

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525413</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WILLOWCREST HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3821 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility did not ensure the prevention of the spread of Infections such as COVID-19 in 13 out of 94 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13) indicated by staff not utilizing appropriate PPE (Personal Protective Equipment). The facility consists of 3 units consisting of East, South (R9) and North (R1, R2, R3, R4, R5, R6, R7, R8, R10, R11, R12, and R13.) The facility did not ensure the staff followed infection control practices related to Transmission Based Precautions which had the potential to affect all 94 residents who resided in the facility at the time of survey. The facility had a COVID-19 outbreak in May 2020 on the North unit with R1, R2, R3, R4, R5, R6, R7, R8 testing positive for COVID-19. Another COVID-19 outbreak occurred in June on the North unit with R10, R11, R12, and R13 testing positive for COVID-19. R9 tested positive for Covid and resided on the South unit. * The facility did not recognize the new onset of signs and symptoms to indicate a possible COVID + (positive) status and the need for retesting R10 and R11. * Facility staff did not adhere to the facility practice of the universal use of facemasks for all staff while in center. On 6/16/20, CNA-D (Certified Nursing Assistant) was observed not wearing a mask while walking down the North hallway. * Facility staff did not follow the PPE precautions posted on the doors of isolated residents. On 6/16/20, RN-F did not wear a face shield when entering a resident's room which was noted to have a droplet precaution sign on the door. * DON-B indicated staff would only wear a face shield for Residents who tested positive for COVID and who were having an aerosol procedure done which contradicts Center for Disease Control (CDC) guidelines for transmission based precautions. * Facility staff did not sanitize hands before donning PPE. On 6/16/20, CNA-D did not sanitize her hands before donning PPE. * Facility staff did not provide consistent answers regarding the appropriate usage of PPE for isolated residents. On 6/16/20, when asked what PPE RN-E would wear when entering a resident room with contact and droplet precautions, RN-E stated she had not worn a face shield into any of the North resident rooms because she has her eye glasses on. * The facility states they were conserving face shields due to shortage when questioned why PPE was not being used per guidelines. Surveyor confirmed by interview and observation that facility had PPE including face shields available for use. Findings Include: The State Survey Team conducted the FICS (Focused Infection Control Survey) with the offsite survey beginning on 6/9/20 and the onsite survey conducted on 6/16/20. The facility policy, Infection Prevention and Control Manual-Transmission Based Precautions (Pathway Health Services), dated 2017, stated in part . Respiratory Infections: Clinical Syndrome-Countries with active outbreaks of [DIAGNOSES REDACTED]. Potential Pathogens-([DIAGNOSES REDACTED]-COV) Empiric Precautions-Airborne plus Contact precautions plus eye protection. If [DIAGNOSES REDACTED] &amp; [MEDICAL CONDITION] unlikely, use Droplet precautions instead of airborne precautions. The facility policy, "Suspected or Confirmed Positive COVID 19 Management Policy," dated 4/2/20, stated in part . Procedure: 1b) The center will implement isolation procedures (contact and droplet) for residents who are positive for or suspected positive for COVID-19. 1c) 1) The center will implement universal use of facemasks for all staff while in center. 2) Health care Personnel will wear all recommended PPE for the care of all residents. *(depending on PPE supply, See Strategies for Optimizing PPE policy). The facility policy, Strategies for Optimizing PPE during a COVID-19 Outbreak, dated 3/23/20, stated in part . The following contingency and crisis strategies are based on these assumptions: 1. Centers understand their PPE inventory and supply chain. 