

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER CARE AGE OF BROOKFIELD		STREET ADDRESS, CITY, STATE, ZIP 1755 N BARKER RD BROOKFIELD, WI 53045	
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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, facility record review and staff interviews, the facility did not ensure visitors to the facility were thoroughly screened for symptoms of COVID-19. The facility was not obtaining a visitors temperature upon entering into the facility. This had the potential to effect the 72 residents residing in the facility during survey. Findings include: The facility's policy and procedures for Outdoor Visitation Guidance for Care Age of Brookfield indicates visitation begins July 15, 2020. The policy indicates visitors are screened for signs and symptoms of COVID-19. Visitors must be actively screened for signs and symptoms of COVID-19 and must attest to COVID-19 status if known. The policy references CMS (Centers For Medicare and Medicaid Services) QSO (Quality, Safety and Oversight)-20-14-NH (Nursing Home) memo dated March 18, 2020 as a reference. Surveyor noted, CMS QSO-20-14-NH dated March 18, 2020 includes in part; Facility staff should regularly monitor the CDC website for information and resources. They should contact their local health department if they have questions. Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposure among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should actively screen and restrict visitation by those who meet the following criteria: signs or symptoms of a respiratory infection, such as fever. Surveyor noted, the CMS COVID -19 Long-Term Care Facility Guidance dated April 2, 2020 states in part; Long-term Care Facilities should immediately implement symptom screening for all. In accordance with previous CMS guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked. The current CMS QSO-20-30-NH, Nursing Home Reopening Recommendations for State and Local Officials dated 5/18/2020, attachment 1 Recommended Nursing Home Phased Reopening for States, documents in part, 100% screening of all persons entering the facility and all staff at the beginning of each shift: temperature checks. This is actively screening to ensure no one with a fever (a symptom of COVID-19) enters the facility to potentially spread infection. The CDC Coronavirus Disease 2019, Preparing for COVID-19 in Nursing Homes updated June 25, 2020 defines Healthcare Personnel (HCP) to include, but is not limited to .nurses, nurses assistants, physicians, technicians, therapists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g. clerical .volunteer personnel). Under Evaluate and Manage Healthcare Personnel, the CDC guideline includes in part; Screen all HCP at the beginning of their shift for fever and symptoms of COVID -19. Actively take their temperature and document absence of symptoms consistent with COVID -19. The CDC guideline also indicates in part under Have a Plan for Visitor Restrictions; screen visitors for fever (T greater than 100.0 F) symptoms consistent with Covid-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. On 7/28/20 at 8:16 AM Surveyor was allowed entry into the facility main entrance foyer area. There was a table set up that included a COVID-19 screening questionnaire and a Visitor sign in log. Receptionist- C instructed Surveyor to fill out the questionnaire and sign in the Visitor Log. Receptionist-C did not take Surveyor's temperature and indicated they have not taken visitors temperatures for the last couple weeks. Reception-C indicated the employees use a different entrance and they are screened for their temperature. All non-employees like Hospice, Physicians, Vendors and others come in the main entrance. Reception-C did not have further information on why visitor temperatures were not obtained upon entering the facility. On 7/28/20 at 8:20 AM Surveyor spoke with DON-B (Director of Nurses). DON-B indicated they stopped taking visitor temperatures a couple weeks ago. DON-B indicated that no one who has been COVID-19 positive has had a temperature. DON-B indicated they would get back to Surveyor information related to not actively taking visitors temperatures. On 7/28/20 at 8:47 AM Administrator-A spoke with Surveyor. Administrator-A indicated they started a couple weeks ago just doing the questionnaire screening and not taking temperatures. Administrator-A indicated they will provide more information. On 7/28/20 at 9:37 AM Administrator-A spoke with Surveyor. Administrator-A indicated they stopped taking temperatures on July 15, 2020 when they started court yard visits. Administrator-A indicated the screening questionnaire includes a question regarding fevers. Administrator-A provided the facility visitation policy effective July 15, 2020 (referenced above) and Visitor's Log sheets starting on July 16, 2020 with the screening questionnaire. Surveyor reviewed the Visitor Log from 7/16/20 - 7/27/20. There was a total of 187 signatures of visitors who did not have evidence of their temperature being obtained upon entering the facility. For example: July 16, 2020 Visitor D, E and F entered the facility with no documentation of a temperature; July 24, 2020 Visitor G and H entered the facility with no documentation of a temperature; July 27, 2020 Visitor I entered the facility with no documentation of a temperature. On 7/28/20 at 10:15 AM Administrator-A spoke with Surveyor. These changes in visitor screening began on July 15, 2020 and Public Health was not consulted. Administrator-A feels the questionnaire covers fevers and a temperature does not actively need to be taken upon entering the facility. Administrator-A indicated essential healthcare professionals are responsible for taking their own temperatures before coming into the facility to work. The resident's families were sent a letter that included for them not to visit if they had a fever. Administrator-A did not feel the facility needed to take visitor's temperature's because they are aware of monitoring themselves.</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.