

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525409</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PINE VIEW CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>400 COUNTY RD R BLACK RIVER FALLS, WI 54615</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility did not properly prevent the potential spread of infections such as COVID-19 as evidenced by improper use of masks by Residents (R) not wearing masks when out of their rooms while in common areas or Residents within 6 feet of others for 5 of 6 sampled Residents (R2, R3, R4, R5 and R6). R2 was out of her room without a mask on reading a book in the activity room. R3 was out of her room without a mask on while in the activity room getting her nails done. R4 was out of her room without a mask on while less than 6 feet away from R5 and R6 during an activity. R5 was out of her room without a mask on while less than 6 feet away from R4 and R6 during an activity. R6 was out of his room without a mask on while less than 6 feet away from R4 and R5 during an activity. Evidenced by: Facility Policy, entitled 'Coronavirus (COVID-19) - Prevention, Identification and Response Plan,' states in part: .Background: COVID-19 is the abbreviated name for Coronavirus Disease 2019 . COVID-19 is spread from person-to-person by respiratory droplets between people in close contact with each other (approximately within 6 feet or less) . The CDC (Centers For Disease Control and Prevention) currently recommends utilizing standard, contact and airborne precautions for control of COVID-19. Disclaimer: COVID-19 is an evolving situation. Facility staff should consult with local public health officials and check the CDC COVID-19 website for ongoing development/recommendations at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html</a>. The Centers for Medicare and Medicaid Services (CMS) publication entitled, 'COVID-19 Long-Term Care Facility Guidance,' dated April 2, 2020, states in part: .1. Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control. .4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE. .Patients and residents who must regularly leave the facility for care (e.g., [MEDICAL TREATMENT] patients) should wear facemasks when outside of their rooms. When possible, all long-term care facility residents, whether they have COVID-19 symptoms or not, should cover their noses and mouths when staff are in their room. Residents can use tissues for this. They could also use cloth, non-medical masks when those are available. Residents should not use medical facemasks unless they are COVID-19-positive or assumed to be COVID-19-positive . Per the CDC website (<a href="https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html">https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html</a>) It is critical to emphasize that maintaining 6-feet social distancing remains important to slowing the spread of [MEDICAL CONDITION]. Per the CDC website (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html</a>) indicates Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs), which states, in part: .3. Prevent spread of COVID-19: .Enforce social distancing among residents. Ensure all residents wear a cloth face covering for source control whenever they leave their room or are around others, including whenever they leave the facility for essential medical appointments. Example 1: On 5/5/20 at 11:10 AM, Surveyor observed the main activity room near the nurses station. Six residents were observed to be in the activity room at this time. R2 and R3 were among the six residents observed in the activity room. Surveyor observed R2 sitting in her wheelchair to the far right corner of the activity room, reading a book without a mask on at this time. R3 was observed to be in the activity room without a mask on while having her nails done by ACT (Activity Staff) E. On 5/5/20 at 11:20 AM, Surveyor interviewed CNA (Certified Nursing Assistant) C regarding R2 and R3. CNA C indicated that Residents are to have masks on when they're out of their rooms. CNA C looked into the activity room at this time and indicated that R2 and R3 do not have masks on. CNA C provided a mask to R2 and R3 at this time. CNA C indicated that Residents are to have masks on when they're out of their rooms. On 5/5/20 at 11:22 AM, Surveyor interviewed ACT E regarding R3. ACT E indicated that R3 did not have a mask on and that she should of had a mask on while getting her nails done. On 5/5/20 at 2:42 PM, Surveyor interviewed NHA (Nursing Home Administrator) A regarding residents without masks. NHA A indicated that Residents are to have masks on when out of their rooms. NHA A indicated that residents are reminded and educated on staying six (6) feet away from each other and to wear a mask. Example 2: On 5/5/20 at 11:35 AM, Surveyor observed an activity taking place on the Memory Care Unit (MCU) with ACT D (Activity staff). R4 was observed in her wheel chair at a dining room table without a mask. R5 was observed in her wheel chair to the left of R4. R5 was sitting less than a foot (12 inches) away from R4, without a mask on. R6 was also sitting in his wheel chair at the dining room table to the right of R4. R6 was observed without a mask on, at this time. On 5/5/20 at 11:45 AM, Surveyor interviewed ACT D regarding R4, R5 and R6. ACT D indicated to Surveyor that R4, R5 and R6 were not at least 6 feet apart from each other. ACT D indicated to Surveyor that R4, R5 and R6 should of had a mask on. ACT D indicated that the majority of the residents down on MCU won't keep their masks on. On 5/5/20 at 12:00 PM Surveyor observed R5 in the dining room at this time wearing a surgical mask. R3 and R6 were not in the dining area during this observation. On 5/5/20 at 2:42 PM, Surveyor interviewed NHA (Nursing Home Administrator) A regarding residents without masks. NHA A indicated that Residents are to have masks on when out of their rooms. NHA A indicated that residents are reminded and educated on staying six (6) feet away from each other and to wear a mask.</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.