

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525337</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROCKY KNOLL HEALTH CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>N7135 ROCKY KNOLL PARKWAY PLYMOUTH, WI 53073</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, record review and staff interview the facility did not implement effective Coronavirus (COVID-19) infection control measures for 2 of 2 residents (R) (R3 and R4) observed during mealtime. Certified Nursing Assistant (CNA)-F did not follow COVID-19 Personal Protective Equipment (PPE) guidelines put forth by the Centers of Disease Control (CDC). CNA-F did not change PPE between residents when passing meal trays to asymptomatic residents under quarantine and observation for COVID-19. Findings Include: The CDC guidance for Responding to Coronavirus (COVID-19) in Nursing homes states the following: ~ Create a plan for managing new admission and readmissions whose COVID-19 status is unknown. Options include placement in a single room or a separate observation area so the resident can be monitored for evidence of COVID-19. ~ 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 face shield that covers the front and sides of the face), gloves and gown. The CDC guidance for Strategies for Optimizing the Supply of Isolation Gowns dated 3/17/2020 states: ~Extended use of isolation gowns. Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same HCP when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location (i.e., COVID-19 patients residing in an isolation cohort). This can be considered only if there are no additional co-infectious [DIAGNOSES REDACTED]. If the gown becomes visibly soiled, it must be removed and discarded as per usual practices. On 6/29/2020, the Surveyor reviewed R3's medical record. R3 was admitted to the facility on [DATE] from an acute care hospital with the following diagnoses; [DIAGNOSES REDACTED] (disease of the small bowel mesentery) and muscle weakness. R3 was admitted to the isolation unit for the 14 day quarantine for new admissions. On 6/29/2020, the Surveyor reviewed R4's medical record. R4 was admitted to the facility on [DATE] from an acute care hospital with [DIAGNOSES REDACTED]. R4 was admitted to the isolation unit for the required 14 day quarantine for new admissions. On 6/24/2020, the Surveyor interviewed Nursing Home Administrator (NHA)-A and Infection Preventionist (IP)-C. When Surveyor inquired about the facility's supply of PPE, NHA-A indicated the facility had an adequate PPE supply and the supply was being monitored. On 6/29/2020, the Surveyor interviewed Assistant Administrator (AD)-D and IP-C. AD-D and IP-C indicated the facility had an adequate supply of PPE. On 6/29/2020 at 12:15 PM, the Surveyor observed Certified Nursing Assistant (CNA)-F enter a resident room wearing PPE to include two face masks, face shield, gown and gloves to deliver the noon meal tray. Before leaving the room CNA-F removed the gloves and the gown followed by hand hygiene. CNA-F did not remove the masks or the face shield. CNA-F indicated that the face shield and masks did not need to be removed as the same PPE could be used from room to room. CNA-F indicated CNA-F had changed the gown only because it was soiled with spaghetti. CNA-F then continued to R3's room, applied a clean gown and gloves, and then entered R3's room with R3's meal tray. Upon exit, CNA-F removed gloves and washed hands. CNA-F then continued to R4's room and applied clean gloves. CNA-F then delivered R4's meal tray. On 6/29/2020, the Surveyor, interviewed Unit Manager (UM)-G. UM-G verified CNA-F was following facility policy and was not required to change PPE when passing meal trays to residents in isolation. On 6/29/2020, the Surveyor, interviewed registered Nurse (RN)-H. RN-H indicated it was not required to change PPE between residents in isolation. On 6/29/2020 at 12:30 PM, the Surveyor interviewed IP-C. IP-C indicated full PPE was not needed when passing meal trays as this was not a high touch task. IP-C indicated PPE did not need to be changed and CNA-F was able to use the same PPE when passing trays to multiple residents because passing trays was not a high touch task. On 6/29/2020 at 12:50 PM, the Surveyor interviewed RN-I. RN-I indicated PPE did not need to be changed between residents residing in isolation rooms. On 6/29/2020 at 1:00 PM, the Surveyor again interviewed IP-C. IP-C verified PPE did not need to be changed when passing meal trays. IP-C indicated it was likely that staff was confused, believing they should be conserving PPE.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.