

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525412</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BIRCH HILL HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1475 BIRCH HILL LANE SHAWANO, WI 54166</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observations and staff interviews, the facility did not ensure staff wore appropriate Personal Protective Equipment (PPE) or perform proper hand hygiene for 1 Resident (R) (R3) of 2 residents observed during provision of cares. Certified Nursing Assistant (CNA)-D did not wear eye protection or gown during cares of R3 who was considered on isolation precautions and did not perform proper hand hygiene when providing R3 incontinent cares. Findings Include: The CDC (Centers for Disease Control and Prevention) guidance entitled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic found at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a>, with a date of 5/20/2020, states: Eye Protection Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Ensure that eye protection is compatible with the respirator so there is not interference with proper positioning of the eye protection or with the fit or seal of the respirator. Remove eye protection after leaving the patient room or care area, unless implementing extended use. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse. Gowns: Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. On 6/23/20, Surveyor reviewed the medical record of R3 which indicated R3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. from the lungs). R3 left for a medical appointment on 6/17/20 and returned the same day. On 6/23/20 at 9:40AM, Surveyor observed CNA-D and Certified Occupational Therapy Assistant (COTA)-C assist R3 onto the toilet. COTA-C wore a mask and goggles. COTA-D put on a cloth gown which was hanging in R3's room. COTA-C washed hands then donned gloves. CNA-D wore a mask and performed hand hygiene. CNA-D did not have on gloves, goggles, or gown. COTA-C asked CNA-D, Isn't (R3) still on isolation? CNA-D stated, I don't think so because (R3) was outside smoking. Both staff prepared R3 for transfer from wheelchair to toilet with sit-to-stand mechanical lift. R3 was moved into bathroom using lift. CNA-D donned gloves, pulled R3's pants down, removed R3's wet brief. CNA-D removed gloves, and without performing hand hygiene, touched lift controls to lower R3 onto the toilet. CNA-D then touched own face mask to adjust, obtained clean incontinent brief and placed clean incontinent brief in bathroom on lift. CNA-D washed hands, placed call cord within R3's reach, and left room. CNA-D performed hand hygiene immediately outside R3's room in hall. Meanwhile, COTA-C, with gloved hands, placed wet brief in garbage, removed gloves, washed hands, removed cloth gown inside-out and hung in room, then performed hand hygiene immediately outside R3's room in hall. On 6/23/20 at 9:50AM, Surveyor observed CNA-D and Director of Nursing (DON)-B assist R3 off the toilet. DON-B obtained face shield for CNA-D and stated, (R3) comes out of isolation tomorrow. CNA-D had on mask, face shield, donned cloth gown from room inside-in, performed hand hygiene and donned gloves. DON-B had on mask, face shield, applied plastic gown, performed hand hygiene and applied gloves. CNA-D placed clean brief on R3. DON-B assisted R3 to standing position using sit-to-stand lift controls. CNA-B wiped R3's perineal area front to back with wet disposable cloth and, without changing gloves and performing hand hygiene, adjusted clean product and pulled R3's pant up. DON-B assisted with adjustment of R3's pants. CNA-D removed gloves and washed hands. Both CNA-D and DON-B moved R3 using sit-to-stand lift to wheelchair and disconnected lift from R3. DON-B removed gloves, removed gown, placed gown in garbage, and washed hands. CNA-D donned one glove, flushed toilet with gloved hand, removed glove, washed hands, removed cloth gown inside-out and hung in room. CNA-D performed hand hygiene immediately outside R3's room in hall. On 6/23/20 at 10:00AM, Surveyor interviewed CNA-D who indicated this was the first shift working in facility as agency CNA. CNA-D indicated being unaware R3 was considered on isolation precautions until learned from DON-B just prior to assisting R3 off toilet. CNA-D indicated CNA-D had received no education from facility at beginning of shift that R3's hall was considered isolation hall. On 6/23/20 at 10:05AM, Surveyor interviewed DON-B who indicated R3 is in facility for short-term care. DON-B indicated facility policy was for all new admissions to be automatically on 14-days of isolation. DON-B indicated R3 was on isolation because R3 was out for an appointment, and facility policy is when a resident leaves the facility for an outside appointment, that resident is placed on isolation for 14-days. DON-B verified staff should be wearing full PPE for all cares when a resident is on isolation. DON-B stated, (CNA-D) should have had education when (CNA-D) came in, we have a binder for agency orientation. PPE education might be verbal. DON-B verified expectation of eye protection and gown during R3's cares was not followed by CNA-D during Surveyor's first observation of care and that hand hygiene was not performed correctly by CNA-D as indicated in observation notes above. On 6/23/20 at 10:50AM, as Surveyor was exiting facility, DON-B told Surveyor, The nurse did not go over orientation packet with (CNA-D) this morning.</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.