

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER STURGEON BAY HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP 200 N SEVENTH AVE STURGEON BAY, WI 54235	
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>Based on observation and staff interview, the facility did not maintain an infection control program designed to prevent the development and transmission of disease and infection during observations and interviews involving 6 Residents (R) (R2, R3, R4, R5, R6, and R7) on droplet precautions of 7 sampled residents. This had the potential to affect all residents in the facility. Staff were sharing gowns for the entire shift which were hanging on the outside of the doors of R2, R3, R4, R5, R6, and R7's rooms to conserve gowns. Additionally, surgical masks were not removed by staff when leaving the rooms of R2, R3, R4, R5, R6, and R7 for residents who were quarantined for 14 days on droplet precautions after being admitted to the facility from the hospital with a negative COVID-19 test. Findings include: The CDC (Centers for Disease Control and Prevention) guidance entitled Strategies to Optimize PPE (personal protective equipment) and Equipment found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html with an updated date of 5/18/2020, stated the CDC's optimization strategies for PPE offer a continuum of options for use when PPE supplies are stressed, running low, or absent. Contingency and then crisis capacity measures augment conventional capacity measures and are meant to be considered and implemented sequentially. As PPE availability returns to normal, healthcare facilities should promptly resume standard practices. Staff should not share the same gown or wear the same mask for repeated encounters with several different residents without removing the mask between resident encounters prior to following CDC guidelines. On 6/18/2020 at 11:30 AM, the Surveyor observed RN (Registered Nurse)-C passing medications in the hall with a surgical mask on. RN-C went to the door of R3's room, removed one of the two blue disposable gowns from a hook on the door, and put the disposable gown on along with goggles and gloves prior to entering R3's room to administer medications. RN-C already had a surgical mask on and sanitized hands. When RN-C was in R3's room administering medications, NHA-A verified R3 was on droplet precautions, was quarantined for 14 days and had tested negative for COVID-19 at the hospital prior to admission. NHA-A then stated to the Surveyor that facility staff were sharing the same two gowns hanging on R3's door for an unknown amount of time. NHA-A was not sure if the gowns were removed after each shift, day or after a week. RN-C finished administering medications in R3's room and appropriately removed all PPE except the surgical mask, hung the disposable gown back on the hook of R3's door, and sanitized hands. RN-C verified R3 was on droplet precautions, all staff share the two gowns hanging on the door of R3's room when needing to go in R3's room, and the surgical mask is not removed when leaving R3's room and is worn in other resident rooms that are and are not on droplet precautions. NHA-A then left to find out where the information came from to share disposable gowns and to keep masks on all shift while going from resident room to resident room whether or not the resident was on droplet precautions. On 6/18/2020 at 12:05 PM, the Surveyor observed LPN (Licensed Practical Nurse)-D in R2's room discussing pain with R2. R2 was on droplet precautions and had a disposable gown hanging on a hook on the door of R2's room. LPN-D had a disposable gown, a surgical mask, goggles, and gloves on while in R2's room. On 6/18/2020 at 12:06 PM, the Surveyor observed CNA (Certified Nursing Assistant)-E assisting R4 with eating in R4's room. CNA-E had a blue disposable gown, a surgical mask, goggles, and gloves on. There was a blue disposable gown and a yellow disposable gown hanging on hooks on the door of R4's room. There was a sign indicating R4 was on droplet precautions. On 6/18/2020 at 12:10 PM, the Surveyor observed LPN-D appropriately remove all PPE except the surgical mask, hang the disposable gown back on the hook of R2's door, and sanitize hands. LPN-D verified R2 was on droplet precautions, all staff share the two gowns hanging on the door of R2's room when needing to go in R2's room, and the surgical mask is not removed when leaving R2's room and is worn in other resident rooms that are and are not on droplet precautions. LPN-D then stated the decision was made to share gowns that are hanging on the doors of residents quarantined that were admitted from the hospital with a negative COVID-19 test and to wear the same mask for the entire shift going from resident to resident room to conserve PPE. If a resident had tested positive for COVID-19 or had a nebulizer, all PPE used in that room would be disposed of including the gown and mask. Additionally, LPN-D verified there are at least six residents in the facility on droplet precautions that were admitted from the hospital with a negative COVID-19 test result that staff are sharing gowns and wearing the same mask in and out of the resident rooms. On 6/18/2020 at 12:27 PM, the Surveyor observed CNA-F take a blue disposable gown off a hook on R4's door. CNA-F already had a surgical mask on. CNA-F put the gown, goggles and gloves on prior to entering R4's room to assist CNA-E with transferring R4 with the Hoyer lift and emptying R4's Foley catheter of 450 ccs (cubic centimeters) of urine. On 6/18/2020 at 12:31 PM, the Surveyor observed CNA-G take a disposable blue gown off a hook on R3's door. CNA-G already had a surgical mask on. CNA-G put the gown, goggles and gloves on prior to entering R3's room to assist R3 with toileting. CNA-G verified all staff share the gowns hanging on doors of resident rooms and the surgical mask is not removed when leaving resident rooms. The mask is worn in all rooms CNA-G enters during her shift whether the resident is on droplet precautions (quarantined) or not. On 6/18/2020 at 12:37 PM, the Surveyor observed CNA-E and CNA-F appropriately remove all PPE except the surgical masks, hang the disposable gowns back on the hook of R4's door, and sanitize hands. CNA-E and CNA-F verified all staff share the gowns hanging on doors of resident rooms including R4's door and the same mask is kept on all day from resident room to resident room whether the resident is on droplet precautions or not. On 6/19/2020 at 1:42 PM, NHA-A verified R2, R3, R4, R5, R6, and R7 are the only residents in the facility on droplet precautions where staff are sharing the same gown and wearing the same mask worn in resident rooms that were on droplet precautions as well as resident rooms that the resident was not on precautions. On 6/24/2020 with an email and telephone interview starting at 2:03 PM, NHA-A verified on 6/18/2020, the facility had 1200 surgical masks and 160 disposable gowns available for use. NHA-A indicated the facility would require an average of 25 masks and 25 gowns per resident per day so the facility would need 150 masks and gowns daily for the residents quarantined. NHA-A then verified the facility was conserving in fear of an outbreak. NHA-A confirmed the facility had not contacted corporate, public health, or the county emergency management manager for assistance with availability of PPE prior to conserving PPE, and had not followed the strategies to optimize PPE of contingency and crisis measures per CDC guidance prior to conserving gowns and masks.</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.