3/12/20, the Surveyor reviewed a complaint filed with the State Agency. The complaint stated the dish machine ran out of dish soap on 2/22/20. The complaint alleged DM (Dietary Manager)-D was notified; however, the dish machine was used to wash dishes for three days without soap. On 3/12/20 at 9:10 AM, the Surveyor interviewed DM-D regarding the dish machine. DM-D stated the facility ran out of dish soap; however, soap was ordered and delivered the following day. DM-D stated, ER (Ecolab Representative)-F checked our soap dispenser and ended up fixing something. I don't think it took three days. I'm not aware we were washing dishes for three days without soap. On 3/12/20, the Surveyor interviewed AS (Anonymous Staff)-G regarding dish washing. AS-G stated the dish machine was completely out of soap and verified dishes were washed without soap. On 3/12/20, the Surveyor interviewed AS-H regarding dish washing. AS-H stated an alarm on the dish machine sounds if the machine runs out of soap. AS-H stated, .We try to make sure there is soap. The alarm (on the dish machine) will set off even if there is soap .It's hard to tell. On 3/12/20 at 9:45 AM, the Surveyor interviewed NHA (Nursing Home Administrator)-A regarding dish washing. NHA-A stated silverware in the dining room and on room trays looked grungy approximately two weeks ago and was sent back to be rewashed. NHA-A stated NHA-A was not aware the facility washed dishes without dish soap. On 3/12/20 at 10:15 AM, the Surveyor interviewed DDM (District Dietary Manager)-E regarding the dish washing. DDM-E stated, I heard Ecolab was called right away and fixed the issue. I think there was something wrong. On 3/12/20 at 1:50 PM, the Surveyor again interviewed DM-D regarding dish washing. DM-D stated DM-D received a message from staff on Monday (2/10/20) that the dish machine was out of soap. DM-D stated, I put in an order on (2/10/20) for soap (ER (Ecolab Representative)-F) was here on (2/13/20). DM-D stated DM-D checked with sister facilities in an attempt to get dish soap sooner, but ultimately bought dish soap at a local grocery store. DM-D stated staff washed dishes by hand from 2/10/20 - 2/13/20. When asked if staff were trained how properly wash and sanitize dishes by hand, DM-D stated, They all know how to wash dishes by hand. DM-D stated staff used the three-sink method to wash dishes in the past when the dish machine was out-of-order. DM-D stated staff were to wash dishes in the first sink, rinse dishes in the second sink and sanitize dishes in the third sink. DM-D stated the sanitization process involved leaving the dishes in the sanitizing solution for thirty seconds and allowing them to air dry. DM-D stated education was not done prior to the three-compartment sink process on 2/10/20 because staff was familiar with the process. DM-D stated there was not a posting or policy in the kitchen for staff to refer to. The Surveyor asked DM-D for the facility's water temperature and sanitizing solution logs for the three-compartment sink process from 2/10/20 - 2/13/20. On 3/12/20 at 2:21 PM, NHA-A informed the Surveyor DM-D did not have temperature and sanitization logs from 2/10/20 - 2/13/20. 2. On 3/12/20, the Surveyor reviewed a second complaint filed with the State Agency. The complaint stated the floors in the walk-in freezer and refrigerator were dirty. On 3/12/20 at 9:10 AM, the Surveyor and DM-D observed the walk-in freezer and refrigerator floors. On the floor of the walk-in freezer, the Surveyor observed frozen carrots, shredded lettuce and debris. The Surveyor also observed a marred area on the floor underneath a leg of the shelving unit. DM-D indicated the area was uncleanable and stated, We tried to mop it up and spray stuff on it. On the floor in the walk-in refrigerator, the Surveyor observed onion peels and debris. Immediately following the observation, the Surveyor interviewed DM-D regarding the kitchen's cleaning schedule. DM-D stated, The floors are washed once per month and should be swept every night. DM-D stated the walk-in freezer and refrigerator floors were swept last week, but wasn't sure if they were swept since. DM-D did not know when the walk-in freezer and refrigerator floors were last washed.</p> <p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interview, the facility did not establish and maintain an Infection Control Program designed to provide a safe and sanitary environment and to help prevent the development and transmission of disease and infection as staff did not ensure transmission based precautions were followed for 1 Resident (R) (R1) of 2 residents reviewed. CNA (Certified Nursing Assistant)-C did not don the appropriate PPE (personal protective equipment) when CNA-C entered R1's room and delivered a lunch tray. DM (Dietary Manager)-D brought a febrile child to work before the child was seen by a physician. Findings include: Record review indicated R1 was documented as having symptoms of norovirus, (a contagious virus that can cause nausea, vomiting, and diarrhea). According to the facility's line list for residents during norovirus outbreaks, R1's symptoms began 3/8/2020 and included nausea, vomiting, and diarrhea. A well date was not documented. At 11:30 AM, Surveyor observed CNA-C entering R1's room carrying a lunch tray. CNA-C was wearing a mask that covered CNA-C's mouth and nose. CNA-C set down the tray on the table and went to R1's bathroom and exited the room. At 11:33 AM, Surveyor interviewed CNA-C. CNA-C stated they put on the mask because, There was respiratory stuff going around. CNA-C confirmed that they normally do not work on that unit and do not know why R1 is on precautions. At 1:05 PM, Surveyor interviewed DON-B who stated R1 was on isolation precautions and would expect staff to wear mask, gloves, and gown while in R1's room.