

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525619</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/25/2020</b>
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NAME OF PROVIDER OF SUPPLIER <b>NORSELAND NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP <b>323 BLACK RIVER AVE WESTBY, WI 54667</b>
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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)
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**Level of harm - Minimal harm or potential for actual harm**  
**Residents Affected - Many**

**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 7 of 11 residents reviewed (R4, R5, R6, R7, R8, R9 and R10) who were observed walking in the facility without wearing a face mask. There is no documentation of refusal and no documentation that residents were apprised of the risks and benefits of wearing a mask in common areas of the facility. This has the potential to affect all residents. Facility Policy titled, Standard of Care: Wearing of surgical facemasks during COVID-19 pandemic, dated 4/06/20, states in part . All residents will be offered cloth face masks when out of their room. This is evidenced by: According to the Center for Disease Control (CDC) 5/18/20/20 Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings includes Website: (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) not in part . Recommendations: 1. Minimize Chance for Exposures -Universal Source Control: Healthcare Personnel: As part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are anticipated shortages of facemasks, facemasks should be prioritized for HCP and then for patients with symptoms of COVID-19 (as supply allows). Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. Patient and Visitor: Patients and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility (if tolerated). They should also be instructed that if they must touch or adjust their cloth face covering they should perform hand hygiene immediately before and after. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation of individuals who report symptoms should still occur. Facility Policy titled, Standard of Care: Wearing of surgical facemasks during COVID-19 pandemic, dated 4/06/20, states in part . All residents will be offered cloth face masks when out of their room. 1. When residents are out of their room, cloth face mask will be provided and offered to resident. Documentation of this will take place on the TAR (Treatment Administration Record) that masks were offered. 2. If a resident refuses a cloth mask, this will be documented on the TAR as a refusal and resident will be allowed to exit room. Example 1 On 6/25/20, Surveyor had multiple observations throughout the day of residents in activities, in common areas, in the dining room, and walking or self-propelling in the halls independently or with staff without the use of face masks and not social distancing. On 6/25/20 at 8:07 AM, Surveyor entered facility and observed a total of 11 residents in the dining room, not yet eating and without face masks. Two tables had residents sitting across from each other and not social distancing. On 6/25/20 at 8:26 AM, Surveyor observed a staff member bring R6 out to the dining room without a face mask. There is no documentation in R6's medical record showing risk vs benefit of not wearing a mask. Example 2 On 6/25/20 at 8:29 AM, Surveyor observed R4 get up from dining room table and ambulate back to room without face mask. Staff was present at this time and did not offer or suggest a face mask to R4. There is no documentation in R4's medical record showing risk vs benefit of not wearing a mask. Example 3 On 6/25/20 at 9:08 AM, Surveyor observed R5 ambulating in the hall with therapy without a face mask. On 6/25/20 at 11:27 AM, Surveyor interviewed R5. Surveyor asked R5 if he wears a face mask or offered one when leaving his room. R5 stated, I have one but I don't use it. There is no documentation in R5's medical record showing risk vs benefit of not wearing a mask. Example 4 On 6/25/20 at 9:17 AM, Surveyor observed R7 in hall by nurse's station without a face mask. Numerous staff members walked past R7 without offering the use of a face mask. There is no documentation in R5's medical record showing risk vs benefit of not wearing a mask. Example 5 On 6/25/20 at 9:29 AM, Surveyor observed R8 in hall without face mask. R8 stated to staff members that she was going to activities. Staff pointed in the direction of activities and suggested R8 go that direction. Staff did not offer or suggest the use of a face mask. There is no documentation in R8's medical record showing risk vs benefit of not wearing a mask. Example 6 On 6/25/20 at 10:25 AM, Surveyor