STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525504	A. BUILDING _____ B. WING _____	07/02/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AUTUMN LAKE HEALTHCARE AT GREENFIELD	5790 S 27TH ST MILWAUKEE, WI 53221

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	**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 failed to properly prevent the spread of infections such as COVID-19 as evidenced by failures to: (1) ensure a nursing staff donned appropriate personal protective equipment (PPE) per Centers for Disease Control and Prevention (CDC's) recommendation when entering the room of three (R1, R2 and R3) residents which the facility determined should be under monitoring due to possible exposure to COVID-19 during hospitalization and/or [MEDICAL TREATMENT] treatment; (2) follow infection control practices related to the use of glucometer (medical device used to measure sugar levels in the blood) for four (R3, R4, R5 and R6) residents; (3) clean and disinfect a mechanical lift in between resident use for four (R7, R8, R9 and R10) residents. Findings include: 1. According to the Centers for Disease Control and Prevention, .Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE (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) . Review of the facility's undated List of Residents on Transmission-Based Precautions with Reasons for Precautions revealed that R1 was a new admission and on droplet precautions. Further review of the same document revealed that R3 was on [MEDICAL TREATMENT] and on droplet precautions. Review of R2's Census List revealed that R2 was readmitted to the facility on [DATE], therefore, was put on droplet precautions. In an interview with the Administrator in the presence of the Director of Nursing (DON) on 7/1/20 at approximately 10am, the Administrator stated, Newly admitted or readmitted residents are put on droplet precautions and on quarantine for 14 days. The Administrator further stated, Residents who go out for [MEDICAL TREATMENT] treatment and MD (medical doctor) appointment are also put on droplet precautions. The Administrator also stated, You will see a 'red star' by the residents' doors to indicate that these residents were on droplet precautions. When asked what PPE were required of staff to wear when entering the rooms with a red star, the Administrator stated, Gown, mask and gloves. Review of the facility's Isolation - Categories of Transmission-Based Precautions dated 3/2020 revealed under Droplet Precautions, In addition to Standard Precautions, implement Droplet Precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets .that can be generated by the individual coughing, sneezing, talking . Further review of the same policy and procedure revealed, a. Examples of infections requiring Droplet Precautions include, but are not limited to: .(8) Covid-19. The policy and procedure further indicated, .(Use of) c. Masks; d. Eye portection (sic) . A. Observation on 7/1/20 at 3:45pm revealed that a Licensed Practical Nurse (LPN1) was inside R1's room and standing right next to R1's bed. LPN1 was only wearing a mask. LPN1 was not wearing any eye protection nor was LPN1 wearing a gown. Observation also revealed that there was a red star by R1's door. B. Continuous observation revealed that LPN1 was going inside R2's room which had a red star. The surveyor intervened and stopped LPN1 from going inside R2's room with only mask on. In an interview with LPN1 on 7/1/20 at 3:50pm, LPN1 stated, I was talking to the resident and downloading an app (Spanish-English translation mobile application) because she (R1) could only speak Spanish. When asked what PPE should she have put on before entering R1's room, LPN1 stated, We are required to wear mask. (Wear) gloves and gown only when performing cares. If not directly touching them, (I am) not wearing gown and gloves. LPN1 further stated, If (I am) not touching anything, wearing only mask is okay. In an interview with the DON on 7/1/20 at 4:42pm, when asked what PPE were required of staff to wear when entering resident rooms with a red star, the DON stated, Full PPE. When told about LPN1 stating that it was okay to just wear a mask because she was not touching anything, the DON stated, (It is) not okay (just to wear a mask) just because the nurse was not touching