2. Centers understand their PPE utilization rate. Strategies to Optimize eye protection a) Conventional Capacity Strategies: use eye protection according to manufacturer recommendations and local, state, and federal requirements. b) Contingency Capacity Strategies: Shift eye protection from disposable to reusable devices (i.e. goggles and reusable face shields). c) Crisis Capacity Strategies: Prioritize eye protection for selected activities such as: During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures; and during activities where prolonged face to face or close contact with a potentially infectious resident is unavoidable. DON-B stated the facility's first case of a COVID + resident R8 was diagnosed on [DATE]rd after hospitalization . DON-B stated the facility has 7 COVID + residents and 2 COVID + residents in the hospital during onsite investigation on 6/16/20. On 6/15/20 at 10:00 am, Surveyor interviewed IP-C (Infection Preventionist) who stated R8 was first COVID + case on 5/23/20 and the roommate R4 was tested as COVID + on 5/24/20. The IP-C stated the Health Department discussion led to COVID testing of the entire North hallway and 5 additional COVID + residents were identified. The facility conducted testing of all residents on 6/1 and 6/2/20 and again on 6/15/20 (retested North and all employees). The IP-C identified the probable source of the outbreak on the North unit as CNA-D whose last day worked was 5/15/20, called in with symptoms on 5/18/20 and was swabbed COVID + on 5/20/20. IP-C identified CNA-D as source due to the fact that none of the residents had been out on appointments or other exposure. IP-C stated the North unit would be designated as the COVID unit due to the outbreak and the COVID + residents would remain in isolation 21 days per facility policy. IP-C discussed 2 new cases that were hospitalized . IP-C stated R10 had a change in condition on 6/11/20, was swabbed for COVID, and was hospitalized on [DATE] where he tested COVID +. Surveyor noted during a medical record review that R10 had oxygen saturations (oxygen levels in the bloodstream) at 80% (normal 93-100%) since 6/6/20 and was treated with antibiotics, anti-anxiety medications and oxygen therapy but COVID testing was not done until 6/11/20 with results returning once R10 was in the hospital. On 6/15/20, at 1:30 pm, Surveyor interviewed NHA-A, DON-B, and IP-C about the current outbreak of the North unit. IP-C stated R10 was getting assessed for vital signs and respiratory assessment every shift. Surveyor questioned why R10 was not tested for COVID earlier than 6/11/20 since R10 resided on the high risk North unit and had oxygen levels at 80% starting 6/6/20. IP-C stated R10 only exhibited [MEDICAL CONDITION], was afebrile, and had just tested negative on 6/1/20. Surveyor noted despite the screening and resident symptoms, R10 was not retested until 5 days after respiratory issues were noted on 6/6/20. IP-C stated R11 was hypoxic on 6/13/20, and was hospitalized where he tested COVID +. Surveyor noted during medical record review that R11 had diarrhea and lethargy on 6/6/20 and had oxygen saturations at 81% on 6/12/20. R11 was sent to the hospital on [DATE] and admitted with acute hypoxemic [MEDICAL CONDITION]. COVID testing was not done in the facility for this resident residing in the North unit. On 6/15/20, at 1:30 pm, Surveyor interviewed NHA-A, DON-B, and IP-C about the current outbreak of the North unit. Surveyor questioned why R11 was not tested for COVID earlier than hospitalization (6/13/20) since R11 resided on the high risk COVID unit and was exhibiting diarrhea and lethargy (fatigue) on 6/6/20 and with respiratory symptoms on 6/12/20. IP-C stated diarrhea was not on the COVID screening tool and was not considered to be a need for a COVID test as R11 tested negative on 6/1/20. Surveyor noted the facility did not recognize the COVID symptoms for R11 and the need for retesting as of 6/6/20 when R11 was noted to have diarrhea and lethargy. Surveyor noted, according to the Wisconsin Department of Health Services, www.dhs.wisconsin.gov/covid-19/ Long term care facilities; Guidance to facilities; Identify Infections early; Actively screen all residents at least daily for fever and respiratory symptoms; immediately isolate anyone who is symptomatic. Long-term care residents with COVID-19 may not show typical symptoms, such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, diarrhea, or sore throat. