

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525382</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ST CAMILLUS HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>10101 W WISCONSIN AVE WAUWATOSA, WI 53226</b>	
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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Some</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility did not ensure prevention of potential development and transmission of COVID-19 for 8 (R3, R5, R6, R7, R8, R9, R10, and R11) of 8 residents on the COVID-19 14-day observation unit. Staff were observed on the COVID-19 observation unit to be entering residents' rooms without changing gowns between rooms. Findings include: R3, R5, R6, R7, R8, R9, R10, and R11 were residents on the COVID-19 observation unit, and were being monitored for 14 days for signs and symptoms of COVID-19 after being released from the hospital or returning from an outpatient visit. None of the residents had tested positive for COVID-19. On 6/22/2020 at 10:10 AM, three Certified Nursing Assistants (CNAs) were observed entering the COVID-19 observation unit through the closed doors at the end of the hallway. They were wearing face masks. They entered a side room and were observed putting on face shields and yellow isolation gowns. As they were putting the face shields and yellow isolation gowns on, they were discussing which Personal Protective Equipment (PPE) belonged to whom. After the PPE was in place, the CNAs went from room to room, entering the rooms and talking to residents to get their order for lunch. The CNAs did not take off their isolation gown and put on a clean isolation gown when going into residents' rooms. On 6/22/2020 at 10:17 AM, in an interview with CNA-D, CNA-D stated the yellow isolation gowns and face shields each had their name on them and were used when they came onto the COVID-19 observation unit. CNA-D stated the gowns and face shields are removed any time they leave the unit. When asked if the isolation gowns are changed between resident rooms, CNA-D stated the staff wear the same isolation gown when going from room to room. CNA-D stated gowns are available at each resident doorway if your gown becomes soiled and you need to change gowns. On 6/22/2020 at 10:21 AM in an interview with CNA-E, CNA-E stated the face shields and yellow isolation gowns were labeled with the staff member's name and kept in the side room off of the hallway. When asked if the isolation gowns were changed between resident rooms, CNA-E stated the same isolation gown is kept on for the whole hallway and is not changed when going into different resident rooms. On 6/22/2020 at 11:16 AM in an interview with Nursing Home Administrator (NHA)-A, NHA-A stated the facility recently received a shipment of the blue plastic isolation gowns. NHA-A stated the facility was trying to conserve the use of the gowns by following the recommendations of the Center for Disease Control and Prevention (CDC). NHA-A provided a copy of that recommendation entitled Strategies for Optimizing the Supply of Isolation Gowns which states: Crisis Capacity Strategies: . Extended use of isolation gowns. Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP (Health Care Provider) when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious [DIAGNOSES REDACTED]. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices. NHA-A stated it was the facility's understanding that in order to preserve the supply of gowns, the staff could wear a single isolation gown from room to room if there were no positive cases. On 6/22/2020 at 12:00 PM, Surveyor met with NHA-A, Director of Nursing (DON)-B, and Chief Operational Officer (COO)-C to discuss the observations of staff on the COVID-19 observation unit and the intent of the guidelines published by the CDC. Staff had been observed going from room to room without changing their isolation gowns. The CDC guidelines stated gowns did not have to be changed between COVID-19 positive residents, but did not address those residents in observation status. Surveyor discussed the concept of possible [MEDICAL CONDITION] transmission of COVID-19 from resident to resident with an unknown COVID-19 status on the observation unit when staff do not change isolation gowns between residents. NHA-A, DON-B, and COO-C did not have any further information at that time.</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.