

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525522	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2020
NAME OF PROVIDER OF SUPPLIER GRANCARE NURSING AND REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 517 E DIVISION ST FOND DU LAC, WI 54935	
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.</p> <p>Based on observation and staff interview, the facility did not establish and maintain an infection control program designed to help prevent the development and transmission of disease and infection related to transmission-based precautions for 14 Residents (R) (R1, R2, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14 and R15) of 14 residents. R1, R4, R5, R6, R7, R8, R9, R10, R11 and R12 were on transmission-based precautions. Following cares, staff doffed and hung reusable cloth gowns on plastic hooks on the outside of the residents' doors. R1, R4, R5, R6, R7, R8, R9, R10, R11 and R12's doors opened into the residents' rooms. When the doors were closed, the gowns hung in the hallway and were not contained in the residents' rooms. R2, R13, R14 and R15 were on transmission-based precautions. Following cares, staff doffed and hung reusable cloth gowns on plastic hooks on the inside of the residents' doors. R2, R13, R14 and R15's doors opened into the hallway. When the residents' doors were open, the reusable gowns hung in the hallway and were not contained in the residents' rooms. Findings include:</p> <p>1. During a complaint investigation on 8/19/20 at 10:05 AM, the Surveyor observed CNA (Certified Nursing Assistant)-C doff PPE (personal protective equipment) following cares for R1. The Surveyor noted R1 was on transmission-based precautions. The Surveyor observed CNA-C remove a reusable cloth gown and hang the gown on a hook on the outside of R1's door. The Surveyor interviewed CNA-C immediately following the investigation. CNA-C stated reusable gowns were shared by staff on all three shifts and washed and replaced at the end of the day. CNA-C verified CNA-C removed the gown in R1's room, but hung the gown on the outside of the door. Following the observation, the Surveyor noted the following: R4, R5, R6, R7, R8, R9, R10, R11 and R12 were on transmission-based precautions on the long-term care unit. The Surveyor observed reusable cloth gowns hung on plastic hooks attached to the outside of R4, R5, R6, R7, R8, R9, R10, R11 and R12's doors. The Surveyor noted R4, R5, R6, R7, R8, R9, R10, R11 and R12's doors opened into the residents' rooms. When the doors were open, the gowns were visible from the hallway. When the doors were closed, the gowns were not contained in their rooms and hung in the hallway. R2, R13, R14 and R15 were on transmission-based precautions on the rehab unit. The Surveyor observed two reusable cloth gowns hung on plastic hooks attached to the inside of R13's door which opened into the hallway. The Surveyor noted the door was open and the gowns were not contained in R13's room. The Surveyor also observed reusable cloth gowns hung on plastic hooks attached to the inside of R2, R14 and R15's doors. R2, R14 and R15's doors opened into the hallway. The Surveyor noted R2, R14 and R15's doors were open and their gowns were not contained in their rooms. On 8/19/20 at 1:00 PM, the Surveyor interviewed DON (Director of Nursing)-B regarding infection control. DON-B stated the facility started utilizing reusable gowns one week prior. DON-B stated the plastic hooks were placed on the doors based on which way the doors swung. DON-B verified the hooks on the rehab unit doors were on the inside of the doors and the hooks on the long-term care unit were on the outside of the doors. DON-B verified the gowns used for rehab residents were not contained in their rooms when their doors were open and the gowns used for long-term care residents were not contained in their rooms when their doors were shut.</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.