

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER BROOKFIELD REHAB AND SPECIALTY CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 18740 W BLUEMOUND RD BROOKFIELD, WI 53045	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on a complaint received at the Southeastern Regional Office, observation, interview and record review the facility did not establish and maintain an Infection Control Program designed to provide a safe environment to help prevent the development and transmission of disease and infection (such as COVID-19). * The Facility's test based strategy utilized to determine when Certified Nursing Assistants (CNA)-D, CNA-E & CNA-F could return to work was not based on CDC (Center for Disease Control) recommendations. CNA-D, CNA-E & CNA-F returned to work before CDC's recommended time period. This had the potential to affect 40 Residents residing on the 2nd floor. * On 6/27/20 R2 went out on pass to a wedding. When R2 returned to the Facility he returned to his room with R1. R2 was not placed in a private room to quarantine according to the Facility's procedure. * On 7/20/20 CNA-O was observed delivering a lunch tray to R11 wearing a cloth mask. * The Facility did not implement the required PPE (personal protective equipment) which includes eye protection, N95 masks, and gown for Residents who were on a 14 day quarantine. This has the potential to affect 28 Residents including observations with R12, R13, & R14. Findings include: The Coronavirus (COVID-19) policy & procedure with a date of origin of 3/4/20 and an effective date of 7/13/20 documents CDC (Center for Disease Control) guidance regarding use of homemade masks: Homemade mask are not considered PPE (personal protective equipment), since their capacity to protect team members is unknown, caution should be exercised when considering this options for homemade masks (banana, scarf). For additional protection, team members may choose to line the inner portion of a homemade mask with a coffee filter. Note: While surgical facemask's are available, cloth facemask's are not to be worn in place of or instead of a surgical facemask while in the community. Under Residents with suspected COVID-19/Persons Under Investigation (PUI) documents: If a resident exhibits fever, respiratory illness, or GI (gastrointestinal) illness, or has close contact with a known +COVID 19 case, place the resident in a private room with the door closed and immediately initiate droplet precautions. Under team member documents 1. Refer to the Coronavirus (COVID-19) Team Member Guidelines and the Coronavirus (COVID-19) Team Member Decision Tree for guidance. 2. Team members are instructed that they may resume work in accordance with the recommendations outlined within the COVID-19 Return to Work Guidelines. 1.) The CDC (Center for Disease Control and Prevention) Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed COVID-19 (Interim Guidance) as of April 30, 2020 documents Return to Work Criteria for HCP 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: Excluded 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 (food and drug administration) Emergency Use Authorized COVID-19 molecular assay for detection of [DIAGNOSES REDACTED]-CoV-2 RNA from at least two consecutive respiratory specimens collected > (greater than) 24 hours apart (total of two negative specimens) (1) See interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). Of note, there have been reports of prolonged detection of RNA without direct correlation to [MEDICAL CONDITION] culture. The COVID-19 Return to Work Guidelines dated 5/11/20 documents for #1. Team members with confirmed or suspected COVID-19 who are symptomatic. (Please note: The CDC (Center for Disease Control) recommends use of the test-based strategy as the preferred method for determining when a team member may return to work. However, if the test-based strategy is not possible, the time-based strategy may be used). a. Test-based strategy: The team member may return to work if the following conditions have been satisfied: Resolution of fever without the use of fever-reducing medications; and Improvement in respiratory symptoms (e.g., cough, shortness of breath); and Negative results from at least two (2) consecutive nasopharyngeal (NP) swab specimens collected > 24 hours apart (total of 2 negative specimens); OR Negative test results from at least (1) NP swab specimen; and Asymptomatic since the date of the test; and At least 5 days have passed since recovery. b. Time-based strategy: The team member may return to work if all of the following conditions have been satisfied: At least 3 days (72 hours) have passed since