STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525688	A. BUILDING _____ B. WING _____	08/18/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WI VETERANS HOME-BOLAND HALL	21425 E SPRING ST UNION GROVE, WI 53182

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** - Immediate jeopardy **Residents Affected** - Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview and observation, the facility did not maintain an infection prevention and control program that helped prevent the development and transmission of COVID-19, potentially affecting 113 residents who resided on mixed living units where both COVID-19 positive and COVID-19 negative residents received assistance from facility staff. * Facility staff were observed not wearing full PPE (personal protective equipment) per CDC (Centers for Disease Control) and public health guidelines when working with both negative and positive COVID-19 (Coronavirus Disease 2019) residents. * Facility staff was observed not wearing appropriate PPE when entering a COVID-19 positive unit and or when working with a COVID-19 positive resident. * Facility staff was observed to not implement appropriate infection control measures, including handwashing and glove wearing, when providing assistance between COVID-19 positive and COVID-19 negative residents. The facility's failure to implement an infection prevention and control measures to prevent the spread of COVID-19 created a finding of immediate jeopardy that began on 8/3/20. The Nursing Home Administrator (Administrator-A) and DON (Director of Nursing)-B were notified of the immediate jeopardy on 8/13/20 at approximately 11:00 a.m. The immediate jeopardy was removed by the facility on 8/14/20. The deficient practice continues at a scope and severity of an F (potential for harm/widespread) as the facility continues to implement its action plan. Findings include: The facility's policy dated as revised on 8/6/20 and titled Wisconsin Veterans Home 2019 Novel Coronavirus (COVID-19) documents under the Policy section, Healthcare personnel caring for Member with confirmed or suspected 2019 Novel Coronavirus (COVID-19) shall adhere to recommendations for infection prevention and control from the Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, and state or local public health notifications. The CDC (Centers for Disease Control)'s recommendation dated as updated on June 25, 2020 and titled, Preparing for COVID-19 (Coronavirus Disease 2019) in Nursing Homes documents, Given their congregate nature and resident population served (e.g., older adults often with underlying chronic medical conditions), nursing home populations are at high risk of being affected by respiratory pathogens like COVID-19 and other pathogens .As demonstrated by the COVID-19 pandemic, a strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP). Findings include: 1.) Facility Background On 8/12/20, an FICS (Focused Infection Control Survey) was conducted at the facility. As part of this survey, staffing levels, and PPE (personal protective equipment) supply levels and observations of infection control practices were reviewed. On 8/12/20 at 10:56 a.m., Surveyor conducted and FICS entrance conference interview with Administrator-A and DON-B. During this interview, Surveyor was informed by Administrator-A and DON-B of the following: As of 8/12/20, the facility currently had 19 residents confirmed as COVID-19 positive and had an active outbreak of COVID-19 on the 1 West Unit. Since 8/12/20, the facility had four residents diagnosed as COVID-19 positive expire. As of 8/12/20, the facility had 21 employees whom were confirmed as COVID-19 positive. Due to the amount of employees whom were not working due to a positive COVID-19 test, the facility had activated their emergency staffing plan and has supplemented their staffing levels with 20 federal VA (Veteran's Administration) employees. As of 8/12/20, the facility had tested all employees and residents for COVID-19 from 8/2/20 to 8/4/20. The facility had no designated COVID-19 unit; however over half the residents who were COVID-19 positive were located on the 1 West Unit. The remaining COVID-19 positive residents resided on floors 1 through 3, with COVID-19 positive residents having private rooms and bathrooms. As of 8/12/20, the 1 West Unit, which as of the time of the survey had an active outbreak, had 14 residents residing on the unit with 11 residents confirmed COVID-19 positive, 2 residents confirmed to be COVID-19 negative and 1 resident pending COVID-19 test results. Administrator-A informed Surveyor that the facility had been in contact with the Racine County Public Health Department and had reported the COVID-19 outbreak to the Racine County Public Health Department. Administrator-A, informed Surveyor that Racine County Public Health was aware of the outbreak and was in constant communication with the facility regarding measures that could prevent the further spread of COVID-19. Surveyor was informed by Administrator-A and DON-B that the facility did not have any PPE (personal protective equipment) shortages and that the facility was currently under a conventional capacity strategy with their PPE supplies. An inventory of PPE supplies provided to Surveyor by DON-B revealed that as of 8/12/20 the facility had: 1,265 N95 Masks (all sizes and brands), 538 face shields, 665 goggles and 1,280 gowns available for staff. 