

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525430	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER ROLLING HILLS REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 14345 CTY HWY B SPARTA, WI 54656	
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	<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 did not ensure it maintained an infection prevention and control program designed to provide safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections such as COVID-19 for 1 of 1 Residents on transmission based precautions (R1). Staff were not wearing PPE (Personal Protective Equipment) when entering the room of a new admission who is on a 14 day isolation and quarantine from admission. R1 was admitted on [DATE] and on transmission based precautions. The facility isolated R1 but did not institute the use of proper PPE for staff entering R1's room. There were no signs indicating that R1 was on isolation or transmission based precautions. There were no isolation bins or isolation cart outside of R1's room indicating the need for precautions. This is evidenced by: Per the CDC (Centers for Disease Control and Prevention) Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. Per CMS (Centers for Medicare and Medicaid Services) Droplet precautions are actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Current CDC (Centers for Disease Control) Guidelines (Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) note in part: . Considerations for new admissions or readmissions to the facility . A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. The facility policy titled, Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), dated 3/25/20, states in part . All new admissions must have a COVID-19 test with results within 5 days of admission. Only residents with negative COVID-19 tests will be admitted unless the facility is currently caring for COVID positive residents and the resident is stable. A resident with known or suspected COVID-19, immediate infection prevention and control measures will be put into place: Place on contact and droplet precautions. Isolate resident to their room. Example R1 was admitted to the facility on [DATE]. On 7/22/20 at 11:55 AM, Surveyor observed R1 in room. No isolation equipment was outside or inside of room. There was no indication that R1 was on any type of isolation precautions. Note: The facility had 4 admissions in the last 30 days (3 on the 400 wing and 1 on the 200 wing) On 7/22/20 at 12:40 AM, Surveyor interviewed CNA D (Certified Nursing Assistant). Surveyor asked CNA D what precautions R1 is on. CNA D stated, R1 is a new resident. We don't need to use gowns or a face shield, just mask and gloves like we do for everyone else. On 7/22/20 at 12:00 PM, Surveyor interviewed LPN E. Surveyor asked LPN E what precautions are used for new admissions. LPN E stated, New admissions are quarantined to their rooms for 14 days, otherwise we don't do anything different with them and they are like everyone else. R1 is not on precautions as she was tested for COVID prior to admission. On 7/22/20 at 12:40 PM, Surveyor interviewed CNA D. Surveyor asked CNA D what units/floor she works. CNA D states, When I come into work I usually work the 400 (Maple 3) wing. Once I have all my residents up for the day I float to 100 (Lighthouse), 400 (Maple 2) and 400 (Maple 1) to answer lights and help out where needed. There are a total of 33 residents located on this floor. On 7/22/20 at 12:48 PM, Surveyor conducted an interview with CNA F. Surveyor asked CNA F what units/floors she works on. CNA F stated, I mainly work the first floor (Maple 1, 2, and 3 and Lighthouse). I usually work the entire unit. We are moved around weekly. I work the unit I am assigned until all residents are up and then I go help where I can on the other units. On 7/22/20 at 12:52 PM, Surveyor interviewed CNA G. Surveyor asked CNA G what units/floors she works on. CNA G stated, I work the entire unit. We work as a team and try to buddy up. If there is a light on on another unit I will go answer it to help them out. Once residents are up on my assigned unit or area I will go help in other areas. On 7/22/20 at 12:58 PM, Surveyor interviewed CNA H. Surveyor asked CNA H about R1 and what is done differently for R1 than with other residents. CNA H stated, R1 prefers female staff but I do help with transfers with her. We don't do anything different with her than anyone else. If signs are up or an isolation cart outside the room we are required to wear all PPE but for new admissions, they just stay in their rooms for 14 days, we don't wear PPE when going in those rooms. On 7/22/20 at 1:20 PM, Surveyor interviewed ICP C (Infection Control Preventionist) and DON B (Director of Nursing). Surveyor asked ICP C to describe the process used by the facility for new admissions. ICP C stated, New admissions are put on 14 day isolation in their room and monitored by Nurses for signs and symptoms of illness. New admissions are tested for COVID-19 approximately 24 to 48 hours prior to admission. Staff do not use PPE when in new admission rooms because they tested negative prior to admission and monitored here on every shift for 72 hours, then BID (twice a day) for temperature and symptoms. Surveyor asked ICP C if the facility has ever used PPE for new admissions. ICP C stated, We have never done PPE for new admissions. Surveyor asked DON B if she had anything to add to what ICP C had stated. DON B stated, No. On 7/22/20 at 1:45 PM, Surveyor interviewed NHA A (Nursing Home Administrator). Surveyor asked NHA A what precautions are used for new admissions. NHA A stated, New admissions are put on isolation for 14 days. If they have symptoms we use full PPE. We monitor for signs and symptoms of illness every shift for 72 hours then BID.</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.