

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525266</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAK PARK NURSING AND REHAB CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>718 JUPITER DRIVE MADISON, WI 53718</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on interview and record review, the facility did not maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases (such as COVID-19). This has the potential to affect all 67 residents in the facility. The facility was not using their supply of disposable gowns instead the facility was using flannel shirts worn backward for gowns. R5 had symptoms of COVID 19 that included elevated temperature, fatigue, and productive cough and was not on the infection control line list. This is evidenced by: The facility's policy PPE (Personal Protective Equipment), undated includes: Assign caregiver to specific rooms to limit flannel gown use 1. Flannels are being used instead of gowns effective 4/7/2020 a. Recommend assigning caregiver to rooms to limit flannel use for cares and meal delivery b. One caregiver in room with their flannel on a hook and reuse through the shift (if not in direct contact) c. One staff, one flannel, per shift (do not share gowns) d. Housekeeping use one per staff per day/care staff clean as able to avoid PPE use e. Nurse takes one flannel each time f. Therapist will wear one per person per day g. Flannel goes to laundry one hour prior to end of shift The Wisconsin Health Care Association (WHCA) issued a message on March 18, 2020: GOWNS SUMMARY (in part) . Shift gown use toward cloth isolation gowns Consider use of coveralls Extended use of isolation gowns such that the same gown is worn by the same healthcare provider . When No Gowns are Available consider pieces of clothing as a last resort, preferably with long sleeves and closures that can be fastened and secured, particularly for care of COVID-19 patients as single use. Example 1 On 6/23/2020 at 8:25 AM, Surveyor asked CNA E (Certified Nurse Assistant) about the use of flannel shirts for PPE gowns. CNA E demonstrated how to don and doff the flannel shirts for PPE, how to use it for one resident only and hang it in that residents room and wash it at the end of the shift. CNA E said the flannel shirts were used for all types of infections, not just COVID. On 6/23/2020 at 8:50 AM, Surveyor asked RN F (Registered Nurse) about using the flannel shirts as PPE. RN F verbalized the procedure for using the flannel shirts as PPE gowns. On 6/23/2020 at 2:30 PM, Surveyor asked RN D (Registered Nurse) about using the flannel shirts as PPE gowns. RN D described the protocol for use and said the flannel shirts are to be used as PPE gowns for all infections. Surveyor observed RN D enter a isolation room and put on a flannel shirt, putting her arms in the sleeves and the open part of the shirt to RN D's back. After giving the resident their medications, RN D took off the shirt, pulling her arms out of the sleeves and hung the shirt on a hook inside the resident room. On 6/23/2020 at 9:40 AM, Surveyor interviewed NHA A (Nursing Home Administrator) and RN C (Regional Nurse). Surveyor asked how did the facility arrive at the decision to use flannel shirts for PPE gowns. RN C said prior to 4/7/2020 the staff were using disposable gowns. RN C said the regional team and a consulting firm had a discussion and it was determined that flannel shirts worn backwards were suitable for PPE gowns. On 4/7/2020, a new policy was put in place to use flannel shirts as PPE gowns. Surveyor asked what determined the decision to use flannel shirts. RN C said that there were studies showing that flannel was semi permeable to fluids. Surveyor asked to review the studies about the flannel being semi permeable. RN C said she could not produce the flannel studies. NHA A said the facility has 2710 disposable gowns at the facility and that the corporation had 1500 disposable gowns available for use. Surveyor asked NHA A why the facility was not using the disposable gowns instead of flannel shirts. NHA A said they were saving the disposable gowns in case they had a COVID 19 outbreak in their facility. Example 2 On 6/23/2020, Surveyor was reviewing nursing notes for R5. On 5/29/2020, R5 had an elevated temperature of 99.4 after she returned from a physician appointment. R5 was placed in isolation after return from the physician appointment. On 5/30/2020 at 11:12 AM, R5's temperature was 102.3. Nursing note at 11:40 AM, documents R5 felt shaky, cold, had increased fatigue and an occasional productive cough with yellow brown sputum. MD (medical doctor and the DON (Director of Nursing) was notified-COVID test performed. On 5/30/2020 at 3:32 PM, R5's physician ordered a chest x ray. The chest x ray was negative for pneumonia. At 9:08 PM, R5's temperature was 101.3. On 5/31/2020 at 2:04 PM, the COVID 19 test was negative. On 6/23/2020, Surveyor was reviewing the infection control line list for May 2020. R5's name was not on the line list. On 6/23/2020 at 2:30 PM, Surveyor asked RN C about R5 and should she have been included on the line list? RN C said yes, R5 should have been included on the line list. ....</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.