2.) PPE Use On 8/12/20 at 10:56 a.m., Surveyor interviewed Administrator-A and DON-B regarding the facility's PPE use. DON-B informed Surveyor that facility staff are expected to wear a face mask (N95 mask not required), a face shield and gloves when working with confirmed COVID-19 negative residents. DON-B informed Surveyor that facility staff were expected to wear a gown, an N95 mask, a face shield and gloves when working on the 1 West Unit (which was experiencing an active outbreak at the time of the survey) or when working with confirmed COVID-19 residents. Surveyor noted that the above recommendations were not in accordance to the most updated CDC (Centers for Disease Control) recommendations for the use of PPE during the COVID-19 Pandemic. The CDC's recommendations dated as updated on June 25, 2020 and titled Preparing for COVID-19 in Nursing Homes documents under the Core Practices section, Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community. The health department can assist with decisions about testing of asymptomatic residents. The CDC's recommendations dated as updated on July 15, 2020 and titled, Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic documents under the Recommended infection prevention and control practices when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-COV-2 (Coronavirus Disease 2019) infection section documents, HCP (Health Care Personnel) who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection should adhere to standard precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection. On 8/12/20 at 1:06 p.m., Surveyor performed a walk-through of the 2 East unit, where R6, who was confirmed COVID-19 positive on 8/6/20, and R7, who was confirmed as COVID-19 positive on 8/9/20, resided. Surveyor observed facility staff providing assistance to COVID-19 negative residents on the 2 East unit without wearing full PPE per CDC recommendations. Surveyor observed facility staff on the 2 East Unit, wearing only face shields, masks (not N95 masks) and gloves when working with COVID-19 negative residents. Surveyor noted that while staff wore a gown, face shields and N95 masks when entering the R6 and R7's rooms, staff on the 2 East unit were not wearing full PPE per CDC recommendations when working with COVID-19 negative residents on the 2 East unit. On 8/12/20 at 1:15 p.m., Surveyor performed a walk-through of the 3 West unit, where R10, whom was confirmed as COVID-19 positive on 8/9/20, resided. Surveyor observed facility staff providing assistance to COVID-19 negative residents on the 3 West unit without wearing full PPE per CDC recommendations. Surveyor observed facility staff on the 3 West unit, wearing only face shields, masks (not N95 masks) and gloves when working with COVID-19 negative residents. Surveyor noted that while staff wore a gown, face shields and N95 masks when entering the R10's room, staff on the 3 West unit were not wearing full PPE per CDC recommendations. On 8/12/20 at 1:21 p.m., Surveyor performed a walk-through of the 3 East unit, where R8 and R9, both whom

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 -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 1) were confirmed as COVID-19 positive on 8/9/20, resided. Surveyor observed facility staff providing assistance to COVID-19 negative residents on the 3 East unit without wearing full PPE per CDC recommendations. Surveyor observed facility staff on the 3 East unit, wearing only face shields, masks (not N95 masks) and gloves when working with COVID-19 negative residents. Surveyor noted that while staff wore a gown, face shields and N95 masks when entering the R8 and R9's rooms, staff on the 3 East unit where not wearing full PPE, per CDC recommendations, when working with COVID-19 negative residents on the 3 East unit. On 8/12/20 at 1:47 p.m., Surveyor performed a walk-through of the 1 East Unit, where R4 and R5, both whom were confirmed as COVID-19 positive on 8/7/20, resided. Surveyor observed facility staff providing assistance to COVID-19 negative residents on the 1 East unit without wearing full PPE per CDC recommendations. Surveyor observed facility staff on the 1 East Unit, wearing only face shields, masks (not N95 masks) and gloves when working with COVID-19 negative residents. Surveyor noted that while staff wore a gown, face shields and N95 masks when entering the R4 and R5's rooms, staff on the 1 East unit where not wearing full PPE when working with COVID-19 negative residents per CDC recommendations. On 8/12/20 at 2:30 p.m., Surveyor made observations of the 1 West unit, which at the time of the survey, was having an active COVID-19 outbreak. Prior to entering the unit, Surveyor observed a sign outside of the 1 West Unit which stated, Droplet Precautions and called for the use of an N95 mask, a