

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/21/2020
NAME OF PROVIDER OF SUPPLIER BEAVER DAM HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 410 ROEDL CT BEAVER DAM, WI 53916	
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, interview and record review, the facility failed to ensure it maintained an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases such as COVID-19. This has the potential to affect 49 of 49 residents residing in the facility. The facility has no evidence of tracking or trending infections for staff or residents for September and thru October 21st, 2020. Housekeeping staff were observed cleaning resident rooms while only wearing a surgical mask and gloves while on a care area unit with positive COVID-19 cases. Housekeeping staff were not dedicated to the COVID positive unit and were working between a COVID-19 positive unit and an unaffected unit. Staff are not wearing the appropriate PPE (personal Protective equipment) while working with non-COVID-19 residents residing on a unit with a positive COVID-19 case. Staff are not performing hand hygiene or removing PPE when leaving TBP (Transmission based precaution) rooms. A Certified Nursing Assistant was observed caring for multiple residents and walking throughout the unit not wearing a surgical facemask appropriately and did not complete hand hygiene in multiple situations when it was indicated. This is evidenced by: CMS (Centers for Medicare and Medicaid Services) Critical Element Pathway entitled 'COVID-19 Focused Survey for Nursing Homes, states in part: For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit. Facility Policy entitled Infection Prevention and Control Program, states in part: It is the policy of this facility to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections 3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable disease for all residents, staff, volunteers, visitors and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards. b. The Infection Preventionist serves as the leader in surveillance activities, maintains documentation of incidents, findings, and any corrective actions made by the facility and reports surveillance findings to the facility's Quality Assessment and Assurance Committee. 4. Hand Hygiene Protocol: a. All staff shall wash their hands when coming on duty, between resident contacts, after handling contaminated objects, after PPE removal, before/after eating, before/after toileting, and before going off duty. b. Staff shall wash their hands before and after performing resident care procedures. Facility Policy entitled 'Standard Precautions Infection Control,' states in part: 2. Using Personal Protective Equipment (PPE): c. before leaving the resident's room or cubicle, remove and discard PPE in the appropriate receptacle followed by hand hygiene 4. Using Gowns: C. remove gown (discard in appropriate receptacle) and perform hand hygiene before leaving the resident's environment. Facility Policy entitled 'Transmission Based Precautions,' states in part: 3. Contact precautions a. intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the resident or the resident's environment. c. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment. d. Donning (putting on) personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination. 4. Droplet Precautions: a. intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions (i.e. respiratory droplets that are generated by a resident who is coughing, sneezing or talking.) Example 1 From September thru October 21st 2020, there is no evidence that any type of tracking, trending or infection rates have been documented or reviewed in real time (contemporaneously) to ensure the facility has not had a spike in infections or an outbreak besides COVID-19 as the facility is not maintaining its infection control program. On 10/21/20 at 9:45 AM, Surveyor asked DON B (Director of Nursing) for the Infection Control Line Listings for staff and residents from July through October 2020. On 10/21/20 at 11:40 AM Surveyor was provided by DON B Infection Control Line Listings for staff and residents for July and August 2020 only. Surveyor was not provided a copy or any type of infection control line listing or tracking/trending log for September 2020 or through October 21st 2020. Surveyor was provided a copy of the COVID-19 line listing for the facilities outbreak that started in September through October. Surveyor interviewed DON B who indicated she does not have September's line listing done as of