

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER GREENWAY MANOR		STREET ADDRESS, CITY, STATE, ZIP 501 S WINSTED PO BOX 759 SPRING GREEN, WI 53588	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to prevent possible transmission of COVID-19 by failing to: restrict employees with potential symptoms of COVID-19 from work per the Centers for Disease Control and Prevention's (CDC) guidance for return to work for healthcare professionals and screen employees for all the potential symptoms of COVID-19 infection prior to the beginning of their shift. This had the potential to affect all 44 residents residing in the facility at the time of the survey. Findings include: At the time of the survey the facility had one confirmed COVID-19 positive resident and one confirmed COVID-19 positive staff. The confirmed positive resident had expired. 1. According to the CDC Return to Work Criteria for HCP (Health Care Provider) with Suspected or Confirmed COVID-19, Symptomatic HCP with suspected or confirmed COVID-19 (Either strategy is acceptable depending on local circumstances): Symptom-based strategy. Exclude from work until: At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, At least 10 days have passed since symptoms first appeared Test-based strategy. Exclude from work until: Resolution of fever without the use of fever-reducing medications and Improvement in respiratory symptoms (e.g., cough, shortness of breath), and Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of [DIAGNOSES REDACTED]-CoV-2 RNA from at least two consecutive respiratory specimens collected 24 hours apart (total of two negative specimens) . retrieved [DATE] from https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html Review of the facility's Infection Control Log, dated [DATE] to [DATE], and the corresponding time records, revealed, the following two staff were allowed to return to work after reporting potential symptoms of COVID-19 without meeting the CDC criteria for return to work for healthcare providers: Nursing Assistant (NA2), .Onset date [DATE]. Symptoms: sore throat, cough. (Negative) COVID . Review of NA2's time record revealed, NA2 worked on [DATE], four days after the reported onset of symptoms. NA1, .Onset date [DATE]. Symptoms: sore throat feels warm. Testing for COVID [DATE] off work until results. May come back 24 (hours no) fever .(Negative) COVID. Review of NA1's corresponding time record revealed, NA1 worked on [DATE], four days after the reported onset of symptoms. During an interview on [DATE] at 1:13 pm, with the Director of Nursing (DON), when asked if the facility was using the CDC's symptom based or the test based criteria for return to work for healthcare providers, the DON stated that the facility uses the test based criteria. When asked if NA1 and NA2 had two negative COVID-19 tests prior to returning to work per the CDC test based criteria, the DON confirmed that the staff only had one negative test prior to returning to work. The DON also stated the public health department instructed the facility that if symptomatic staff have a negative COVID test they can return to work after [DATE] hours. The DON then stated, This is the problem. If CMS (Centers for Medicare and Medicaid), the CDC, Public Health could all agree on something. What are we supposed to do when we are being told different things. During an interview on [DATE] at 1:15 pm, with the Administrator, when asked if the facility required staff to have two negative COVID-19 tests prior to returning to work per the CDC test based criteria, the Administrator stated, We weren't aware and we checked with public health and they thought they (staff) only needed one test too. 2. According to the CDC, Preparing for COVID-19 in Nursing Homes, .Screen all HCP at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace . retrieved [DATE] from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html. According to the CDC, Symptoms of Coronavirus, .People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear [DATE] days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills; Cough; Shortness of breath or difficulty breathing; Fatigue; Muscle or body aches; Headache; New loss of taste or smell; Sore throat; Congestion or runny nose; Nausea or vomiting; Diarrhea . retrieved [DATE] from https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html. Review of the facility's Infection Prevention Coronavirus (COVID-19) Employee Symptom Evaluation, dated [DATE], revealed the form only screened employees for three potential symptoms of COVID-19: temperature, shortness of breath, and new or worsening cough. The facility's employee screening did not include the following potential symptoms of COVID-19: fatigue; muscle or body aches; headache; new loss of taste or smell; sore throat; congestion or runny nose; nausea or vomiting; or diarrhea. During an interview on [DATE], with the DON, when asked why the facility was not screening employees for all the potential symptoms of COVID-19, the DON stated, We would have no staff if we did all the symptoms. Review of the facility's Coronavirus (COVID-19) Prevention and Outbreak Control Policy and Procedure, dated [DATE], revealed, Screening Employees: Facility will actively verify absence of fever and respiratory symptoms when employees report to work-beginning of their shift. Document temperature, absence of shortness of breath and new or change in cough If employee is ill, employee will put on a facemask and self-isolate at home Employees who develop symptoms to COVID-19 (fever, cough, and shortness of breath) will be instructed to not report to work and referred to public health authorities for testing, medical evaluation recommendations and return to work instructions. Employees who develop symptoms on the job will be: Instructed to immediately stop work and provided with a facemask Instructed on self-isolation at home The Infection Preventionist will work with the employee to identify individuals, equipment and locations the employee came in contact with The Infection Preventionist will contact the local health department for recommendations on next steps . The facility policy did not include: all of the potential symptoms of COVID-19 infection and the current CDC guidance for return to work for healthcare professionals.</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.