

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER OAKWOOD HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP 2512 NEW PINE DR ALTOONA, WI 54720	
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 - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility did not ensure it maintained an infection prevention and control program designed to provide safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections such as COVID-19. Staff members were observed not wearing appropriate PPE (Personal Protective Equipment) when entering an isolation room with contact and droplet precautions. Housekeeper E was observed cleaning a contact and droplet isolation room without proper PPE (mask, gloves and hospital gown only). COTA E (Certified Occupational Therapy Assistant) was observed leaving a resident's room with a used hospital gown in hand. This is evidenced by: Per the CDC (Centers for Disease Control and Prevention) Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. Per CMS (Centers for Medicare and Medicaid Services) Droplet precautions are actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. 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. The facility policy titled, Pandemic Preparedness and Response Policy states in part . 5. Plan to Manage Residents/Staff and Minimize Exposure. a. Standard and Droplet Precautions. 1) Post sign on the door or wall outside of the resident room that clearly describe the type of precautions needed and required PPE. 2) Make PPE, including facemasks, eye protection, gowns and gloves, available immediately outside of the resident room. b. Optimizing PPE. 2) The center will develop a plan to optimize our supply of PPE in the event of shortages. Staff will be educated on this plan which will include: extended or selective use per CDC guidelines, bundling of care to limit number of staff that need to go in/out of room, preparing for an encounter prior to entering room to avoid needing to leave for necessary supplies/equipment. 3) Additional PPE will be ordered, Records of the PPE supply orders, and alternative methods utilized to obtain supplies will be maintained by the Executive Director (check for supply availability at other facilities, hospitals, state DPH emergency stockpile, etc.) 4) The center will notify the Divisional President when shortages of PPE becomes a concern for assistance and guidance. This notification will be documented and maintained by the Executive Director. 5) The centers' Executive Director and Facilities Management team will develop a plan to address likely supply shortages including strategies for optimizing use and alternative channels for procuring needed resources. Example On 7/23/20 at 8:43 AM, Surveyor observed Housekeeper D in a resident's room who was on droplet precautions with only a surgical mask, gloves and hospital gown. Surveyor interviewed Housekeeper D at that time and asked how she knows what PPE is to be used in isolation rooms. Housekeeper D stated, We are told what we need to wear. We are wearing hospital gowns instead of isolation gowns because we don't have enough. On 7/23/20 at 9:04 AM, Surveyor observed COTA E coming out of an isolation room with a used hospital gown in her hands. Once COTA E had placed the gown in the soiled utility room Surveyor conducted interview. Surveyor asked COTA E how she knows what PPE is to be used. COTA E stated, It tells us on the wall what PPE we are to be using. Surveyor asked COTA E what is used for isolation gowns. COTA E stated, Whatever is provided by the facility. Sometimes it is reusable gowns and other times it is resident sleeping gowns. On 7/23/20 at 9:07 AM, NHA A (Nursing Home Administrator) took Surveyor to observe current PPE supply. NHA A also provided Surveyor a table listing the type and current amount of each PPE item on hand. It is noted that the facility currently has 865 disposable gowns and 70 reusable/washable isolation gowns. On 7/23/20 at 9:14 AM, Surveyor interviewed RN C (Registered Nurse). Surveyor asked RN C what staff utilize for isolation gowns in the facility. RN C stated, It depends. They say we have a shortage, so if we don't have any reusable gowns we use hospital gowns. On 7/23/20 at 9:18 AM, Surveyor interviewed CNA F (Certified Nursing Assistant). Surveyor asked CNA F what she uses for isolation gowns. CNA F stated, We use the reusable gowns but none are available we will use hospital gowns. On 7/23/20 at 9:25 AM, Surveyor interviewed CNA G. Surveyor asked CNA G what she uses for isolation gowns. CNA G states, I use disposable and reusable but on occasion will need to use a hospital gown when the others are unavailable. The CDC does provide guidance to health care facilities if gowns are not available. However, there were no observations of alternatives to gowns being made available to staff or being used by staff. Of note CDC guidance states nursing homes should place new admissions or readmissions in Transmission-based Precautions in a separate observation area or in a single-person room on droplet and contact precautions for 14 days. This requires the use of the following PPE 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. Staff were observed not wearing the appropriate PPE. Not using the appropriate PPE places increased risk of exposure to the healthcare provider with potential to spread communicable disease, COVID 19, to facility residents and staff. On 7/23/20 at 9:40 AM, Surveyor interviewed NHA A and DON B (Director of Nursing). Surveyor asked NHA A if there was any COVID in the building. NHA A stated, No. Surveyor asked how many residents the facility currently had on a 14 day quarantine. DON B stated, We currently have 11. Nine are new admissions and the other two are [MEDICAL TREATMENT] residents. Surveyor asked if the number of residents on quarantine has significantly increased. DON B stated, Not really. Surveyor asked NHA A if he was aware of the increase in the community or county. NHA A made a phone call and reported the increase to be 16.2% since 7/21/20. Surveyor asked NHA A what had been done by the facility to obtain PPE and if he would be able to provide any communications related to obtaining PPE in the last 30 days to Surveyor. NHA provided Surveyor with a copy of emails within the corporation regarding obtaining PPE from July 6th through July 8th, nothing after. NHA A also provided Surveyor with a copy of a PPE request form sent to the County Health Department. This form was dated 7/06/20 and requested 100 gowns, no further inquiries. NHA A also stated that the person completing their purchasing does not order supplies unless they are sure they can get them. Surveyor asked what the facility has done to obtain PPE. NHA A stated, We order through normal channels and get about 100 gowns each month. We have a group that makes masks for residents. We also request items through FEMA (Federal Emergency Management Association), Corporate sharing throughout our facilities. We are consistently ordering and have recently obtained 70 reusable gowns. Surveyor asked what alternatives the facility is using. NHA A stated, each staff member uses a reusable gown per resident. Masks are worn all day and changed out weekly. Gowns being used are reusable gowns. We at one time were using hospital gowns but we are not doing that anymore. On 7/23/20 at 10:50 AM, Surveyor observed Housekeeper D in the hallway. Surveyor observed a bag of clean hospital gowns on top of Housekeeper D's cart. Housekeeper D stopped Surveyor and stated, After I</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>spoke with you a Manager came up and told me we can't use the hospital gowns any longer. We are to now use the long sleeve reusable gowns. The facility failed to provide staff with appropriate PPE for resident rooms requiring droplet precautions. The facility also failed to ensure that staff was wearing PPE as recommended by the CDC.</p>		