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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525575 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/19/2020 |
| NAME OF PROVIDER OF SUPPLIER SHADY LANE NURSING CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1235 S 24TH ST MANITOWOC, WI 54220 | |
| 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.</p> <p>Based on observation and interview the facility did not establish and maintain an infection prevention and control program designed to provide a safe and sanitary environment to prevent the transmission of communicable diseases and infections for 13 Residents (R) (R1, R2, R3, R5, R6, R7, R8, R9, R10, R11, R12, R13, and R14) of 42 residents observed for infection prevention. The facility did not ensure adequate hand hygiene was performed after a CNA made contact with potentially contaminated resident environments and prior to contact with residents or their environment. Findings: According to the CDC (Centers for Disease Control and Prevention), performing hand hygiene with alcohol based hand rub or soap and water prevents the spread of infectious diseases. One opportunity the CDC recommends to perform hand hygiene is, after touching a patient or the patient's immediate environment. According to the World Health Organization's 5 Moments for Hand Hygiene, moment number five states, When? Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving - even if the patient has not been touched. Why? To protect yourself and the health-care environment from harmful patient germs. The facility policy, entitled, Standard Precautions, dated effective 5/2011 and revised 4/14/2020, states: Standard Precautions are intended to be applied to the care of all personal in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. Implementation of standard precautions constitutes the primary strategy for preventing healthcare-associated transmission of infectious agents among residents and healthcare personnel. Appropriate infection control measures should be used in each resident interaction. Standard precautions include but are not limited to hand hygiene . On 8/19/2020 at 9:00 AM, Surveyor observed CNA-G and CNA-F on the 4th floor unit picking up resident's breakfast trays from their rooms. CNA-F was pushing the cart down the hall and CNA-G had a soiled tray in both hands after exiting R14's room while wearing gloves and a mask. CNA-G cleaned off the items from the tray, placed tray on the cart, and walked into R1's room after knocking on the door wearing soiled gloves. R1 is on droplet and contact precautions (transmission based precautions requiring staff entering a room to be wearing certain personal protective equipment (PPE) in order to decrease the spread of infectious diseases). CNA-G exited R1's room, cleaned items from the tray, placed tray on the cart, and entered R2's room wearing the same soiled gloves. CNA-G exited the room with a soiled tray, cleaned items off the tray while wearing the same pair of soiled gloves and entered into the dining area where R3 was sitting at a table. R3 needed assistance with a napkin. CNA-G took the napkin and wiped a piece of food from near the resident, set napkin down, touched behind R3 either on R3's back or the chair (Surveyor could not see what CNA-G's left hand touched behind the Resident). CNA-G then took the pair of soiled gloves off and performed hand hygiene. At 9:40 AM, Surveyor observed CNA-G exiting R11's room with a cup of water. Interview with CNA-G stated CNA-L revealed CNA-L delivers the clean water cup to the residents while CNA-G goes into the room and takes the used water cup. CNA-G was wearing gloves when CNA-G exited R11's room. Without changing gloves or performing hand hygiene, CNA-G entered R12's room, left with the soiled water cup, placed the cup on the cart and entered into R13's room. CNA-G exited R13's room, put the soiled water cup on the cart, entered into R5's room with the same soiled gloves on, exited with the soiled water cup, placed the cup on the cart, and entered into R6's room (R6 is on contact and droplet precautions). CNA-G exited R6's room, placed soiled cup on the cart, and entered into R14's room with the same pair of soiled gloves. CNA-G exited R14's room, placed the soiled cup on the cart, and entered R1's room (R1 is on contact and droplet precautions) with the same pair of soiled gloves on. CNA-G knocked on R7's door, entered, took soiled water cup, placed cup on cart, and with the same pair of soiled gloves entered R2's room. CNA-G entered R8's room, exited with a soiled water cup, placed the cup on the cart, and with the same soiled gloves entered R9's room. CNA-G exited with a soiled water cup, placed cup on cart, and with the same pair of soiled gloves entered R10's room, exited with a soiled water cup, placed cup on cart, took gloves off and washed hands with soap and water. At 9:50 AM, Surveyor interviewed RN-C who stated the staff can wear the same pair of gloves going between rooms and gathering soiled items like meal trays and water cups, then stopped and stated, But on second thought. RN-C offered a nod indicating no, the staff should not wear the same pair of gloves in-between resident rooms. At 11:40 AM, R7 was sitting in the common area when CNA-G approached R7 and attempted to position R7's cloth face covering on R7's face over mouth and nose. CNA-G went behind nurse's station, took a white cloth face covering, and brought to R7. R7 declined the new cloth face covering because R7's mouth and nose were adequately covered. CNA-G brought the white cloth face cover back to the bin behind the nurse's station. CNA-G did not have gloves on or perform hand hygiene prior to touching R7's face and taking the cloth face covering. CNA-G walked around the corner and entered R18's room. Surveyor did not observe CNA-G perform hand hygiene, but CNA-G was not in direct line of vision just before entering R18's room. At 11:45, Surveyor observed CNA-G exit R18's room and perform hand hygiene. Surveyor asked CNA-G to take the white cloth face cover that was in the bin behind the nurse's station and place it in the soiled laundry due to the potential contamination. CNA-G took the white face covering and walked around the corner of the nurse's station on CNA-G's way to the dirty linen room, and stopped to help R8 with R8's cloth face covering that was falling off R8's face. CNA-G reached with both hands while holding the potentially contaminated white face covering in the right hand, and adjusted R8's mask. CNA-G then disposed of the white cloth face covering in the dirty linen room. CNA-G performed hand hygiene.</p> | | |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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.