recovery, which is defined as resolution of fever without use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath); and At least 10 days have passed since signs and symptoms first appeared. If possible, the team member must wear a surgical mask at all times for 14 days from the date of illness onset. On 7/13/20 Surveyor received via email the staff tracking list. Surveyor reviewed this line listing date of onset 5/15/20 thru the last employee with a date of onset 7/8/2020. Surveyor noted CNA (Certified Nursing Assistant)-D's date of onset is 06/04/2020. Under symptoms documents sent home on 6/4 d/t (due to) vomiting, was tested . Under date resolved is 6/11/2020 and under comments documents tested - negative. Clear to return to work 6/11. Surveyor noted CNA-E's date of onset is 06/06/2020. Under symptoms documents called in on 6/6 with fever, cough, temp. (temperature), was tested .[DATE]. Date resolved is 6/12/2020 and under comments documents tested and results negative. Clear to return to work 6/12. Surveyor noted CNA-F's date of onset is 6/30/2020. Under symptoms documents SOB (shortness of breath) and cough). Date resolved is 07/08/2020 and under comments documents COVID test was negative. RTW (return to work) 7/8/2020. On 7/14/20 at 11:29 a.m. Surveyor spoke with HRD (Human Resource Director)-C along with Administrator-A on the telephone regarding the employee staff tracking list (line list) which Surveyor received on 7/13/20. Surveyor inquired what does date resolved mean. HRD-C informed Surveyor it is the date the employee is cleared to come back to work. Surveyor asked HRD-C when CNA-D was tested for COVID-19. HRD-C informed Surveyor on 6/8/20. Surveyor inquired how it is determined when an employee can return to work. HRD-C explained it depends on whether the employee has had close contact, exhibited symptoms or has traveled. Surveyor inquired about employees with symptoms. HRD-C informed Surveyor there is a COVID-19 decision tree and COVID-19 return to work guidelines which he follows. HRD-C informed Surveyor there are three criteria which can be used to determine when an employee can return to work. HRD-C explained the first is the employee doesn't have a fever & hasn't taken fever reducing medication, there is an improvement in respiratory symptoms and two negative nasopharyngeal swabs at least 24 hours apart. The second is one negative test, Asymptomatic since the test and 5 days have passed since recovery. The third is at least 3 days have passed since recovery and at least 10 days have passed since signs and symptoms first appeared. Surveyor inquired how HRD-C determined when CNA-F could return to work as CNA-F developed symptoms on 6/30/20, tested negative on 7/2/20 and returned to work on 7/8/20 which was 8 days later. HRD-C informed Surveyor CNA-F had no further signs or symptoms and it was 5 days since date of test. Surveyor asked where the 5 days was based from. Administrator-A informed Surveyor it should be based on CDC guidelines. Surveyor informed HRD-C and Administrator-A the first and third criteria are from the CDC but Surveyor hasn't been able to locate in the CDC or State guidelines the 2nd criteria. Administrator-A informed Surveyor she'll have to look, she will reach out to Corporate and will get back to Surveyor. Surveyor informed HRD-C the date resolved is the date the employee is cleared to return to work but may not have come back to work and asked HRD-C to provide Surveyor with the first day CNA-D, CNA-E, & CNA-F returned to work. On 7/14/20 at 4:06 p.m. Surveyor reviewed the employee line listing</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 - Some	<p>(continued... from page 1)</p> <p>which was emailed by Administrator-A. Surveyor noted this line list now included a column entitled 1st day back at work. Surveyor noted the following: CNA-D date of onset was 6/4/20, was vomiting, had one COVID-19 test which was negative, and 1st day back at work is documented as 6/12/20. Surveyor noted CNA-D returned to work in 7 days. CNA-E date of onset is 6/6 when CNA-E called into work with symptoms of fever & cough, had one COVID-19 test which was negative and 1st day back at work is documented as 6/12/20. Surveyor noted CNA-E returned to work in 6 days. CNA-F date of onset is 6/30/20, had symptoms of shortness of breath & a cough, had one COVID-19 test which was negative and 1st day back at work is documented as 7/8/20. Surveyor noted CNA-F returned to work in 8 days. On 7/15/20 at 11:39 a.m. Surveyor spoke with CMD (Corporate Medical Director)-G on the telephone regarding the Facility's second test based strategy located in the COVID 19 return to work guidelines. Surveyor