anything. C. Observation on 7/1/20 at 3:27pm revealed that LPN2 went inside R3's room to check R3's blood glucose level. LPN2 was only wearing a mask and gloves. LPN2 was not wearing any eye protection nor was LPN2 wearing a gown. Observation also revealed that there was a red star' by R3's door. In an interview with the DON 7/1/20 at 4:35pm, when told about the above observations, the DON stated, (She) should wear gown. According to the website www.globalpremeds.com from an article titled Nurses Guide to Personal Protective Equipment published on 11/19/14, .Droplet precautions are for patients who have an illness, which could be spread through contact with secretions from the mouth, nose and lungs when a patient coughs or sneezes. Usually, the droplets can only travel about three feet .If you are treating a patient in droplet precautions you need to wear a mask, gown and gloves . 2. Review of R3's, R4's, R5's and R6's current [DIAGNOSES REDACTED]. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection.) and hypertension. Further review of R3's, R4's and R5's current [DIAGNOSES REDACTED]. R4's and R5's current [DIAGNOSES REDACTED]. Further review also revealed that R4's [DIAGNOSES REDACTED].People of any age with the following conditions are at increased risk of severe illness from COVID-19: [MEDICAL CONDITION] .obesity; serious heart conditions, such as heart failure .type 2 diabetes mellitus . The article further indicated, .Based on what we know at this time, people with the following conditions might be at an increased risk for severe illness from COVID-19: .hypertension .neurologic conditions, such as dementia . A. Observation of LPN2 on 7/1/20 at 3:27pm, revealed LPN2 used the Assure Prism glucometer to check R3's blood sugar in R3's room. Without using any barrier to protect the glucometer from contamination by the surface of the medication cart, LPN2 sat the glucometer on top of the medication cart. Before checking R3's blood sugar, LPN2 initially sat the glucometer on R3's lower abdomen then sat the glucometer, lancet and alcohol wipe on R3's bed without using any barrier. After checking R3's blood sugar, LPN2 went back to the medication cart and sat the contaminated glucometer on top of the medication cart without using any barrier. LPN2 wiped the glucometer with an alcohol wipe then kept the glucometer in a resealable plastic bag and kept it in the medication cart. In an interview with the DON on 7/1/20 at 4:35pm, the DON stated, (The nurse should have used a PDI) Sani-Cloth (to disinfect the glucometer) and (used a) barrier (between the glucometer and surfaces). B. Observation of Registered Nurse (RN1) on 7/1/20 at 11:35am, revealed RN1 used the Assure Prism glucometer to check R4's blood sugar in R4's room. Without using any barrier to protect the glucometer from contamination by the surface of the over-bed table, RN1 sat the glucometer on R4's over-bed table. After checking R4's blood glucose level, RN1 went back to the medication cart and wiped the glucometer with a PDI Sani-Cloth Bleach wipe. After disinfecting the glucometer, the glucometer almost dropped and came in contact with RN1's uniform. RN1 proceeded in putting the glucometer back in the resealable plastic bag and kept it in the medication cart. In an interview with the DON on 7/1/20 at 4:18pm, when told about the above observations of RN1, the DON stated, (She should use a) clean barrier (between the glucometer and the over-bed table). When asked about the observation of the glucometer touching RN1's uniform after disinfection, the DON stated, She should have started the process (disinfecting the glucometer) all over because it contaminated it (the glucometer) with the uniform. C. Observation of LPN3, on 7/1/20 at 12:05pm, revealed LPN3 used the Assure Prism glucometer to check R5's blood sugar in R5's room. Without using any barrier to protect the glucometer from contamination by the surface of the medication cart, LPN3 sat the glucometer on top of the medication cart. Before checking R5's blood sugar, LPN3 wiped the glucometer with a Clorox disinfecting wipe for three seconds and sat it back on top of the medication cart. In an interview with the DON on 7/1/20 at 4:23pm, when told about the above observations of LPN3, the DON

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.