</p> <p>2. On 3/12/20, the Surveyor reviewed a complaint filed with the State Agency. The complaint stated DM (Dietary Manager)-D brought DM-D's ill child to work on 2/26/20. The complaint stated the child had the flu and DDM (District Dietary Manager)-E knew that DM-D brought the ill child to work. On 3/12/20 at 9:10 AM, the Surveyor interviewed DM-D regarding the allegation. DM-D verified DM-D's daughter was too ill to go to school and DM-D brought her to the facility. DM-D stated the child had a sinus infection and a fever, but wasn't contagious. DM-D also stated the child stayed in DM-D's office</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and staff interview, the facility did not establish and maintain an Infection Control Program designed to provide a safe and sanitary environment and to help prevent the development and transmission of disease and infection as staff did not ensure transmission based precautions were followed for 1 Resident (R) (R1) of 2 residents reviewed. CNA (Certified Nursing Assistant)-C did not don the appropriate PPE (personal protective equipment) when CNA-C entered R1's room and delivered a lunch tray. DM (Dietary Manager)-D brought a febrile child to work before the child was seen by a physician. Findings include: Record review indicated R1 was documented as having symptoms of norovirus, (a contagious virus that can cause nausea, vomiting, and diarrhea). According to the facility's line list for residents during norovirus outbreaks, R1's symptoms began 3/8/2020 and included nausea, vomiting, and diarrhea. A well date was not documented. At 11:30 AM, Surveyor observed CNA-C entering R1's room carrying a lunch tray. CNA-C was wearing a mask that covered CNA-C's mouth and nose. CNA-C set down the tray on the table and went to R1's bathroom and exited the room. At 11:33 AM, Surveyor interviewed CNA-C. CNA-C stated they put on the mask because, There was respiratory stuff going around. CNA-C confirmed that they normally do not work on that unit and do not know why R1 is on precautions. At 1:05 PM, Surveyor interviewed DON-B who stated R1 was on isolation precautions and would expect staff to wear mask, gloves, and gown while in R1's room.</p> <p>2. On 3/12/20, the Surveyor reviewed a complaint filed with the State Agency. The complaint stated DM (Dietary Manager)-D brought DM-D's ill child to work on 2/26/20. The complaint stated the child had the flu and DDM (District Dietary Manager)-E knew that DM-D brought the ill child to work. On 3/12/20 at 9:10 AM, the Surveyor interviewed DM-D regarding the allegation. DM-D verified DM-D's daughter was too ill to go to school and DM-D brought her to the facility. DM-D stated the child had a sinus infection and a fever, but wasn't contagious. DM-D also stated the child stayed in DM-D's office</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 - Few	<p>(continued... from page 1) (located in the kitchen). DM-D stated, She didn't have the flu .I talked to (DDM-E) and (DDM-E) said to keep (the child) home, but I had to finish tickets and the order so I brought her with me. As soon as I was done, we left. DM-D stated both DM-D and the child were in the facility for approximately forty-five minutes. DM-D stated when DM-D left the facility, DM-D took her daughter to a doctor's appointment. DM-D verified DM-D's daughter had a fever when she was in the facility. DM-D verified her daughter was not seen by a doctor for her symptoms prior to her arrival at facility that morning. On 3/12/20 at 9:45 AM, the Surveyor interviewed NHA (Nursing Home Administrator)-A regarding the allegation. NHA-A stated NHA-A was not aware DM-D brought an ill child to work. NHA-A stated that was not an acceptable practice for employees. On 3/12/20 at 10:15 AM, the Surveyor interviewed DDM-E via telephone. DDM-E stated DDM-E was not aware DM-D brought an ill child to work. DDM-E stated DDM-E spoke with DM-D earlier that morning following the Surveyor's conversation with DM-D. DDM-E stated DM-D thought DM-D and the child were at the facility for less than forty-five minutes. DDM-E stated, (DM-D) didn't call me and ask if (DM-D) could bring a sick child to work .I would've told (DM-D) 'No'. I've since instructed (DM-D) that (DM-D) needs to work when (DM-D's) child is in school. DDM-E stated the facility has staff who can print tickets and place the food order in DM-D's absence. On 3/12/20 at 12:45 PM, NHA-A showed the Surveyor physician confirmation provided by DM-D that verified DM-D's child was diagnosed with [REDACTED].</p>		