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 if it is circulating in the community. Surveyor noted R12,</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>roommate of R11, tested COVID + on 6/14/20. On 6/15/20, at 1:30 pm, Surveyor interviewed NHA-A, DON-B, and IP-C about the current outbreak of the North unit. IP-C stated the June outbreak and recent hospitalization s as well as the North unit high risk residents were discussed with the Public Health Department who recommended testing all the North unit residents and everybody who had been through the North unit since 6/3/20. Surveyor was informed all North resident and all staff testing occurred on 6/15/20. On 6/16/20 at 9:42 AM, Surveyor entered the facility for an onsite review of Infection Control. Surveyor interviewed NHA-A and DON-B. Surveyor reviewed the current all resident listing provided by NHA-A and DON-B which included highlighted residents in green, peach and yellow. Residents R2, R7, R5, R1, R12, and R3 were noted to be highlighted in green. Surveyor asked what the green highlighted residents represented. DON-B stated; The residents highlighted in green (contact and droplet precautions) are residents who tested positive for COVID-19 and who are not yet clear of the 21 day hold the facility requires after testing positive. Residents highlighted in peach are in precautions (contact and droplet precautions) as well because of being a new admission and Residents highlighted in yellow are in precautions for enhanced barrier protection because of a wound or other infection. On 6/16/20 at 10:01 AM, Surveyor entered the North unit of the facility with DON-B, which had 6 COVID-19 positive residents. The north unit had a census of 33 residents. DON-B stated universal masks are required on all units. When entering a resident room who is on precautions, the PPE required is listed on the door. DON-B showed Surveyor a resident room with an isolation cart outside with PPE noted in the cart. Surveyor observed isolation carts outside R2, R7, R5 and R1, R12, and R3's rooms. DON-B stated the staff know what PPE to wear into the resident room per the signage on the resident's door. Surveyor noted 3 signs on doors outside rooms R2, R7, R5 and R1, R12, and R3's rooms. All 3 signs were on each of these doors and had the Center for Disease Control (CDC) logo on bottom. The yellow sign documented STOP: CONTACT PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. The green sign documented STOP: DROPLET PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving room. Make sure their eyes, nose and mouth are fully covered before room entry. (Picture of woman with face shield and facemask) or (picture of woman with goggles and facemask). Remove face protection before room exit. The white sign documented SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE). The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE. 1. GOWN Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back Fasten in back of neck and waist 2. MASK OR RESPIRATOR Secure ties or elastic bands at middle of head and neck Fit flexible band to nose bridge Fit snug to face and below chin Fit-check respirator 3. GOGGLES OR FACE SHIELD Place over face and eyes and adjust to fit 4. GLOVES Extend to cover wrist of isolation gown USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION Keep hands away from face Limit surfaces touched Change gloves when torn or heavily contaminated Perform hand hygiene DON-B stated how to doff PPE is on the back of the door so the staff are aware of the process when leaving a resident's room. Per the CDC Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) Per CMS (Centers for Medicare and Medicaid Services) Droplet precautions are actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. (<a href="https://www.cms.org/articles/covid-19-ppe-supplies">https://www.cms.org/articles/covid-19-ppe-supplies</a>) On 6/16/20 at 10:36 AM, Surveyor observed RN Unit Manager (RN)-F in R8's room without a face shield. R8 has signs for droplet and contact precautions, on their door. The Droplet precaution sign indicated the need to use a face shield or goggles. Surveyor asked RN-F what PPE staff are expected to wear in these rooms. RN-F stated because R8 was COVID negative currently they wear gown, gloves and face mask. RN-F stated face shields are worn in COVID positive rooms only. Surveyor noted that RN-F not wearing a face shield or goggles was contradictory to the droplet precaution sign indicating the need to wear either a face shield or goggles. Surveyor interviewed RN-F on 6/16/20 at 10:54 a.m. Surveyor asked where the face shields were kept. RN-F stated that each staff member has their own and they reuse them. RN-F showed Surveyor a brand new stack of face shields that were not used. This brand new stack of face shield were located at the nurses station on the North unit in which RN-F was working. RN-F continued to hand out face shields to staff at nurse's station. On 6/16/20 Surveyor observed each isolation cart on North hallway. No face shields were noted in any isolation cart on North hallway. On 6/16/20 at 10:34 AM, Surveyor interviewed Registered Nurse (RN)-E on the North unit. Surveyor asked