

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525499	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2020
NAME OF PROVIDER OF SUPPLIER HAMMOND HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP 425 DAVIS ST HAMMOND, WI 54015	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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 care and medication pass observations involving 2 Residents (R) (R2 and R3) of 4 sampled residents. Staff did not appropriately cleanse hands per standards of practice during cares for R2. R3 was on droplet precautions due to a recent ER (emergency room) visit. Staff did not offer hand hygiene to R3 prior to placing a total of eight oral medications in R3's bare left hand. Findings include: The Morbidity and Mortality Weekly Report dated 10/25/02 and published by the CDC (Centers for Disease Control and Prevention) entitled Guideline for Hand Hygiene in Health Care Settings indicated recommendations to wash hands after removing gloves and to decontaminate hands after contact with body fluids or excretions and when moving from a contaminated body site to a clean body site during patient care. The above information can also be found at: https://www.cdc.gov/handhygiene/providers/index.html with the page last reviewed on March 15, 2016 and the page last updated on March 24, 2017. 1. On 7/29/2020 at 4:30 PM, the Surveyor observed CNA (Certified Nursing Assistant)-C assist R2 with incontinence cares in the bathroom. CNA-C sanitized hands and put gloves on. CNA-C cleansed soft stool from R2's anal area with disposable wipes. Without removing gloves, and without washing or sanitizing hands, CNA-C pulled up R2's brief and pants. CNA-C then removed gloves, and without washing or sanitizing hands, CNA-C pulled R2's fabric face mask over R2's nose, assisted with transferring R2 to the wheelchair by holding R2's hands, clothing and gait belt. CNA-C removed the gait belt from around R2's waist, turned the wheelchair around and pushed the wheelchair to the sink for R2 to wash hands. CNA-C then placed soap in hand, placed the soap from hand to R2's hand for R2 to wash hands with, and handed R2 two disposable towels to dry hands on. CNA-C washed hands in the bathroom sink. CNA-C picked up the gait belt, opened the bottom drawer of the night stand and placed the gait belt in the drawer. CNA-C then sanitized hands. On 7/29/2020 at 4:50 PM, the Surveyor interviewed CNA-C regarding hand hygiene observations when providing incontinence cares for R2. CNA-C verified cleansing of soft stool was completed for R2 with disposable wipes, gloves were not removed and hands were not washed or sanitized prior to pulling up R2's brief and pants, and hands were not washed or sanitized after glove removal prior to touching clean items. CNA-C then stated CNA-C did not wash or sanitize hands after glove removal and/or prior to touching clean items because there was not sanitizer in the bathroom to use.</p> <p>2. On 7/29/20 at 4:48 PM, the Surveyor observed RN (Registered Nurse)-D prepare and administer R3's medication. R3 was on droplet precautions due to a recent ER visit. After preparing R3's medication, RN-D donned PPE (personal protective equipment) and entered R3's room. The Surveyor noted R3 was sitting in a chair with a bedside table in close proximity. Without offering hand hygiene or cleansing R3's hands, the Surveyor observed RN-D place two pills in R3's bare left hand. The Surveyor then observed R3 place the medication in R3's mouth. The Surveyor observed RN-D and R3 repeat the process three times as R3 consumed a total of eight oral medications. Following the observation, RN-D exited R3's room without providing hand hygiene. In addition, the Surveyor did not observe hand sanitizer on R3's bedside table or within R3's reach. On 7/29/20 at 5:40 PM, the Surveyor interviewed RN-D regarding the observation. RN-D verified RN-D placed a total of eight medications in R3's bare uncleansed left hand. RN-D verified R3 wasn't offered hand hygiene prior to or following the administration of medication. RN-D stated R3 did not leave R3's room due to droplet precautions; however, RN-D confirmed staff entered R3's room with meal trays, newspapers and supplies. RN-D verified potentially contaminated items brought into R3's room warranted the necessity of hand hygiene prior to hand-to-mouth contact.</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.