

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525616	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER CROSSROADS CARE CENTER OF MAYVILLE		STREET ADDRESS, CITY, STATE, ZIP 305 S CLARK ST MAYVILLE, WI 53050	
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 properly prevent the potential spread of infections such as COVID-19 as evidenced by improper use of masks by Residents (R) not wearing masks when out of their rooms while in common areas or Residents within 6 feet of others for 7 of 8 sampled Residents (R2, R3, R4, R5, R6, R7, and R8). R2, R3 and R6 were out of their rooms without a mask and not social distancing as evidenced by talking closer than 6 feet apart in the hall by the nursing station. R6 and R7 were out of their rooms and did not have a mask on. R6 and R7 went out to smoke. R6 and R7 were not social distancing as evidenced by sitting closer than 6 feet apart for 3 minutes before staff observed Surveyor monitoring R6 and R7 and moved them 6 feet apart. R4 was in the common area without a mask on. R5 and R8 were sitting within 4 feet of R4. R5 and R8 did not have a mask on. Evidenced by: Per the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html) It is critical to emphasize that maintaining 6-foot social distancing remains important to slowing the spread of [MEDICAL CONDITION]. Per the CDC website (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html) indicates Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs), which states, in part: ".3. Prevent spread of COVID-19: .Enforce social distancing among residents. Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Example 1 On 7/8/2020 at 9:45 AM, Surveyor was observing residents in the hall by the nursing station. R2, R3 and R6 were in the hall, speaking to each other in friendly conversation. R2, R3 and R6 were not wearing masks and were standing 3 feet apart. Staff did not intervene to encourage residents to stand farther apart or to wear a mask. On 7/8/2020 at 9:50 AM, Surveyor spoke to R2. R2 said NHA A (Nursing Home Administrator) told him that wearing a mask outside of your room was optional. On 7/8/2020 at 9:55 AM, Surveyor spoke to R3. R3 said NHA A told all the residents at resident council that wearing a mask was optional outside of your room. Example 2 On 7/8/2020 at 11:15 AM, Surveyor observed R6 and R7 in the dining room not wearing a mask. R6 and R7 went outside with staff to smoke. R6 and R7 sat within 1 foot of each other for 3 minutes. After 3 minutes, staff separated R6 and R7. On 7/8/2020 at 11:35 AM, Surveyor spoke with R6. R6 said she did not know why staff made her and R7 sit farther apart. On 7/8/2020 at 11:38 AM, Surveyor spoke with R7. R7 said he and R6 were talking and staff came up to them and said they had to move farther apart. *It's important to note the staff did not move the residents apart until staff noticed the Surveyor observing the smoking activity. Example 3 On 7/8/2020 at 12:30 PM, Surveyor observed R4 sitting in the common area with R5 and R8. R4, R5 and R8 were sitting within 4 feet of each other and did not have masks on. On 7/8/2020 at 11:00 AM, Surveyor spoke with CNA C (Certified Nurse Assistant). CNA C said the residents could choose to wear a mask or not. On 7/8/2020 at 11:10 AM, Surveyor spoke with LPN D (Licensed Practical Nurse). LPN D said NHA A said the residents should be encouraged to wear a mask when they were out of their room, but they didn't have to wear one. On 7/8/2020 at 11:20 AM, Surveyor spoke with CNA E. CNA E said the residents did not have to wear a mask if they did not want to. On 7/8/2020 at 1:00 PM, Surveyor spoke with DON B (Director of Nursing). DON B said NHA A said the residents could chose to wear masks outside of their room, as long as the residents were not on isolation.</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.