gown and a face shield to be donned by facility staff prior to entering the 1 West unit. On 8/12/20 at 2:36 p.m., Surveyor observed CNA (Certified Nursing Assistant)-C enter the 1 West unit without wearing a gown or an N95 mask. Surveyor observed CNA-C to enter the unit while only wearing a blue surgical mask and a face shield while holding a clear plastic bag containing an N95 mask. As CNA-C entered the unit, other CNAs working on the 1 West unit told CNA-C to put a gown on. CNA-E was then observed handing CNA-C a gown, which CNA-C put on, and then Surveyor observed CNA-C walk off the 1 West unit while still wearing the gown. Surveyor noted that per CDC recommendations and the facility's policy, CNA-C should have been wearing full PPE including a gown, N95 mask and a face shield before entering the 1 West unit. On 8/12/20 at 4:08 p.m., Surveyor informed Administrator-A and DON-B of the above findings. Surveyor asked Administrator-A if facility staff should be wearing full PPE (N95, gown, gloves and face shield) while on the units where COVID-19 positive residents reside. Administrator-A and Doctor-F informed Surveyor that due to the immediate care required by some COVID-19 residents, facility staff should be wearing full PPE while on units where COVID-19 positive residents reside. Administrator-A informed Surveyor that CNA-C should have been wearing an N95 mask, gown and face shield prior to entering the 1 West unit. On 8/17/20 at 3:29 p.m., Surveyor interviewed Public Health RN (Registered Nurse)-G regarding any recommendations made to the facility regarding the use of PPE for COVID-19 residents. Public Health RN-G informed Surveyor that Racine Public Health had recommended the use of full PPE (faceshield, N95 mask, gown and gloves) by facility staff working on units where any COVID-19 positive residents resided, regardless of the presence of any COVID-19 symptoms. Public Health RN-G informed Surveyor that the they had recommended to the facility that facility staff working on units where any COVID-19 positive residents resided should be wearing full PPE per CDC and DHS (Department of Health Services) guidelines. The Wisconsin Department of Health Services webpage documents under the COVID-19: Long- Term Care Facilities and Services section, If COVID-19 is identified in the facility, restrict all residents to their room and have HCP wear all recommended PPE for all resident care, regardless of the presence of symptoms. Refer to strategies for optimizing PPE when shortages exist. This approach is recommended to account for residents who are infected but not manifesting symptoms. Recent experience suggests that a substantial proportion of long-term care residents with COVID-19 do not demonstrate symptoms. When a case is identified, public health can help inform decisions about testing asymptomatic residents on the unit and in the facility. No additional information was provided. 3.) Hand Hygiene The CDC's recommendation documented as updated on May 17, 2020 and titled, Hand Hygiene Recommendations: Guidance for Healthcare Providers about Handy Hygiene and COVID-19 documents under the Background section, Hand hygiene is an important part of the U.S. response to the international emergence of COVID-19. [MEDICATION NAME] hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. CDC recommendations reflect this important role. The CDC's recommendations dated as updated on June 25, 2020 and titled Preparing for COVID-19 in Nursing Homes documents under the Core Practices section, Care must be taken to avoid touching the respirator, facemask, or eye protection. If this must occur (e.g., to adjust or reposition PPE), HCP should perform hand hygiene immediately after touching PPE to prevent contaminating themselves or others. On 8/12/20 at 2:31 p.m., Surveyor observed CNA-E go into R2's room while wearing an N95 mask, gown and faceshield, to place a shirt on R2. Surveyor noted that R2 was confirmed to be COVID-19 positive on 8/5/20 and that CNA-E was not wearing gloves when entering R2's room. On 8/12/20 at 2:33 p.m., Surveyor observed CNA-E exit R2's room and sanitize both his ungloved hands. Surveyor then observed CNA-E pick up a soiled shirt belonging to R2 with his ungloved left hand as he (CNA-E) exited R2's room. Surveyor then observed CNA-E stop R1, who was exiting his room located next to R2's room, and tell R1 he needed a facemask. Surveyor then observed CNA-E enter R1's room with R2's soiled shirt in his hand. Upon exiting R1's room, Surveyor observed CNA-E use both his ungloved hands, including utilizing his left hand holding R2's soiled shirt, to open a blue surgical mask and give it to R1. Surveyor then observed R1 place the mask on his face. Surveyor then observed CNA-E walk to the soiled linen bin and place R2's shirt in the soiled linen bin and then sanitize both his hands. Surveyor noted that R1 was confirmed to be COVID-19 negative and that CNA-E did not wash or use hand sanitizer on his ungloved hands after handling R2's soiled shirt with his bare hands and prior to entering R1's room and or prior to providing R1 with a mask