this time and September's tracking and trending has not been done in real time. DON B indicated she has a COVID-19 line listing since 10/1/20 and nothing else for October 2020. DON B indicated that non-COVID infections for October have not been tracked in real time. Example 1 On 10/21/20 at 10:08 AM, Surveyor went down on the 400 unit with RN E (Registered Nurse). RN E indicated to Surveyor five residents were on isolation/transmission based precautions (TBP) due to exposure from a roommate or were exposed while going out to an appointment. RN E indicated that R1 is on contact/droplet TBP due to being positive for COVID-19. RN E indicated that other residents are negative for COVID-19 on the 400 wing. RN E indicated those residents not on isolation, staff are just using a surgical mask and gloves. RN E indicated eye protection is not being used for the seven residents not on contact/droplet TBP. RN E indicated there is only one CNA (Certified Nursing Assistant) on the unit providing care for COVID-19 negative residents and the COVID-19 positive resident. On 10/21/20 at 10:15 AM, Surveyor observed RN E go into R7's room with just a surgical mask on and no other personal protective equipment. R7 resides on the 400 unit/wing were a COVID positive resident resides. Example 2 On 10/21/20 at 10:30 AM Surveyor observed HSK C (Housekeeper) in R4's rooms cleaning while only wearing a surgical mask and gloves. HSK C observed dusting off bed frames and kneeling on the floor cleaning under a bed. R4 is in her wheelchair at this time watching TV, without a mask on and combing her hair. HSK C came out of R4's room and used ABHR (Antibacterial Hand Rub). Surveyor interviewed HSK C and HSK C indicated she is to wear gloves and a mask for those not on isolation. HSK C indicated she is cleaning R4's room on the 400 wing today and working on the north side, which is the Memory Care Unit. R4 is not on contact/droplet TBPs but R4 resides on the COVID positive unit/wing. On 10/21/20 at 3:45 PM, Surveyor interviewed HSK C regarding wings/units. HSK C indicated she left the unit after getting a CNA a bottle of cleaner. HSK C indicated she went back to the Memory Care Unit after leaving the 400 unit/wing. HSK C indicated she cleaned rooms on the Memory Care Unit after being on the 400 unit/wing. Of note, HSK C was working on the affected COVID wing/unit, not wearing all appropriate PPE then transferred the Memory Care Unit to perform housekeeping duties. The Memory Care Unit did not have positive COVID cases. Example 3 On 10/21/20 at 10:35 AM, Surveyor observed CNA D come out of R1's room with a reusable gown on. CNA D removed the gown and hung it up on R1's door, hanging into the hallway. CNA D then came up the hallway and went into R5's room without washing her hands, without any PPE on besides a mask, and turned off the call light in R5's room. CNA D was observed leaving R5's room to come into the hallway, where CNA D put on a fabric gown as R5 is on contact/droplet TBP for exposure. CNA D left R5's door open and went down the hallway to R1's doorway area. CNA D grabbed a face shield off the railing by R1's doorway, and walked back up the hallway to R5's room. CNA D did not perform hand</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>hygiene, and proceeded to put on a pair of gloves and take a stand lift into R5's room. On 10/21/20 at 10:48 AM, Surveyor observed CNA D come out of R5's room wearing full personal protective equipment (PPE) (gown, gloves, mask, and shield) and go down into the soiled utility closet to dispose of linen and garbage from R5's room CNA D removed her gloves CNA D without gloves on, while still wearing a gown, mask and shield went back into R5's room and removed the stand lift out of R5's room and brought it into the hallway. CNA D then removed her shield and put gloves on without performing hand hygiene and proceeded to clean the stand lift. On 10/21/20 at 11:08 AM, Surveyor observed CNA D go into R7's room at this time without washing her hands prior to entering R7's room, with just a surgical mask on. On 10/21/20 at 11:00 AM, Surveyor interviewed CNA D regarding observations. Surveyor observed CNA D was still wearing the gown that was worn into R5's room. CNA D indicated staff should remove their gown, gloves and face shield when leaving a room and then do hand hygiene after removing all PPE. CNA D indicated she wore the gown from R5's room into the hallway to clean the stand lift. CNA D removed her reusable gown and went into R5's room and hung the gown up