observed R9 sitting in door to room. R9 asked a staff member about getting some coffee. Staff member encouraged R9 to go to the dining room and they would assist her with getting some. R9 began heading to the dining room. Staff member continued to walk past R9 without offering or suggesting the use of a face mask. On 6/25/20 at 11:37 AM, Surveyor interviewed R9. Surveyor asked R9 if she wears a face mask when out of her room. R9 stated, If they want me to I will. Surveyor then asked if staff offer the use of a mask. R9 stated, No. There is no documentation in R9's medical record showing risk vs benefit of not wearing a mask. Example 7 On 6/25/20 at 10:26 AM, Surveyor observed R10 walking in the hall with a staff member without a face mask. On 6/25/20 at 11:20 AM, Surveyor interviewed R10. Surveyor asked R10 is she is given a face mask to wear when going out of her room. R10 stated, Masks just started last week. It is my choice if I want to wear one or not when out of my room but have been told it is not necessary. There is no documentation in R10's medical record showing risk vs benefit of not wearing a mask. On 6/25/20 at 11:29 AM, Surveyor interviewed CNA C (Certified Nursing Assistant) and CNA D. Surveyor asked if masks are given or offered to resident when leaving their rooms. CNA C stated, we offer face masks to them but some refuse. Surveyor asked what is done if a resident refuses a mask. CNA D stated, if a resident refuses we tell the nurse but I am not sure what they do about it. CNA D also stated that the facility has been offering masks for approximately 2 weeks. We try to offer but it is not always possible. Example 8 On 6/25/20 at 10:25 AM, Surveyor observed R10 ambulating in the hall with a staff member. Staff member and R10 walked to the end of the hall past isolation rooms where used PPE (Personal Protective Equipment) was discarded in garbage cans with no lids. The PPE was overflowing out of the four garbage cans without lids and hanging within close proximity to the floor. R10 was not wearing a face mask while ambulating with staff and observed coming in close contact with used, discarded PPE. On 6/25/20 at 2:00 PM, Surveyor observed 2 garbage cans without lids overflowing with used, discarded PPE. PPE was observed to be hanging over the sides of the garbage cans in close proximity to the floor. On 6/25/20 at 2:50 PM, Surveyor interviewed DON B and NHA A. Surveyor asked what they could tell me about containers used for discarded PPE. DON B stated, I think we bought every garbage can the store had to offer. Surveyor asked if containers that hold used and discarded PPE should have lids on them. NHA A stated, Probably. DON B stated, Yes, they probably should. (Note: All residents interviewed were listed as interviewable by the facility.) On 6/25/20 at 2:50 PM, Surveyor interviewed DON B (Director of Nursing) and NHA A (Nursing Home Administrator). Surveyor asked DON B and NHA A to discuss their face mask policy for residents. NHA A stated, If residents are out of their rooms we offer and document accept or refuse on the TAR. Surveyor asked NHA A if residents should be wearing face masks when out of their rooms. NHA A stated, Yes, each time they leave the room they should be offered. Surveyor asked how this is documented on the TAR. DON B

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.

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<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p>(continued... from page 1)</p> <p>stated, We document each shift on use of face masks for each resident. Surveyor asked how this is done when a resident will wear one at times but not others. NHA A stated, Do we need to ask each time they come out of their rooms? We ask and if they refuse then we just document that but we don't ask every time they go out of their room. Review of documentation in the TAR for the use of face masks showed the following: Documentation of offering and refusals of face masks began on 6/17/20. Documentation for 6 of 8 residents (R4, R5, R6, R7, R9 and R10 ) TAR's reviewed have no documentation of any resident refusals to wear face masks and no documentation of risks and benefits given to these residents. Documentation for R8 indicates 5 refusals on AM shift from 6/18/20 to 6/22/20, no documentation of risks and benefits given to this resident. Of note the potential risk for exposure to other residents increases when a resident does not wear a face mask when out of their room or in common areas. A resident with a potential communicable disease such as COVID 19 can spread [MEDICAL CONDITION] without the use of a mask. This spread can affect other residents and staff and has the potential to affect all who reside in the facility.</p>		