inquired where this criteria which included only one NP (nasopharyngeal) swab specimen, asymptomatic since testing and at least 5 days have passed came from as Surveyor did not note this criteria in CDC or State's guidance. CMD-G explained the CDC basically had two types of testing 2 swabs or no swabs. At the time the guidance came out they were very short staffed in their facilities and short with lab testing supplies. CMD-G indicated she spoke to several infectious disease physicians in senior care and based on that if the employee was swabbed once and no longer had a fever five days would be an appropriate time to come back to work. CMD-G informed Surveyor now this is not the case as they are not short of staff, have testing supplies, and this criteria is not consistent with CDC guidelines. CMD-G informed Surveyor they will change their policy and will be changed at the corporate level. Surveyor asked when this criteria was initially developed. CMD-G informed Surveyor the criteria was developed when COVID-19 was first starting out. On 7/20/20 at 12:51 p.m. Surveyor asked HRD-C who determines when an employee can return to work. HRD-C replied me. Surveyor asked HRD-C if he has spoken with Waukesha County Public Health regarding the criteria of only one test, asymptomatic since the date of test and 5 days have passed. HRD-C replied no I didn't and explained he just checked the policies Five Star (the Facility's corporation) has for them. HRD-C informed Surveyor Administrator-A told him Five Star is changing their policy and he hasn't used that criteria since speaking with the Surveyor. On 7/20/20 at 1:13 p.m. Surveyor asked Administrator-A if she's had any conversation with Waukesha County Public Health regarding the criteria of only one test, asymptomatic since the date of test and 5 days have passed. Administrator-A informed Surveyor DON (Director of Nursing)-B has had all the conversations with public health. On 7/20/20 at 1:47 p.m. Surveyor asked DON-B if she has spoken to Waukesha County Public Health regarding the criteria of only one test, asymptomatic since the date of test and 5 days have passed. DON-B informed Surveyor she has only spoken to public health regarding positive COVID staff. 2.) Current CDC (Centers for Disease Control) Guidelines (Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) note in part: . Considerations for new admissions or readmissions to the facility . A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. R2's incident report for date of incident 6/27/20 under brief description of incident documents Resident went out to daughter's wedding. Upon return to facility, was placed in isolation but placed back into room with roommate. Under final outcome/disposition documents Resident properly isolated & placed into isolation upon return but should have been in private room not with roommate. Staff education. Covid 19 test negative. R2's incident follow up form, not dated, for the question what happened? documents: Pt went out to wedding - Pt (patient) returned was placed on isolation - was not placed in separate room. For the question why/how did happen documents He was asymptomatic & nurse (supervisor) thought it was ok for him to go back to his room & placed on isolation. Supervisor re educated. For the question what correction were completed Staff were educated on Covid isolation & room placement. Quarantine x (times) 14 days. The late entry nurses note dated 6/27/20 created on 6/30/20 documents Upon returning from pass, placed in droplet isolation for 14 days. The physician order [REDACTED]. Ends on 7/13/20. The physician communication note dated 7/1/20 documents Situation: Resident with possible contact with Covid-19. Background: Was out to wedding on pass Saturday June 25 (27), 2020. Needs screen for Covid. Assessment (RN) (registered Nurse)/Appearance (LPN) (Licensed Practical Nurse): Recommendations: Covid nasal swab ordered per Medical Director-K. The nurses note dated 7/2/20 documents Covid swab negative. The nurses note dated 7/7/20 documents Isolation precaution maintained. On 7/13/20 at 11:25 a.m. Surveyor spoke with DON (Director of Nursing)-B on the telephone. Surveyor asked DON-B when are residents placed in precautions and what type. DON-B informed Surveyor according to their policy when a Resident is admitted , readmitted , or out on pass they are placed on a 14 day quarantine, droplet precaution and in a private room or semi private upstairs if there is no roommate. On 7/14/20 at 12:25 p.m. Surveyor spoke with DON-B on the telephone. Surveyor asked if a Resident goes out of the Facility on pass or appointment when they return are there any precautions