

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER CARE AGE OF BROOKFIELD		STREET ADDRESS, CITY, STATE, ZIP 1755 N BARKER 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 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 staff prevented the potential spread of infections such as COVID-19 as evidenced by staff not performing hand hygiene when providing assistance to three (R1, R2, R3) Residents. The failures by two staff members to perform hand hygiene after providing assistance to Residents to prevent the spread of COVID-19 had the potential to affect approximately 56 Residents currently residing on two units of the facility. Findings Include: Surveyor reviewed the facility's policy and procedures and noted the following: ~ Undated Care-Age of Brookfield Lockdown of Long-Term Care Facility General Infection Control -Increase hand hygiene especially during care of Residents and in between Resident contact. -Prior to entering and exiting the unit and a Resident's room, staff must perform hand hygiene by washing hands or applying alcohol based hand sanitizer, ensuring that hand sanitizer is available inside and outside of the Resident room. ~ Revised August 2019 Handwashing/Hand Hygiene policy This facility considers hand hygiene the primary means to prevent the spread of infections. -All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. -All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, Residents, and visitors. -Hand hygiene products and supplies(sinks, soap, towels, alcohol based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. 1.) R1 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R1 has an activated Health Care Power of Attorney (HCPOA). On 4/30/20 at 10:20 AM, Surveyor observed Activities Director (AD-C) bring a drink into the room of R1. Surveyor observed AD-C open 2 of R1's drawers and then came out of the room. Surveyor did not observe AD-C wash their hands or use hand sanitizer. On 4/30/20 at 10:22 AM, Surveyor interviewed AD-C. AD-C stated that they gave R1 a cup and poured milk into the cup for R1. AD-C stated they pulled open 2 drawers looking for a clothing protector and put it on R1. AD-C confirmed that they did not wash their hands or use hand sanitizer. AD-C stated, I should have. 2.) On 4/30/20 at 10:05 AM, Surveyor observed Certified Nursing Assistant (CNA-D) take a cup with a straw from R2's overbed table and assist R2 with drinking from it. Surveyor then observed CNA-D come out of R2's room without washing their hands or using hand sanitizer. CNA-D then went to the linen cart in the hallway, removed 3 washcloths and went back into R2's room. CNA-D came out of the room again and did not wash their hands or use hand sanitizer upon exit from the room. Surveyor then observed CNA-D grab onto both hand bars of R3's wheelchair and push R3 down the hallway, explaining to R3 along the way that CNA-D would take R3 to the bathroom. Surveyor observed CNA-D take R3 into R3's room and shut the door. Review of R2 and R3's record indicates R2 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R2 has an activated HCPOA (health care power of attorney). R3 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R3 has an activated HCPOA. On 4/30/20 at 10:42 AM, Surveyor observed CNA-D exit a Resident room carrying a bag of soiled briefs and another bag of dirty linen. CNA-D placed the bag of dirty briefs in the garbage room, and went down the hall and placed the bag of dirty linen in the soiled linen room. Surveyor did not observe CNA-D wearing gloves to perform this task. Surveyor did not observe CNA-D wash their hands or use hand sanitizer after this task was completed. Surveyor then observed CNA-D go into R2's room and took the remote for the bed in their right hand and lowered R2's bed. CNA-D then pushed another Resident via wheelchair by grabbing the handles of the wheelchair into the cafe next to the room. CNA-D then got the lift from the hallway and pushed the lift into R2's room. Surveyor did not observe CNA-D wash their hands or use hand sanitizer between Resident contact. On 4/30/20 at 11:00 AM, Surveyor interviewed CNA-D in regards to hand washing. CNA-D informed Surveyor that soap and hand sanitizer is readily available. CNA-D stated that all staff is to wash their hands before and after every room. CNA-D stated that they also use hand sanitizer between assisting Residents. Surveyor asked CNA-D where the hand sanitizer is kept. CNA-D stated they keep hand sanitizer in their pockets. Surveyor asked if CNA-D had any hand sanitizer in their pockets at this time. CNA-D looked for the hand sanitizer and informed Surveyor that they did not have any at this time, but they usually do. CNA-D confirmed that they did receive training on COVID-19 and infection control. On 4/30/20 at 12:15 PM, Surveyor shared the concerns of AD-C and CNA-D not washing hands or using hand sanitizer per facility policy and procedure after assisting R1, R2, and R3. DON-B confirmed that the expectation is that all employees should be washing their hands every time they exit a Resident room or after assisting a Resident. On 4/30/20 at 12:30 PM, Surveyor shared the hand washing concerns with Administrator (NHA-A) and DON-B during the exit. Both NHA-A and DON-B agreed that both AD-C and CNA-D should have washed their hands after exiting the rooms of R1, R2, and between interaction of R2 and R3. No further information was provided at this time.</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.