behind R5's door. CNA D did not perform hand hygiene. CNA D indicated there should be two gowns on R1's door. CNA D indicated she is unable to tell which gown belongs to her or which gown belongs to RN E. CNA D indicated the outside of the gown hanging underneath is touching the inside of the gown that's hanging on top of it. CNA D indicated her face shield has her name on it, and she does not know who the other five unlabeled face shields belong to that are hanging on the railing outside R1's room. CNA D indicated she should have washed her hands after removing her gown coming out of R1's room before going into R5's room and after coming out of R5's room. CNA D indicated she should not be wearing any isolation gowns in the hallway. CNA D indicated hand hygiene is to be done before cares, between cares and after cares. CNA D indicated staff only wear a blue mask (surgical mask) and gloves for residents not on isolation. CNA D indicated she is to wear gowns and eye protection with those on isolation, in addition to a K95 and gloves. CNA D indicated she is working with R1 who is positive for COVID-19 and working with residents on the unit/wing who are COVID negative. Example 4 On 10/21/20 at 10:43 AM, Surveyor observed RN E go down the hallway to R1's room. RN E looked through the isolation bin outside R1's room RN E appeared unable to find the items she was looking for. Surveyor observed RN E reach for a gown that was hanging outside of R1's doorway. RN E placed the reusable cloth gown on. Surveyor observed two gowns hanging up on R1's door. RN E removed a gown from the door hook. Surveyor observed the gown underneath to be touching the inside of the other gown, as both gowns were touching each other. On 10/21/20 at 10:49 AM, Surveyor observed RN E come out of R1's room at this time and remove her gown in the doorway and then proceed to hang it up on the outside of R1's doorway, without gloves on. RN E removed her shield and placed it on the fire pull station outside R1's room without cleaning off her shield. RN E then removed her K95 mask and put on a surgical mask, without performing hand hygiene in between masks. RN E used ABHR before placing her K95 in a plastic bag and leaving the unit. On 10/21/20 at 11:10 AM, Surveyor interviewed RN E regarding observations. RN E indicated that the bottom gown could be contaminating by the top gown. RN E indicated she is unable to say who the other 5 shields belong to on the railing outside of R1's room. RN E indicated that hand hygiene is to be done after taking off your gown, gloves and mask, as you would use gel (ABHR) then put on a new mask. Example 5 On 10/21/20 at 10:45 AM, Surveyor observed MR F (Medical Records) leave the Medical Records office and go into R6's room while wearing just a surgical mask. MR F came out of R6's room carrying R6's breakfast tray, which MR F took off the unit. On 10/21/20 at 2:10PM, Surveyor interviewed DON B regarding infection control and COVID-19. DON B indicated the surveillance and tracking/trending of non-covid resident infections during the month of September and October included reviewing all residents with changes, SBARS (Situation, Background, Assessment, and Recommendations) are completed and reading daily progress notes. DON B indicated CNA D should of performed hand hygiene between going from R1 to R5. DON B indicated CNA D should not have a gown on while in the hallway and that hand hygiene is to be done when leaving rooms. DON B indicated there should not be more than one reusable gown hanging up to be re-used. DON B indicated hand hygiene is to be done between changing from a K95 to a surgical mask and from a surgical mask to a K95. DON B indicated face shields are to be cleaned when staff leave isolation rooms. Surveyor and DON B went over Page 5 of the Critical Element Pathway, which states in part: For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit. DON B indicated the facility is not doing that currently for the 400 wing and they should be. On 10/23/20 at 7:33 AM, Surveyor received and reviewed additional information from DON B regarding this cite.</p> <p>Example 6 On 10/21/20 at 10:13 AM, Surveyor observed CNA H walking through the hallway on the Alzheimer's Care Unit with her surgical mask covering her mouth but not her nose. CNA H entered R8's room, and stood directly beside him as he was seated in his chair. CNA H's mask was not covering her nose and she was within 1-2 feet of the R8. Example 7 On 10/21/20 at 10:33 AM, Surveyor observed CNA H go to and from the linen closet from R10, R8, and R9. No hand hygiene was done. Then CNA H took an afghan to R14 who was sitting in her wheelchair in the hallway near the nurse's station. CNA H wrapped the afghan around R14's shoulders and back. CNA H again did not perform hand hygiene and continued to wear her mask below her nose.