

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525316	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2020
NAME OF PROVIDER OF SUPPLIER MANAWA COM NUR CTR		STREET ADDRESS, CITY, STATE, ZIP 400 EAST 4TH ST MANAWA, WI 54949	
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 staff interview, the facility did not maintain an infection control program designed to prevent the development and transmission of disease and infection during meal observations involving 13 Residents (R) (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, and R13) of 13 sampled residents from a census of 25. 13 residents were observed in the dining room engaged in group dining and were less than 6 feet apart in violation of C[CONDITION] COVID-19 infection control recommendations. Findings include: The memo QSO-20-14-NH entitled Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes published by C[CONDITION] (Centers for Medicare & Medicaid Services) on March 13, 2020, indicated C[CONDITION] was providing additional guidance to nursing homes to help control and prevent the spread of the COVID-19 virus. The guidance for limiting the transmission of COVID-19 for nursing homes indicated facilities should cancel communal dining and residents should practice social distancing of six feet apart. The article entitled Interim Guidance for Coronavirus Disease 2019 (COVID-19) published by the CDC (Centers for Disease Control and Prevention) and reviewed at https://www.cdc.gov/coronavirus/2019/ncov/community/large-events/mass-gatherings-ready-for-covid-19.html with a guidance date of March 15, 2020, indicated older adults and persons with severe pre-existing health conditions are thought to be at increased risk for serious illness after contracting COVID-19. Cancel gatherings of more than 10 people for organizations that serve higher-risk populations. 1. On 3/25/2020 at 9:00 AM, the Surveyor observed residents sitting in the dining room eating breakfast and staff bringing other residents to the dining room to eat breakfast. At 9:09 AM, the Surveyor observed 13 residents in the dining room without social distancing of six feet apart. R1 and R2 were sitting at the same table, not six feet apart. R3 and R13 were sitting at the same table, not six feet apart. R4 and R5 were sitting at the same table, not six feet apart. R7 and R8 were sitting at the same table, not six feet apart. R10 and R11 were sitting at the same table, not six feet apart. R9 and R12 were sitting at the same table, not six feet apart. R6 was sitting alone at a table in the dining room with other residents. On 3/25/2020 at 9:30 AM, the Surveyor interviewed BOM (Business Office Manager)-C regarding 13 residents eating together in the dining room. BOM-C verified there was a list of residents that eat in the dining room together for meals. BOM-C provided the Surveyor with a list of residents that normally eat in the dining room. The list included 12 residents that eat in the dining room. The Surveyor asked if R4 and R5 normally ate meals in the dining room. BOM-C verified R4 and R5 normally eat meals in the dining room, but were not on the dining room list. On 3/25/2020 at 9:48 AM, the Surveyor interviewed DON (Director of Nursing)-B regarding more than 10 residents observed in the dining room that were not six feet apart. DON-B verified many residents eat together in the dining room because the residents required assistance from staff. DON-B verified the residents were not social distancing at six feet while in the dining room together. On 3/25/2020 at 10:05 AM, the Surveyor interviewed AA (Activity Aide)-D regarding residents eating meals in the dining room. AA-D verified there was a list of residents that eat together in the dining room for meals. On 3/25/2020 at 11:33 AM, the Surveyor interviewed DM (Dietary Manager)-E regarding more than 10 residents eating breakfast in the dining room together. DM-E verified there were 13 residents eating breakfast together this morning in the dining room. DM-E stated the residents, always eat meals in the dining room because they need assistance with eating. DM-E confirmed the residents have continued to eat meals in the dining room even after the COVID-19 precautions were put in place. On 3/25/2020 at 11:35 AM, the Surveyor interviewed BOM-C regarding residents eating meals in the dining room. BOM-C stated the facility was aware of the March 13, 2020 memo that indicated communal dining was to be stopped. BOM-C stated the facility continued allowing 10 or more residents to eat together in the dining room and the residents were not at least six feet apart, but did (our) best to keep them as far away from each other as we could. BOM-C then stated the facility took the approach to keep them (residents) safe while eating because the residents required assistance eating. On 3/25/2020 at approximately 12:10 PM, the Surveyor interviewed NHA (Nursing Home Administrator)-A and DON-B regarding residents eating in the dining room. NHA-A stated the facility saw no other option except to continue communal dining and NHA-A believed the residents were positioned six feet apart. DON-B verified with the amount of residents and staff in the dining room, six foot social distancing was not followed.</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.