implemented. DON-B informed Surveyor the Resident is placed in a 14 day quarantine & on droplet precautions in a private room and they are monitored. Surveyor asked DON-B when R2 returned from pass why was he placed back in a room with R1. DON-B informed Surveyor R2 should not have gone into the room with R1. DON-B indicated they did a report and educated staff. On 7/20/20 at 10:14 a.m. Surveyor asked LPN (Licensed Practical Nurse)-L if a Resident goes out of the Facility on pass or appointment when they return are there any precautions implemented. LPN-L informed Surveyor the Resident is placed on droplet isolation for 14 days in a private room. On 7/20/20 at 10:44 a.m. Surveyor asked LPN-M if a Resident goes out of the Facility on pass or appointment when they return are there any precautions implemented. LPN-M informed Surveyor the Resident is placed on quarantine for 14 days by themselves. On 7/20/20 at 10:53 a.m. Surveyor asked LPN-J if a Resident goes out of the Facility on pass or appointment when they return are there any precautions implemented. LPN-J informed Surveyor the Resident is placed on isolation and quarantined for 14 days. Surveyor inquired if they could be with another Resident. LPN-J informed Surveyor they would be in a private room or by themselves. On 7/20/20 at 12:28 p.m. Surveyor asked RN (Registered Nurse) Manager-N if a Resident goes out of the Facility on pass or appointment when they return are there any precautions implemented. RN Manager-N informed Surveyor the Resident is quarantined in a room by themselves for 14 days and get screened for COVID. 3.) On 7/20/20 at 11:59 a.m. Surveyor observed CNA (Certified Nursing Assistant)-O deliver R11's lunch tray to R11 in her room. Surveyor observed CNA-O was wearing a black cloth mask. When CNA-O came into the hall from R11's room, Surveyor asked CNA-O if the mask she is wearing is a cloth mask. CNA-O replied yes. Surveyor asked CNA-O if she is wearing a surgical mask under the cloth mask. CNA-O replied no. At 12:03 p.m. Surveyor asked CNA-O how many Residents she has on her assignment today. CNA-O informed Surveyor she has 9 residents. At 12:26 p.m. DON-B asked Surveyor if she could speak with Surveyor along with CNA-O. DON-B informed Surveyor staff have been educated on wearing surgical masks and asked CNA-O to speak with Surveyor. CNA-O informed Surveyor she did have a surgical mask on but around 10:00 a.m. it broke off and she didn't get another surgical mask because she was busy taking care of her Residents. CNA-O informed Surveyor she had just come back from lunch when Surveyor asked her about her mask. At 3:04 p.m. Surveyor informed Administrator-A and DON-B of the observation of CNA-O delivering R11's lunch tray wearing a cloth mask. 4.) The Interim Personal Protective Equipment (PPE) Use Guidelines and Strategies to Optimize the Supply of Equipment policy dated 7/13/20 under purpose documents This document offers interim guidelines for the use of personal protective equipment (PPE) and a series of strategies or options to optimize PPE supplies when there is a limited supply (contingency or crisis supply capacity). Under N 95 masks documents 1. Interim Use Guideline: Team members should wear N95 mask during direct resident care activities and interactions with COVID+/PUI (test pending) residents, during aerosol generating procedures and if mandated by state or local health department. For all communities, follow crisis capacity strategies. 2. Contingency Capacity Strategies: a. Implement extended use of N95 masks (discard only if soiled, damaged or contaminated) without removing facemask in between encounters; b. Restrict use of facemask to team members only. Assign a mask to appropriate team members for individual use. A breathable clean container (example; brown paper bag) can be used for storage. 3. Crisis Capacity Strategies: a. Use N95 facemask beyond the manufacturer-designed shelf life; b. Implement limited re-use of facemasks for multiple encounters with different residents while removing facemasks in between encounters; c. Prioritize use of N95 facemask for selected high risk activities (nebulizer treatments, [MEDICAL CONDITIONS]), direct resident care and interactions with COVID+/PUI testing pending residents. Facemasks should be used for all other resident care activities and interactions as outlined in Section A; d. Assign a mask to appropriate team members for individual use. A breathable clean container (example; brown paper bag) can be used for storage. Under gowns documents 1. Interim Use Guideline: Team members are expected to use gowns during direct resident care when soiling is likely, entering a COVID + resident room/apartment and if mandated by state or local health department. 