

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER BETHANY ST JOSEPH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 2501 SHELBY RD LA CROSSE, WI 54601	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review the facility did not ensure it maintained an infection prevention and control program designed to provide safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections such as COVID-19 this has the potential to affect all 82 residents. Facility Policy titled, Standard of Care: Infection Control Measure for Coronavirus, dated 3/9/20, states in part . Admission and readmissions are quarantined for 72 hours after admission. Facility Policy titled, Standard of Care #23, Isolation Guides, undated, states in part . residents are not required to wear a face covering unless they are leaving the building. This is evidenced by: Current CDC (Centers for Disease Control) Guidelines (Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) note in part: . Considerations for new admissions or readmissions to the facility . A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in 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 disposable face shield that covers the front and sides of the face), gloves, and gown. According to the Center for Disease Control (CDC) 5/18/20/20 Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings includes Website: (https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html) not in part . Recommendations: 1. Minimize Chance for Exposures -Universal Source Control: Healthcare Personnel: As part of source control efforts, HCP should wear a facemask at all times while they are in the healthcare facility. When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. If there are anticipated shortages of facemasks, facemasks should be prioritized for HCP and then for patients with symptoms of COVID-19 (as supply allows). Cloth face coverings should NOT be worn instead of a respirator or facemask if more than source control is required. Patient and Visitor: Patients and visitors should, ideally, be wearing their own cloth face covering upon arrival to the facility. If not, they should be offered a facemask or cloth face covering as supplies allow, which should be worn while they are in the facility (if tolerated). They should also be instructed that if they must touch or adjust their cloth face covering they should perform hand hygiene immediately before and after. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Patients may remove their cloth face covering when in their rooms but should put them back on when leaving their room or when others (e.g., HCP, visitors) enter the room. Screening for symptoms and appropriate triage, evaluation, and isolation of individuals who report symptoms should still occur. Facility Policy titled, Standard of Care: Infection Control Measures for Coronavirus, dated 3/09/20, states in part . 2. Prevention procedures. 10. New residents will be quarantined in room until 72 hours after admission. After 72 hours will be allowed to leave room and go to other areas in the building maintaining social distance, as long as no new symptoms develop. The facility policy titled, Standard of Care #23, Isolation Guides, undated, states in part . Droplet Precautions: Resident Placement. 3. Maintain a spatial separation of at least 3 feet between the infected residents and other residents and visitors. Masks. Masks will be worn by personnel when working within 3 feet of the resident. Resident Transport. 2. If transport or movement is necessary, a surgical mask will be placed on the resident to minimize resident dispersal of droplet nuclei. (Note: The facility policies reviewed do not talk of the need for residents not on precautions to wear any face coverings or to maintain a 6 foot social distance when in the facility.) Example 1 On 6/16/20, Surveyor had multiple observations throughout the day of residents in activities, in common areas, and walking in the halls independently or with staff without the use of face masks and not social distancing. On 6/16/20 at 10:45 AM, Surveyor interviewed RN C (Registered Nurse). Surveyor asked RN C when residents are to wear face coverings in the facility. RN C stated, The residents don't wear masks in the building. The only residents that wear masks are those that are going out for an appointment or a new admission for 72 hours. Residents are encouraged to do social distancing, things are done in smaller groups and we try to keep spacing in mind. On 6/16/20 at 11:52 AM, Surveyor observed a sign posted on the Memory Care unit stating, Encourage social distancing of at least 3 feet. On 6/16/20 at 1:40 PM, Surveyor interviewed CNA D (Certified Nursing Assistant). Surveyor asked CNA D when residents are required to wear masks in the facility. CNA D stated, The only times residents wear masks is when they are on precautions. Staff wear them all the time. On 6/16/20 at 12:56 PM, Surveyor interviewed DON/ICP B (Director of Nursing / Infection Control Preventionist and Nurse Manager E. Surveyor asked DON/ICP B when residents are required to wear face masks. DON/ICP B stated, Residents are strongly encouraged to wear a mask when leaving the building. New admissions should wear a mask for 72 hours when coming out of their room and anyone on precautions for respiratory symptoms. Surveyor asked DON/ICP B to help me understand why residents are not required to wear face masks when out of their rooms. DON/ICP B stated, 'This is their home and they struggle with communication. If they would like one we would provide it. On the Dementia Wing they wouldn't understand. It is about quality of life. Example 2 Facility Policy titled, Standard of Care: Infection Control Measure for Coronavirus, dated 3/9/20, states in part . Admission and readmissions are quarantined for 72 hours after admission. This occurred during multiple admission and readmissions in April and May. From June 1, 2020 until June 16, 2020, this facility had the following admissions and readmissions. R4 was admitted on [DATE] and placed on 72 hour transmission based precautions. R5 was admitted on [DATE] and placed on 72 hour transmission based precautions. R6 was admitted on [DATE] and placed on 72 hour transmission based precautions. R7 was admitted on [DATE] and placed on 72 hour transmission based precautions. R8 was admitted on [DATE] and placed on 72 hour transmission based precautions. On 6/16/20 at 10:45 AM, Surveyor interviewed RN C. Surveyor asked RN C when residents are to wear face coverings in the facility. RN C stated, The residents don't wear masks in the building. The only residents that wear masks are those that are going out for an appointment or a new admission for 72 hours. On 6/16/20 at 12:56 PM, Surveyor interviewed DON/ICP B and Nurse Manager E. DON/ICP B stated, Residents are strongly encouraged to wear a mask when leaving the building. New admissions should wear a mask for 72 hours when coming out of their room and anyone on precautions for respiratory symptoms.</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.