</p> <p>Example 8 On 10/21/20 at 10:40 AM, Surveyor observed CNA H, who had already entered R11's room assisting R11 with incontinent cares in R11's bathroom. CNA H was next to R11 in small bathroom, reaching over her for supplies, and continued to wear her mask below her nose. Surveyor stepped out of the room to complete an interview with another staff member, Hospitality I. At 10:46 AM, CNA H left R11's room without performing hand hygiene. CNA H went directly to a linen closet in the hallway and entered keypad entry code, took an item out and returned to R11's room with the item without performing hand hygiene, and then left the room, went to a separate second linen closet and entered the keypad entry code for that door for access without performing hand hygiene. Surveyor then observed CNA H walk down the hallway, touch her surgical mask with her right hand and did not perform hand hygiene before entering R12's room to tell R12 it was almost time for lunch. CNA H continued to wear her facemask below her nose. Example 9 On 10/21/20 at 10:58 AM, Surveyor observed CNA H walking through the hallway with a stand lift machine and enter R13's room. CNA H did not complete hand hygiene upon entering the room, but did put on gloves. CNA H continued to wear her mask below her nose while in direct contact with R13, standing next to R13, placing the stand lift sling around her, standing face to face in front of R13 while hooking up the sling to the stand lift, and speaking directly in front of R13's face. R13 was not wearing a mask. The transfer was completed from recliner to wheelchair, and CNA H removed the sling from the stand and away from R13, placing herself directly in front of R13 again. CNA H set up R13's side table next to her, touching the table and items on top of it, as well as the call light. CNA H removed gloves, touched her facemask and pulled it down below her mouth to ask R13 if she needed anything else, then washed her hands and left the room. Surveyor then spoke with CNA H regarding proper use of PPE and hand hygiene. When Surveyor asked CNA H if she had ever been instructed on the proper way to wear a surgical mask, she responded, Oh, you mean over the nose? Yes. And proceeded to touch her mask again. Surveyor asked CNA H when staff should be washing their hands or using hand sanitizer. CNA H stated, After cares or touching personal items. Surveyor asked CNA H if she should have washed her hands prior to putting gloves on to care for R13 and she said, Yes. On 10/21/20 at 11:12 AM, Surveyor observed CNA H in the hallway with her facemask still below her nose, only covering her mouth. On 10/21/20 at 10:17 AM, Surveyor spoke with CNA H to ask if she recalled the facility providing any recent education on COVID-19 or infection control information. CNA H stated she had not seen any flyers or anything lately and that they were too busy. In speaking with CNA H regarding personal protective equipment supply and mask policy for residents, CNA H touched her mask, pinching the front of it with two fingers, pulled it down below her mouth, and answered Surveyor's question, and placed mask back over her mouth, but did not cover her nose with the mask. CNA H did not complete hand hygiene after touching her mask or at the end of Surveyor interview. CNA H then went directly into R9's room, spoke to R9, left R9's room, went to the linen storage closet, entered the code to open the door, retrieved an item of linen, returned to R9's room with the item, and again left R9's room. CNA H did not complete hand hygiene throughout this observation and continued to wear her mask below her nose. Example 10 On 10/21/20 at 10:26 AM, Surveyor interviewed RN G (Registered Nurse) regarding use of PPE (Personal protective equipment) and hand hygiene. RN G stated that appropriate use of a mask is to wear it so that it covers both the mouth and the nose. RN G also indicated hand hygiene should be done before and after all resident contact or cares. On 10/21/2020 at 2:40 PM, Surveyor spoke with DON B who stated she expects staff to wear masks so that they cover both the mouth and nose completely. DON B also indicated that hand hygiene should be completed prior to putting on gloves.</p>		