2. Contingency Capacity Strategies: a. Use cloth</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 2)</p> <p>isolation gowns that can be laundered; b. Consider use of plastic aprons; c. Consider the use of overalls and lab coats. Under Eye protection/Face shields documents 1. Interim Use Guideline: Team members are expected to wear eye protection during direct resident care in COVID+/PUI (test results pending) communities, during aerosol generating procedures and if mandated by state or local health department. For all communities follow crisis capacity strategies. 2. Contingency Capacity Strategies: a. Use re-usable devices for eye protection (goggles and reusable face shields); b. Implement extended use of eye protection for repeated encounters with different residents (remove eye protection in between encounters. 3. Crisis Capacity strategies: a. Implement extended use of eye protection for repeated encounters with different residents (remove eye protection in between encounters). b. Consider using safety glasses that have extender to cover sides of eyes; c. Use eye protection beyond the manufacturer-designed shelf life; d. Prioritize use of eye protection for selected high risk activities (nebulizer treatments, [MEDICAL CONDITIONS]). e. Assign a mask to appropriate team members for individual use. A breathable clean container (example; brown paper bag) can be used for storage. On 7/13/20 at 11:25 a.m. Surveyor spoke with DON (Director of Nursing)-B on the telephone. Surveyor asked DON-B when are residents placed in precautions and what type. DON-B informed Surveyor according to their policy when a Resident is admitted , readmitted , out for an essential appointment or on pass they are placed on a 14 day quarantine, droplet precaution and in a private room or semi private upstairs if there is no roommate. Surveyor asked what PPE do staff wear. DON-B informed Surveyor mask, gloves, they are in contingency capacity so gowns are available for contact with body fluids. On 7/20/20 at 8:56 a.m. Surveyor met with Administrator-A for the onsite survey. During this meeting Surveyor asked and was provided with a list of admissions/readmissions from 7/1/20 to 7/20/20 and a list of Residents who went out on pass or went to an appointment. Surveyor reviewed the admission list and noted R12 was admitted to the facility on [DATE] and R14 was admitted on [DATE]. Surveyor noted on the list of essential appointments July 2020 R13 is listed for July 10. On 7/20/20 at 9:58 a.m. Surveyor observed Dietitian-S remove a plastic apron and gloves from the isolation cart, place these items on, enter R13's room and shut the door. Dietitian-S was not wearing a gown, N95 mask, or eye protection. R13 went out for an essential appointment on 7/10/20. On 7/20/20 at 10:03 a.m. Surveyor observed CNA (Certified Nursing Assistant)-R in R14's room. CNA-R was wearing a surgical mask, short sleeve white paper gown, and gloves. CNA-R was not wearing any eye protection, N95 mask or gown. On 7/20/20 at 11:14 a.m. Surveyor observed PT (Physical Therapy)-P in R12's room wearing gloves, mask, and a short sleeve white gown. Surveyor heard PT-P tell R12 after she leaves R12 can take off her mask. After PT-P exited R12's room Surveyor asked PT-P what PPE (personal protective equipment) she has to wear with R12. PT-P informed Surveyor mask, gown, goggles & gloves as R12 is still on isolation. PT-P informed Surveyor therapists have to wear goggles as they are in a Resident's room for half an hour to 45 minutes. Surveyor observed PT-P was wearing goggles over her glasses. On 7/20/20 at 11:23 a.m. Surveyor observed CS (Central Supply)-Q place plastic aprons and white paper gowns in the isolation cart located on the 1 west unit. Surveyor inquired if CS-Q was responsible for filling the isolation carts. CS-Q informed Surveyor she was. CS-Q indicated she checks the carts daily and on Friday when she doesn't work the weekend she places extra items in the cart. Surveyor asked about the Facility's personal protective equipment. CS-Q explained they have yellow gowns, blue gowns, white gowns, aprons and gloves. Surveyor asked if there are any yellow gowns in the isolation carts. CS-Q replied no. Surveyor asked why not. CS-Q informed Surveyor they are keeping them in case someone is positive. CS-Q informed Surveyor they also have thicker blue gowns and face shields but are not putting them on the floor. Surveyor asked CS-Q what she is putting in the isolation carts. CS-Q informed Surveyor plastic aprons, white short sleeve paper gowns and she checks the gloves. Surveyor asked if they have