

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/02/2020
NAME OF PROVIDER OF SUPPLIER BAY AT EASTVIEW HEALTH AND REHABILITATION (THE)		STREET ADDRESS, CITY, STATE, ZIP 729 PARK ST ANTIGO, WI 54409	
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 - Few	Provide and implement an infection prevention and control program. 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 care observations involving 1 Resident (R) (R1) of 3 sampled residents. Staff did not appropriately cleanse hands per standards of practice during cares for R1. Findings include: The Morbidity and Mortality Weekly Report dated 10/25/02 and published by the CDC (Centers for Disease Control and Prevention) entitled Guideline for Hand Hygiene in Health Care Settings indicated recommendations to wash hands after removing gloves and to decontaminate hands after contact with body fluids or excretions and when moving from a contaminated body site to a clean body site during patient care. The above information can also be found at: https://www.cdc.gov/handhygiene/providers/index.html with the page last reviewed on March 15, 2016 and the page last updated on March 24, 2017. 1. On 7/2/2020 at 1:45 PM, the Surveyor observed CNA (Certified Nursing Assistant)-C and CNA-D assist R1 with incontinence cares. CNA-C and CNA-D washed hands and put gloves on. CNA-C cleansed soft stool from R1's anal and buttocks areas with disposable wipes. Without removing gloves, and without washing or sanitizing hands, CNA-C placed two clean disposable briefs under R1's buttocks, rolled R1 over by the hip area, cleansed more soft stool from R1's anal and buttocks areas, and started to attach the first brief. CNA-C stopped attaching the brief, removed gloves, and without washing or sanitizing hands, CNA-C attached both briefs, opened R1's night stand, placed the container of disposable wipes in the drawer of the night stand, assisted CNA-D with boosting R1 up in bed with hands on the draw sheet, covered R1 with blankets, placed the bed remote control on R1's blanket on the bed, attached the call light to R1's blanket, opened the privacy curtain, and moved R1's tray table. CNA-C then sanitized hands. On 7/2/2020 at 2:17 PM, the Surveyor interviewed CNA-C regarding hand hygiene observations when providing incontinence cares for R1. CNA-C verified R1 was incontinent of soft stool and stated I'm confused, didn't know I didn't do it right. CNA-C then verified hands should be sanitized or washed after removing gloves, and when going from a dirty area to a clean area.		
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.