

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525531	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER CHRISTIAN HOME AND REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 452 FOX LAKE ROAD WAUPUN, WI 53963	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 with the potential to affect all 35 residents. The facility did not ensure staff donned goggles and gowns upon entering resident rooms who were newly admitted to the facility and on isolation precautions for observation of COVID-19. A total of 9 residents had been admitted to the facility since 5/6/20 (R1, R2, R3, R4, R5, R6, R7, R8, and R9). Evidenced by: Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Memo revised 3/13/20 QSO 20-14 includes: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room). 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. Of note CDC guidance states nursing homes should place new admissions or readmissions in Transmission-based Precautions in a separate observation area or in a single-person room on droplet and contact precautions for 14 days. This requires the use of the following PPE 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. Centers for Medicare and Medicaid Services, Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Reference QSO-20-29 dated 5/6/20 includes: Critical Element (5/8/20) COVID-19 Focused Survey for Nursing Homes: Page 4 Transmission-Based Precautions . For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment; For a resident on Droplet Precautions: staff don a facemask within six feet of a resident; . For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available . Example 1 The facility policy titled Infection Control COVID-19 dated 3/11/20 states: Defining HCP (Health Care Professional) Exposure Risk Categories and Appropriate PPE (Personal Protective Equipment) . Low-risk exposures generally refer to brief interactions with residents with COVID-19 or prolonged close contact with residents who are wearing a facemask for source control while HCP were wearing a facemask or respirator. Use eye protection, in addition to a facemask or respirator would further lower the risk of exposure. When a (Facility) staff member is involved in low-risk exposure situations, the following PPE will be required: gloves, gown, goggles and facemask. R2 was newly admitted to the facility on [DATE]. On 6/18/20 at approximately 8:00 AM, Surveyor observed RN D (Registered Nurse) don gloves and a facemask then entered R2's room and gave him his medications. The sign just outside his door stated to wear gloves and a facemask and use meticulous hand hygiene. Upon leaving R2's room at 8:07 AM, RN D did remove the gloves and mask completed hand hygiene and went to her medication cart. At 8:16 AM, Surveyor observed RN D enter R3's room who also had a sign stating she was on isolation RN D entered R3's room wearing gloves and a mask. To clarify RN D was observed not wearing goggles or an isolation gown when she entered R2 or R3's rooms. On 6/18/20 at 9:40 AM, Surveyor was observing R1 who is on isolation. Surveyor observed facility staff replace the previous mentioned signage with a new sign which states: To enter room you need: gloves, gown, N95 or facemask, face shield or goggles, use meticulous hand hygiene. Surveyor then went to view R2's room which had the new signage as well. At 1:31 PM, Surveyor interviewed Nursing Home Administrator (NHA) A who explained the facility had reviewed the Division of Quality Assurance webinar on the previous week (6/12/20) that clarified the recommended PPE to be worn in resident rooms for new admissions who are on observation for COVID-19. She stated she had clarified in an email on 6/17/20 at 3:45 PM, the recommended PPE and planned to initiate it on 6/18/20 as Surveyor observed it being initiated with the changing of signage outside resident rooms on isolation precautions. Surveyor requested a list of new admissions the facility had received in the last month. A total of 9 residents had been admitted since 5/6/20 (R1, R2, R3, R4, R5, R6, R7, R8, and R9). Of note although the facility implemented new signage while Surveyor was at the facility, facility staff had not been educated of the changes prior to Surveyor entering the building as evidenced by staff not utilizing the appropriate PPE when entering residents on transmission based precautions (TBP). Not following CDC guidance regarding the use of appropriate TBP places increased risk of exposure to the healthcare provider with potential to spread communicable disease, COVID 19, to facility residents and staff.</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.