eye protection. CS-Q informed Surveyor they have goggles and face shields. CS-Q explained when they are doing testing she puts these items out. Surveyor asked CS-Q if Surveyor could see the Facility's PPE (personal protective equipment) in storage. At 11:33 a.m. Surveyor accompanied CS-Q to the basement storage where CS-Q has gown, gloves, face shield, and goggles. CS-Q also showed Surveyor they recently received washable gowns. Surveyor asked when they would use the washable gowns. CS-Q explained when they went through their yellow and blue gowns they would use the washable gowns. Surveyor asked CS-Q if she has a count on the number of PPE she has. CS-Q informed Surveyor she has a spread sheet and is able to tell Surveyor. At 11:37 a.m. CS-Q informed Surveyor she has 100 small gloves, 340 medium gloves, 484 large gloves, and 340 extra large gloves. She has 360 blue gowns which are thick plastic with sleeves, 30 cases of yellow gowns and there are 50 gowns to a case, 200 full face shields, 125 goggles, 100 other plastic face shields, 100 pairs of shoe covers, 300 N95 masks and 6 more cases should be here tomorrow (7/21), 8 cases of washable isolation gowns each case has 50 gowns, and 12,500 surgical masks. Surveyor asked CS-Q if she had any problems with getting PPE in. CS-Q informed Surveyor she would say she was good. CS-Q explained to Surveyor when there was the talk about COVID-19 around Valentine's Day she started bumping up her orders. On 7/20/20 at 11:49 a.m. Surveyor observed LPN (Licensed Practical Nurse)-T who was wearing a surgical mask remove a short sleeve white paper gown and gloves from the isolation cart, place these items on, enter R12's room with medication and close the door. At 11:53 a.m. LPN-T exited R12's room and cleansed her hands. At 11:54 a.m. Surveyor asked LPN-T what PPE she is suppose to wear when she goes into R12's room. LPN-T informed Surveyor mask, apron, gloves and believes goggles. LPN-T informed Surveyor she wears glasses and doesn't wear goggles as they won't fit over them. LPN-T was not wearing a N95 mask, appropriate gown or eye protection. On 7/20/20 at 12:24 p.m. Surveyor asked CNA-R, who is the only CNA assigned to R12's hall, when she goes into R12's room to provide cares what PPE does she have to wear. CNA-R informed Surveyor she already has her mask on so a gown and gloves. Surveyor asked CNA-R if there is anything else she needs to wear. CNA-R replied no. Surveyor observed CNA-R is wearing a surgical mask. On 7/20/20 at 12:28 p.m. Surveyor asked RN (Registered Nurse) Manager-N what PPE are staff required to wear for Residents who are in the 14 day quarantine. RN Manager-N informed Surveyor gloves, gown, mask and if coming into contact with fluid goggles. RN Manager-N also informed Surveyor if staff are doing extended cares they should wear everything. On 7/20/20 at 1:03 p.m. Surveyor spoke with DON-B who also the infection preventionist at the Facility. Surveyor asked what PPE staff is wearing for Residents who are in the 14 day quarantine. DON-B informed masks, gloves, hand hygiene and gowns are available for blood or body fluids or any respiratory secretions. DON-B informed Surveyor they are in the contingency phase. DON-B informed Surveyor for contingency mask, gloves, hand hygiene and if need be goggles. DON-B explained if there was a resident who is COVID positive then staff would wear full PPE. Surveyor asked what full PPE is. DON-B replied mask, gown, gloves, goggles or face shield. DON-B informed Surveyor goggles would be worn when they are doing testing, respiratory treatments, or exposed to blood/body fluids or respiratory secretions. Surveyor asked DON-B how many residents are on 14 day quarantine. On 7/20/20 at 1:47 p.m. DON-B informed Surveyor there are 27 Residents on 14 day quarantine. 9 are on due to the contact tracing as an employee tested positive for COVID and 18 for admission or essential appointments. DON-B indicated they usually have 18 to 20 Residents who are on 14 day quarantine. On 7/20/20 at 2:07 p.m. Surveyor asked CS-Q how she knows what PPE to put into the isolation carts. CS-Q informed Surveyor Administrator-A and DON-B told her. Surveyor asked when CS-Q would place face shields or goggles in the isolation carts. CS-Q informed Surveyor when there is an active infection, possibility of COVID, and for sure when they are doing any testing. Surveyor asked CS-Q if she uses the PPE burn rate calculator. CS-Q informed Surveyor she doesn't know what this is. Surveyor asked CS-Q if she has any PPE on backorder. CS-Q informed Surveyor 12 cases of yellow gowns but she was able to find reusable gowns and is ordering 8 cases of these a