

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525489	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/05/2020
NAME OF PROVIDER OF SUPPLIER NEWCARE		STREET ADDRESS, CITY, STATE, ZIP 903 MAIN AVE PO BOX 460 CRIVITZ, WI 54114	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, staff interview, and record review, the facility did not maintain an infection control program designed to prevent the development and transmission of disease and infection to include COVID-19 during observations involving 3 Residents (R) (R1, R2 and R4) of 8 sampled residents. Staff did not wear all required PPE (personal protective equipment) when entering R1 and R2's room. Additionally, staff did not appropriately remove PPE when leaving R1 and R2's room. Staff did not appropriately put on PPE when entering R4's room. Findings include: The article entitled Responding to COVID-19 Considerations for the Public Health Response to COVID-19 in Nursing Homes published by the CDC (Centers for Disease Control and Prevention) and reviewed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html with an updated guidance date of April 30, 2020, indicated 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. The article entitled Using PPE published by the CDC and reviewed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html with an updated guidance date of July 14, 2020, indicated when donning (putting on) PPE, the gown should be put on first followed by a facemask, goggles or face shield, and gloves. When doffing (taking off) PPE, gloves should be removed first followed by removal of the gown. The undated facility guidance for putting on PPE and taking off PPE posted on the outside wall by the door of each isolation room to include R1, R2, and R4's rooms, indicated to put on shoe covers first, put on gown, put on mask, put on goggles or face shield, and put on gloves. When taking off PPE, take off shoe covers first, take off gloves, take off goggles or face shield, take off gown, take off mask, and sanitize hands. 1. On 8/5/2020 at 12:15 PM, the Surveyor observed CNA (Certified Nursing Assistant)-C donning PPE to deliver a meal tray to R1 and R2's isolation room as R2 was on droplet precautions. CNA-C donned shoe covers, gown and gloves. CNA-C already had a surgical mask on. CNA-C delivered the meal tray to R2 and assisted R2 with meal set up without wearing goggles or a face shield while in R1 and R2's isolation room. CNA-C then took gloves off, took gown off, took shoe covers off, sanitized hands, and stated to the Surveyor I know I took off (PPE) in the wrong order. 2. On 8/5/2020 at 12:25 PM, the Surveyor observed CNA-C donning PPE to deliver a cup of coffee to R1 and R2's isolation room. CNA-C donned shoe covers, gown and gloves. CNA-C already had a surgical mask on. CNA-C delivered the cup of coffee to R2 without wearing goggles or a face shield while in R1 and R2's isolation room. CNA-C then took shoe covers off, took gown off, took gloves off, and sanitized hands. Doffing of PPE was not completed appropriately per CDC and facility guidelines. 3. On 8/5/2020 at 12:28 PM, the Surveyor observed CNA-C donning PPE to deliver a meal tray to R4's isolation room as R4 was on droplet precautions. CNA-C donned a gown, gloves, and shoe covers. CNA-C already had a surgical mask on. CNA-C then donned goggles and stated to the Surveyor the reason CNA-C donned goggles was because CNA-C was going to assist (R4) with dining. The others (delivering meal tray and coffee) were just running in R1 and R2's room. Donning of PPE was not completed appropriately per CDC and facility guidelines. On 8/5/2020 at 1:30 PM, the Surveyor interviewed CNA-C regarding appropriate PPE and donning/doffing of PPE. CNA-C stated should've had goggles on when in going in (R1 and R2's) room. Made a couple of mistakes. CNA-C then verified PPE was not doffed appropriately when coming out of R1 and R2's room and was not donned appropriately when going in R4's room. On 8/5/2020 at 1:40 PM, the Surveyor interviewed NHA (Nursing Home Administrator)-A and DON (Director of Nursing)-B regarding appropriate PPE and the appropriate order of donning/doffing PPE. NHA-A and DON-B verified there were signs on each isolation room which indicated staff should not enter the room without donning shoe covers, a gown, mask, goggles or a face shield, and gloves. DON-B verified the guidance on the order of donning PPE by putting on shoe covers first, followed by sanitizing/washing hands, putting a gown on, putting a mask on, which staff were already wearing, putting on goggles or a face shield, and putting on gloves was from the CDC. Doffing guidance was from the CDC and indicated shoe covers were to be taken off first, followed by taking off gloves, taking off goggles or face, sanitizing, taking gown off, and sanitizing hands. DON-B then confirmed donning and doffing of PPE should be completed in the order indicated by the CDC.</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.