

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525172	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER JEWISH HOME AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1414 N PROSPECT AVE MILWAUKEE, WI 53202	
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 - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews and facility policy and procedures, the facility did not ensure outbreak (COVID-19) precautions for new admissions were implemented. This was observed with 2 (R4 and R5) of 2 new admissions observed. The facility did not implement the required full PPE (personal protective equipment), which includes eye protection for new admissions. R4 and R5 were new admissions within 14 days. Staff were observed going into their rooms without eye protection. Findings include: 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's policy and procedures Admissions During COVID-19 Pandemic dated 4/17/20 .The policy indicates Tier Three PPE to include: masks, gloves, gown and eye protection. The PPE Tier Three applies to admissions with respiratory symptoms or COVID-like symptoms regardless of test results. This would include new admissions for the first 14 days. OBSERVATIONS 1. On 6/24/20 at 9:55 AM Surveyor observed ST-H (Speech Therapist) having a conversation with R4 in their room. ST-H had a gown, mask and gloves. ST-H did not have any eye protection and was less than 6 feet away from R4. R4 was admitted into the facility on [DATE]. R4 has no record of having a COVID test in the facility or prior to entry from the hospital. R4 COVID-19 status is unknown. R4 does not exhibit any respiratory symptoms. 2. On 6/24/20 at 10:00 AM Surveyor observed CNA-E (Certified Nursing Assistant) don a mask, gown and gloves to enter R5 room. CNA-E was not wearing any eye protection. R5 was admitted into the facility on [DATE]. R5 has no record of having a COVID test in the facility or prior to entry from the hospital. R5 COVID-19 status is unknown. R5 does not exhibit any respiratory symptoms INTERVIEWS On 6/24/20 at 9:50 AM Surveyor spoke with LPN-C (Licensed Practical Nurse) who works with new admissions. LPN-C indicated they wear a mask, gown and gloves. They only use eye protection with positive COVID residents or active symptoms. LPN-C indicated they have not been instructed to wear eye protection for new admissions in the first 14 days. On 6/24/20 at 9:58 AM Surveyor spoke with CNA-D who works with new admissions. CNA-D indicated they wear a mask, gown and gloves with new admissions for the first 14 days. They only wear eye protection if instructed to do so. On 6/24/20 at 10:00 AM Surveyor spoke with CNA-E that works with new admissions. CNA-E indicated they wear a mask, gown and gloves. They do not wear eye protection. They do not have any COVID residents on the floor so they don't need eye protection. On 6/24/20 at 10:05 AM Surveyor spoke with RN-F (Registered Nurse) who works with new admissions. RN-F indicated they only wear eye protection for active symptoms or a positive COVID-19 resident. RN-F indicated they wear a mask, gown and glove with new admissions for the first 14 days. On 6/24/20 at 11:20 AM Surveyor spoke with Administrator-A and DON-B (Director of Nurses) who is also the facility Infection Preventist. DON-B indicated they use eye/face protection for positive COVID-19 and active respiratory symptoms. They do review current guidelines. They review any concerns with Public Health. DON-B and Administrator-A did not have any additional information why eye protection was not utilized with new admissions. The facility does not test new admissions for COVID-19. R4 and R5 do not have a record if they were tested for COVID-19 prior to being admitted into the facility. R4 and R5 were not tested for COVID-19 by the facility. Administrator-A indicated they do not test new admissions for COVID-19 status. On 6/24/20 at 11:35 AM Surveyor spoke with PH-G (Public Health). PH-G indicated they have conversations with DON-B. PH-G has not provided detailed PPE instructions. They are not aware of being asked about PPE for new admissions. PH-G indicated they would have just ensured the facility is utilizing the appropriate PPE for COVID-19 outbreaks.</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.