week. Surveyor asked CS-Q if she has had to call other Five Star facilities to get PPE. CS-Q replied no, have given other Five Star PPE until they got their stuff. On 7/20/20 at 2:18 p.m. Surveyor met with Administrator-A and DON-B to discuss the Facility's PPE usage. Surveyor asked if they use the PPE burn rate calculator. Administrator-A replied yes we have and explained they use it with changes. Administrator-A informed Surveyor they talked about using it last week. Surveyor asked Administrator-A when was the last time the PPE burn rate calculator was used. Administrator-A informed Surveyor after they cleared a Resident when they thought the Resident was positive approximately one month ago. Surveyor asked about PPE for Residents in 14 day quarantine. DON-B informed Surveyor staff is wearing gloves, mask, aprons or short sleeve paper gowns. DON-B informed Surveyor they are conserving yellow gowns and goggles & eye shields are not something that is used unless there is blood or body fluids as they are in the contingency usage. Administrator-A informed Surveyor they did receive an order from the national stockpile and when they were doing their testing corporate sent a shipment. Administrator-A informed Surveyor she is on the southeastern regional command calls. Administrator-A indicated if they would need any supplies hopefully they would help out. Surveyor asked if they have contacted public health for PPE. Surveyor was informed not recently and the last time they contacted public health was about a month ago. DON-B informed Surveyor they are not a critical level, they are in contingency which is conservation. Administrator-A informed Surveyor she has told CS-Q to order her regular PPE order even if they don't need it. Administrator-A informed Surveyor it's a balancing act.</p>		
F 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the Facility did not inform 8 of 14 sampled Residents, their representatives and</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER BROOKFIELD REHAB AND SPECIALTY CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 18740 W BLUEMOUND RD BROOKFIELD, WI 53045	
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 0885 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 3)</p> <p>families by 5:00 p.m. of the next calendar day when a dietary worker was confirmed to have a positive COVID -19 test on 7/6/20. R3, R4, R5, R6, R7, R8, their representative and families were not notified until 7/8/20. R9 & R10's responsible party/family were not notified of the positive COVID test results for DA (Dietary Aide)-H. Findings include: On 7/13/20 at 10:43 a.m. Surveyor spoke with Administrator-A on the telephone and inquired what mechanism the Facility has to inform residents, their representatives, and families of a positive COVID 19 case and who is responsible for the notification. Administrator-A explained that she is responsible and it is broken out in the leadership team. Administrator-A explains there are eight guardian angels which calls and then she verifies the calls have been made. Surveyor asked if the guardian angels document in the Resident's medical record the notification. Administrator-A replied no, not necessarily and explained that she emails the guardian angel and then they return the email or turn in a roster with their people. On 7/13/20 at 11:25 a.m. Surveyor spoke with DON (Director of Nursing)-B on the telephone. Surveyor inquired if the Facility has had any COVID positive Residents or staff. DON-B explained they haven't had any Residents. They had a positive staff member in April and a dietary worker tested positive in July but she didn't have any Resident contact. On 7/13/20 Surveyor received via email the staff tracking list (employee line list) and noted for DA (Dietary Aide)-H under comments documents tested POSITIVE for COVID. On 7/14/20 at 11:29 a.m. Surveyor spoke with HRD (Human Resource Director)-C along with Administrator-A on the telephone. Surveyor inquired about DA-H. HRD-C informed Surveyor DA-H came to work on 7/1/20, was tested on [DATE] and the test results came back positive on 7/6/20. On 7/14/20 at 3:00 p.m. Surveyor received a statement via email from DON-B dated 7/14/20 which documented Resident's Guardian Angels were directed by DON on 7/6/20 to notify families/responsible parties of COVID-19 positive staff member. DON received responses from Resident's Guardian Angels that families/responsible parties' notification were completed. Notifications were completed on 7/8/20. On 7/14/20 at approximately 3:15 p.m. Surveyor spoke with Administrator-A on the telephone. Surveyor informed Administrator-A Surveyor had received a written statement from