that R1 placed on his face. On 8/12/20 at 2:36 p.m., Surveyor observed CNA-D physically place a blue surgical mask on R2's face using her bare hands. Surveyor then observed CNA-D then tell R2 to keep his mask on like her while CNA-D touched her face and the outside of her N95 mask without washing her hands. Surveyor observed CNA-D then walk to the nurse's station, in the process touching the hand rail and a desk at the nurse's station, before sanitizing her hands. During this observation, Surveyor heard facility staff tell CNA-D to make sure she washed her hands after placing a mask on R2. Surveyor noted that R2 was confirmed to be COVID-19 positive on 8/5/20 and that per facility and CDC guidelines, CNA-D should have been wearing gloves and should have washed or sanitized her hands after working with R2 and prior to touching the outside of her N95 mask and her face. On 8/12/20 at 2:36 p.m., Surveyor observed CNA (Certified Nursing Assistant)-C enter the 1 West unit without wearing a gown or an N95 mask. Surveyor observed CNA-C to enter the unit while only wearing a blue surgical mask and a face shield while holding a clear plastic bag containing an N95 mask. As CNA-C entered the unit, other CNAs working on the 1 West unit told CNA-C to put a gown on. CNA-E was then observed handing CNA-C a gown, which CNA-C put on, and then Surveyor observed CNA-C walk off the 1 West unit while still wearing the gown. Once outside the 1 West unit, Surveyor observed CNA-C speak with 2 other facility employees while still wearing her gown. Surveyor did not observe CNA-C wash or sanitizer her hands nor remove her gown immediately upon exiting the 1 West unit. Surveyor then observed CNA-C, after speaking with other facility staff, touch the outside of the PPE cart stationed outside of the 1 West unit and remove her gown. Surveyor noted that CNA-C did not sanitize her hands or remove her gown immediately after exiting the 1 West unit or before touching the PPE cart stationed outside the 1 West unit. On 8/12/20 at 4:08 p.m., Surveyor informed Administrator-A and DON-B of the above findings. Surveyor asked Administrator-A if CNA-E should be wearing gloves when handling soiled linen and if CNA-E should be washing and or sanitizing his hands prior to assisting a COVID-19 negative resident after handling the soiled linen of a COVID-19 positive resident. Administrator-A informed Surveyor that facility staff is expected to use gloves and wash their hands when moving from one patient's room to the other. Administrator-A informed Surveyor that CNA-E should have washed or sanitized his hands prior to assisting a COVID-19 negative resident after handling the soiled linen of a COVID-19 positive resident. Surveyor asked Administrator-A if CNA-C should have removed her gown and washed or sanitized her hands immediately after exiting the 1 West unit. Administrator-A informed Surveyor that CNA-C should immediately have removed her gown and sanitized her hands when she exited the 1 West unit. Surveyor asked Administrator-A if CNA-D should be wearing gloves and washing her hands before touching her N-95 mask and face after working with a COVID-19 positive resident. Administrator-A informed Surveyor that facility staff should be wearing gloves and full PPE (gown, N95 mask and faceshield) when working COVID-19 positive residents. The facility's failure to implement infection prevention and control measures to prevent the spread of COVID-19 created a finding of immediate jeopardy because of the ease with which [MEDICAL CONDITION] can spread and because of the serious effects it can have on the elderly and those with compromised systems. The immediate jeopardy was removed when the facility took the following action: 1. Nursing staff to be educated on Proper use of Personal Protective Equipment on training record 2. Observations Audits started on Nursing staff to use Proper Personal Protective Equipment during Direct Patient Care 3. Observations Audits started on Nursing staff to use Proper Personal Protective Equipment on entering the COVID Unit 4. COVID Dementia care plans for 1 West 5. Consultation with Doctor-F 6. Complete Nursing Assessment on all Members of 1 East Negative Members 7. Moved COVID negative member from double room [ROOM NUMBER] to single room [ROOM NUMBER] 8. Reviewed isolation outside of COVID Unit- one member met criteria to remove isolation 9.

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 2) Complete COVID tests on three negative COVID members on 1 West, 1 East and 3 West. Rationale Identify Outbreak -Negative test and-negative-signs/symptoms then member will come out of isolation 10. Observe current status of COVID positive members to splint unit 11. Nursing staff were educated on specific infection control individualized COVID care plans for members with dementia on the Memory Unit on a training record. 12. QAPI process is ongoing to continually monitor the Nursing staff usage of Proper use of Personal Protective Equipment during Direct Patient Care and proper Hand Hygiene for quality assurance and performance improvement on an ongoing basis