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Some	(continued... from page 1) stated, (She should have used a) barrier. D. Observation of LPN4, on 7/1/20 at 12:23pm, revealed LPN4 used the Assure Prism glucometer to check R6's blood sugar in R6's room. After checking R6's blood sugar and before leaving R6's room, LPN4 wiped the glucometer with the PDI Sani-Cloth Bleach wipe for eight seconds and sat it back on a liner on R6's over-bed table. The glucometer was visibly wet for 20 seconds. LPN4 stated, We let it dry for five minutes on the liner. In an interview with the DON on 7/1/20 at 4:27pm, when told about the above observations of LPN4, the DON sated, (The nurse should) wrap (the glucometer) for five minutes to keep it wet then let completely dry before they put it away. According to the PDI Sani-Cloth Bleach Germicidal Disposable Wipe General Guidelines For Use, .4. Treated surface must remain visibly wet for a full four (4) minutes. Use additional wipe(s) if needed to assure continuous 4 minute wet contact time . Review of the facility's Blood Sampling - Capillary (Finger Sticks) revised August 2012 revealed under Steps in the Procedure, .3. Place blood glucose monitoring device on clean field .8. Following the manufacturer's instructions, clean and disinfect reusable equipment, parts, and/or devices after each use . According to the Assure Prism Reference Manual, under Cleaning and Disinfecting the Meter, .The cleaning procedure is needed to clean dirt, blood and other bodily fluids off the exterior of the meter before performing the disinfection procedure. The disinfection procedure is needed to prevent the transmission of blood-borne pathogens .Two disposable wipes will be needed for each cleaning and disinfecting procedure; one wipe for cleaning and a second wipe for disinfecting . According to a Centers for Disease Control and Prevention (CDC) article titled, Guidelines for Environmental Infection Control in Health-Care Facilities published on 6/6/03 under Recommendations - Environmental Services on subsection Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient Care Areas, .3. Use barrier protective coverings as appropriate for noncritical surfaces that are 1) touched frequently with gloved hands during the delivery of patient care; 2) likely to become contaminated with blood or body substances . 3. Review of the current [DIAGNOSES REDACTED]. [DIAGNOSES REDACTED]. R7's, R8's and R10's list of medical [DIAGNOSES REDACTED].g, dementia and [MEDICAL CONDITION]). Further review of R8's medical [DIAGNOSES REDACTED]. Further review of R7's current [DIAGNOSES REDACTED]. R9's list of medical [DIAGNOSES REDACTED]. According to CDC's People with Certain Medical Conditions updated 6/25/20, .People of any age with the following conditions are at increased risk of severe illness from COVID-19: .obesity; serious heart conditions, such as heart failure, [MEDICAL CONDITION], or [MEDICAL CONDITION] .type 2 diabetes mellitus . The article further indicated, .Based on what we know at this time, people with the following conditions might be at an increased risk for severe illness from COVID-19: .[MEDICAL CONDITION] disease (affects blood vessels and blood supply to the brain) .hypertension .neurologic conditions, such as dementia . A. Observation on 7/1/20 at 10:42am revealed that Nursing Assistant (NA1) the mechanical lift to transfer R7 to her wheelchair. After using the mechanical lift with R7, NA1 parked the mechanical lift outside R7's room without disinfecting it. B.1) Observation on 7/1/20 at 11:01am revealed that NA2 used the mechanical lift to transfer R8. After using the mechanical lift with R8, NA2 did not sanitize the mechanical lift. 2) Observation on 7/1/20 at 12:05pm revealed that NA2 used the mechanical lift to transfer R10. NA2 parked the mechanical lift outside R10's room and did not sanitize the mechanical lift after use with R10. C. Observation on 7/1/20 at 11:49am revealed that NA3 used the mechanical lift with R9. NA3 parked the mechanical lift by the hallway and did not sanitize the mechanical lift after use with R9. Further observation revealed that there was a red star by R9's door. Review of the facility's undated List of Residents on Transmission-Based Precautions with Reasons for Precautions revealed that R9 went out for an appointment and was consequently put on droplet precautions due to possible exposure to COVID-19 when R9 was out of the facility. In an interview with the DON on 7/1/20 at 4:15pm, when told about the above observations of nursing assistants not disinfecting the mechanical lifts after resident use, the DON stated, (The mechanical lift should be) cleaned every after use. Review of the facility's Cleaning and Disinfection of Resident-Care Items and Equipment policy and procedure last revised on August 2009 revealed under Policy Interpretation and Implementation, .3. Durable medical equipment (DME) (including mechanical lifts) must be cleaned and disinfected before reuse by another . According to the website, https://www.myamericannurse.com article titled, Infection Control for Lifts and Slings published on September 11, 2007, .Mobile lifts should be cleaned regularly or according to the manufacturer's instructions. Normally, this means cleaning all external surfaces, using your institution's procedures for wiping down moveable medical equipment. A mobile lift should be cleaned before each patient uses it, particularly if the previous patient had a communicable disease or an infection, or if there's a risk of gross contamination. At a minimum, all surfaces that could have been touched by the previous patient - including the boom and mast, strap, sling bar, and hand control - should be wiped down with a chemical germicide registered by the EPA (Environmental Protection Agency) as a hospital disinfectant. Leave the solution in place for the prescribed time. Then, before the next patient uses the equipment, clean the disinfected surfaces a second time to remove traces of the disinfecting solution .