DON-B that families/responsible parties were notified of a staff's positive COVID test but needed to see which Residents/families were notified. Administrator-A informed Surveyor she was on vacation when DA-H was positive but would get the paperwork from DON-B and email it to the Surveyor. On 7/15/20 at 12:00 p.m. Surveyor reviewed the daily census form dated 7/5/20 which has the first names of the Guardian Angels & a date next to each Resident's name. Surveyor noted RN (Registered Nurse)-I's first name & date of 7/8 is written next to R3, R4, R5, R6, R7, & R8. On 7/15/20 at 12:35 p.m. Surveyor spoke with Administrator-A on the telephone. Surveyor informed Administrator-A Surveyor had reviewed the daily census form and asked about the first name written by Resident's names. Administrator-A informed Surveyor this is the person who called and the date they called. Surveyor asked how Administrator-A would know if they informed the Resident or notified the responsible party/families by 5:00 p.m. of the next calendar day. Administrator-A informed Surveyor she hasn't had staff put a specific time and indicated the guardian angels do the notification right away or other times it is completed by 2:00 to 2:30 p.m. On 7/20/20 at 9:37 a.m. Surveyor asked RN-I if he was one of the Facility's guardian angels. RN-I replied yes, most of us have a group that we are over. Surveyor asked as guardian angel what is RN-I responsible for. RN-I explained they check on Residents and contact families or power of attorneys with any news. Surveyor inquired what the news may be. RN-I explained if there is a COVID positive test. Surveyor asked how he is notified of a COVID positive test. RN-I informed Surveyor they usually get an email from Administrator-A or DON-B. Surveyor inquired if there was a certain time Residents, responsible parties or families were supposed to be notified by. RN-I informed Surveyor last time he notified people right away and made a note what time he called the family member. Surveyor asked RN-I what did he do the time before when he notified Residents/family members and responsible parties. RN-I informed Surveyor he thinks that day or day and a half. Surveyor then showed RN-I the daily census sheets dated 7/5/20 and verified with him he contacted R3, R4, R5, R6, R7, & R8's family/responsible party on 7/8. Surveyor asked RN-I why he started writing the time during the 2nd notification. RN-I informed Surveyor he was asked by Administrator-A to do that. Surveyor asked RN-I if he notifies Residents or just families/responsible parties. RN-I informed Surveyor if a Resident is their own person he notifies them, like R8. Surveyor asked RN-I who he notifies if there is a power of attorney. RN-I informed Surveyor if a Resident has an activated power of attorney he just notifies the activated power of attorney stating that's what I've done. On 7/20/20 at 10:53 a.m. Surveyor asked LPN (Licensed Practical Nurse)-J to explain to Surveyor as a guardian angel who she notifies when a staff or resident is positive for COVID. LPN-J explained they had a staff positive so she calls the power of attorney to let them know an employee tested positive. LPN-J indicated that she usually calls immediately and Administrator-A will have them call right away and by the next day she wants verification that everyone has been called. Surveyor asked LPN-J if she informs Residents. LPN-J replied yes if they are their own person. Surveyor asked LPN-J if a resident is their own person does she also notify their family/responsible party. LPN-J replied no they are their own person. Surveyor asked LPN-J which Resident did she notify and not their responsible party/family. LPN-J informed Surveyor R9 and R10. On 7/20/20 at 12:59 p.m. Surveyor asked Administrator-A if there was a policy for notifying Residents, responsible parties and families when a Resident or staff tests positive for COVID. Administrator-A informed Surveyor they don't have a policy but their protocol is once there is a positive result she sends something to the guardian angels and ask them to notify families of the positive result and what they are doing to prevent further cases such as monitoring signs & symptoms. Administrator-A informed Surveyor she asked them to notify her with the date and time now, prior to Surveyor speaking to her she just asked for the date. Surveyor asked Administrator-A who is notified. Administrator-A informed Surveyor Residents and families. Surveyor asked Administrator-A if the notification of Residents and families was after Surveyor spoke with her. Administrator-A replied yes and explained before she didn't specify both residents and families.</p>		