RN-E what PPE she would don when entering a room with the Contact and Droplet Precaution signs on the door. RN-E stated gloves, face mask, gown and goggles or face shield. RN-E stated she has not worn a face shield into any room today because she has her own eyeglasses on. On 6/16/20 at 11:41 AM, Surveyor interviewed CNA-D. Surveyor asked what PPE she would don if walking into R8's room. Surveyor noted R8 had a contact &amp; droplet sign on their door. CNA-D stated she doesn't usually work with R8 so she was unsure but she thinks it was a gown, gloves and face mask. Surveyor asked if sometimes they float to other units. CNA-D stated yes they do. Surveyor asked what the CNA would reference to make sure they were donning the correct PPE. CNA-D stated the signs on the door. Surveyor asked based on the signage, what PPE to don to enter R8's room. CNA-D stated gown, gloves, mask and face shield. Surveyor noted the Wisconsin Department of Health Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Health Care Settings documents, Eye Protection: Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use or reuse strategies to optimize PPE supply. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. (<a href="https://www.dhs.wisconsin.gov/covid-19/ppe.htm">https://www.dhs.wisconsin.gov/covid-19/ppe.htm</a>) On 6/16/20 at 11:02 AM, Surveyor interviewed DON-B. Surveyor asked what staff was expected to wear in resident rooms that are COVID positive. DON-B stated mask, gown and gloves. Surveyor asked why face shields were not being used as directed on the droplet precaution sign located on Resident doors. DON-B stated face shields are only used in COVID positive resident rooms when an aerosol procedure is being done. Surveyor asked what constitutes an aerosol procedure. DON-B stated aerosol procedures would involve suctioning, coughing, or when secretions become more airborne. Surveyor asked DON-B how staff would know to only wear the face shield during an aerosol procedure as the droplet signs indicate the need for faceshilds or goggles. DON-B stated it was in a training because the facility was using source control to save PPE. On 6/16/20 at 10:26 AM, Surveyor observed IP-C don a gown, gloves, new face mask and face shield and entered R1 and 5's room (both on contact &amp; droplet precautions). IP-C exited the room with her face shield in her hand and donned a new mask. Surveyor interviewed IP-C with DON-B present. Surveyor asked IP-C if she was doing an aerosol procedure with R1 or R5 earlier today when Surveyor watched her don PPE and enter room. IP-C stated no she did not. Surveyor asked why she donned a face shield. IP-C stated because they are COVID positive and that is the PPE expected to enter that room. Surveyor asked if this was for every time staff entered the room or just aerosol procedures. IP-C stated when staff enter the room every time, not just aerosol procedures. On 6/9/20 at 10:00 am, Surveyor interviewed NHA-A (Nursing Home Administrator) and DON-B (Director of Nursing) regarding Infection Control and PPE. NHA-A stated the facility has had enough PPE. NHA-A stated he received PPE from multiple sources and grants from WHCA (Wisconsin Health Care Association), Milwaukee County, Froedert Hospital System, and 2 shipments from the emergency stock supply as well as having access to the parent company of the facility stockpile for those facilities in need. Surveyor interviewed NHA-A on 6/16/20 at 10:40 a.m., and observed multiple areas of the facility where back-up PPE was stored. NHA-A told Surveyor they currently had plenty of PPE due to some grants they got. In Storage 1 area, Surveyor observed a large box (approximately 3 ft. X 3 ft. X 2 ft.) with face shields stored in it. NHA-A also showed Surveyor a box of disposable face shields with white hoods that he ordered for extra backup from Pakistan. Surveyor reviewed PPE trainings provided by the facility identified as COVID-19 All Staff Education via the parent company presentation and slides which stated in part . Infection Control (9): ALL staff regardless of position and reason for entry into the room, must put on PPE prior to entering the room of a resident in transmission-based precautions. PPE (7 &amp; 8): Facilities should have supplies of: facemasks, gowns, gloves, eye protection (i.e. face shield or goggles). The facility provided All Staff meetings training which indicated in part . On 3/27/20, the agenda indicated PPE use: Goggles available for residents with respiratory symptoms-see Infection Control RN (Registered Nurse). On 5/1/20, the agenda indicated 10. PPE-know the proper sequent of donning (putting on) and doffing (taking off). a) Guides in isolation carts, b) Keep mask on at all times, unless eating/drinking in break room. On 6/5/20, the agenda indicated PPE: Availability. Continue reuse of PPE-Use new mask when going into room with suspected/confirmed COVID, Place current mask in paper bag and leave outside room, Wear goggles &amp; mask</p>		



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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 2)</p> <p>while assisting residents to eat due to risk of coughing. a) Reminders: Employees need masks on at all times. On 6/16/20 Surveyor, DON B and IP-C discussed using the PPE and the utilization of faceshields. IP-C acknowledged using the face shield when entering R's room earlier today as the resident was identified as being on contact &amp; droplet precautions. Surveyor also informed DON-B that RN-E and CNA-D informed Surveyor that face shields are used for Residents who are on contact and droplet precaution with signs on their doors. This was contrary to what DON-B stated in regards to staff using face shields for residents who are positive for Covid and who are receiving aerosol procedures. This also contradicts the CDC guidelines. RN-E also noted she was wearing her own eyeglasses and did not need a faceshield which contradicted the CDC guidelines. Surveyor noted Current CDC Guidelines state in part; 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. (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) On 6/16/20 at 10:22 AM, Surveyor observed CNA-D enter through the doors of the North unit and walk down the hallway. CNA-D did not have a facemask on. CNA-D was observed holding her shirt over her face and nose with bare hands. CNA-D walked down the hallway to the isolation cart outside R3's room. CNA-D did not sanitize hands, reached into the isolation cart drawer, removed a face mask and placed the face mask on her face and around ears. CNA-D did not sanitize hands before or after applying mask. Surveyor noted IP-C stated CNA-D was the probable source of the May North unit outbreak and IP-C indicated in an interview that staff are reeducated upon return to the facility. On 6/16/20 at 11:52 AM, Surveyor interviewed DON-B. Surveyor asked what the facility's protocol for wearing masks in the facility. DON-B stated universal masks are to be worn appropriately at all times in the facility by all staff. Surveyor asked what appropriately worn PPE meant. DON-B stated over mouth and nose. Surveyor noted observing CNA-D with her shirt over her mouth and nose. Surveyor asked if this was appropriate. DON-B stated it is not ideal. Surveyor asked where the facility got the guidance and policy for PPE use for COVID positive and droplet precautions residents. DON-B stated their facility policy references the CDC guidelines. DON-B stated they were trying to conserve PPE since they were low which is why they use the face shields only for aerosol procedures. Surveyor noted to DON-B that droplet precautions per CDC guidelines included goggles or faceshield. On 6/17/20 at 11:45 am, Surveyor interviewed DPH-G (Department of Public Health) regarding the facility and COVID outbreaks. DPH-G stated she is working with the facility on their COVID-19 outbreaks and there have been numerous phone calls and emails. Surveyor asked DPH-G if the facility was given any recommendations on PPE for COVID + residents. DPH-G stated PPE recommendations were droplet precautions and face mask. DPH-G also stated past recommendations include goggles and a face shield. On 6/17/20, NHA-A sent a facility document, QAPI (Quality Assurance Performance Improvement), dated 4/6/20, which indicated in part . Masks for all: All staff are now wearing masks at all times. Conservation of PPE-Face shields. Team discussed that due to the limited amount of face shields and goggles, and our limited ability to obtain them, we will utilize them only for residents who have active symptoms. Symptoms as in coughing, sneezing, or when staff are assisting with aerosol producing procedures such as hand held nebulizers, suctioning, etc. Surveyor noted the plan for conservation of PPE in April 2020, however based on interview, observations of PPE, and boxes of face shields in June 2020, there was currently no concern with the facility having access to appropriate PPE at the time of this survey. On 6/22/20, Surveyor received information from the NHA-A that R13 newly tested COVID + and CNA-H (works full time nights on a separate unit) who is asymptomatic tested COVID + during the Public Health recommended sweep.</p>		