

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER WILLOWCREST HEALTH SERVICES		STREET ADDRESS, CITY, STATE, ZIP 3821 S CHICAGO AVE SOUTH MILWAUKEE, WI 53172	
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 observations, interviews, and record review, the facility did not prevent the potential spread of COVID-19 through observations of 3 out of 3 employees not wearing facemasks in the facility potentially affecting an isolated number of residents. Facility staff did not adhere to the facility policy of universal use of facemasks for all staff and Center for Disease Control guidelines for facemasks and social distancing. On 7/20/20, a CNA (Certified Nursing Assistant) was observed not wearing a facemask after exiting a resident's room who is positive for COVID-19. The CNA did not don a new facemask and was observed walking down the North hallway and then conversing with another employee at the nurse's station without a facemask and less than 6 feet apart. On 7/20/20, 2 employees were observed in an office with the door open conversing less than 6 feet apart without facemasks. Findings Include: Surveyors performed a Federal Infection Control Survey on 7/20/20 at facility for follow-up and verification of correction of F880 cited on 6/16/20. Surveyors made general observations and reviewed documentation of training's provided to staff as part of Plan of Corrections. Surveyor reviewed Willowcrest All Staff Meetings Plan of Correction - F880: Infection Control July 7-10, 2020 training's provided by the facility. The training included: 3. (Personal Protective Equipment (PPE)) use - Demonstration a. Universal use of surgical mask while in facility per CDC guidance dated 4/2/20 b. Contact Precautions (see attached sign from CDC) c. Droplet Precautions (see attached sign from CDC) d. Sequence for Donning and Doffing PPE (see attached sign from CDC) The facility policy titled Suspected or Confirmed Positive COVID 19 Management Policy with original date of 4/2/20 and revision date of 6/18/20 stated, Procedure .1c) 1) The center will implement universal use of facemasks for all staff while in center. Observations of Contact Precautions signage documented STOP: CONTACT PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Due to Pandemic and PPE Conservation Practices: Remove gown, hang on back of door if planning to re-enter room during shift. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. Droplet Precaution signage documented, STOP: DROPLET PRECAUTIONS EVERYONE MUST: Clean their hands, including before entering and when leaving room. Make sure their eyes, nose and mouth are fully covered before room entry. (Picture of woman with face shield and facemask) or (picture of woman with goggles and facemask). Due to Pandemic and PPE Conservation Practices Exit room with face shield and mask for cleaning/reuse. PPE signage documented, SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE). During Pandemic and PPE Conservation Practices: Sanitize hands. 1. GOWN . 2. MASK OR RESPIRATOR May keep on current mask. Secure ties or elastic bands at middle of head and neck; Fit flexible band to nose bridge; Fit snug to face and below chin; Fit-check respirator 3. GOGGLES OR FACE SHIELD . 4. GLOVES . USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION Keep hands away from face; Limit surfaces touched; Change gloves when torn or heavily contaminated; Perform hand hygiene PPE signage documented, HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE). During Pandemic and PPE Conservation Practices: 1. GLOVES . 2. GOWN . 3. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING Gloves and Gown Exit Room, Don Gloves. 4. GOGGLES OR FACE SHIELD . 5. MASK OR RESPIRATOR Front of mask/respirator is contaminated - Do not touch; Grasp bottom ties or elastics of the mask/respirator, then the one at the top and remove without touching the front; Discard in waste container; Sanitize hands; Take new mask from isolation cart and apply to face. Surveyor reviewed current Center for Disease Control (CDC) Guidelines Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the Coronavirus Disease 2019 (COVID-19) Pandemic that states in part, Implement Universal Source Control Measures: Source control refers to use of cloth face coverings or facemasks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19 . HCP should wear a facemask at all times while they are in the healthcare facility, including in breakrooms or other spaces where they might encounter co-workers . Encourage Physical Distancing: Healthcare delivery requires close physical contact between patients and HCP. However, when possible, physical distancing (maintaining 6 feet between people) is an important strategy to prevent [DIAGNOSES REDACTED]-CoV-2 transmission . For HCP, the potential for exposure to [DIAGNOSES REDACTED]-CoV-2 is not limited to direct patient care interactions. Transmission can also occur through unprotected exposures to asymptomatic or pre-symptomatic co-workers in breakrooms or co-workers or visitors in other common areas. Examples of how physical distancing can be implemented for HCP include: Reminding HCP that the potential for exposure to [DIAGNOSES REDACTED]-CoV-2 is not limited to direct patient care interactions; Emphasizing the importance of source control and physical distancing in non-patient care areas; Providing family meeting areas where all individuals (e.g., visitors, HCP) can remain at least 6 feet apart from each other; Designating areas for HCP to take breaks, eat, and drink that allow them to remain at least 6 feet apart from each other, especially when they must be unmasked. On 7/20/20 at 10:01 AM, Surveyor observed an office door open with 2 employees conversing less than 6 feet apart from each other. Neither employee was wearing a facemask. Employees saw Surveyor outside office door, did not don mask, walked into hallway, said hi to Surveyor and closed door. Employees were later identified as Minimum Data Set Director (MDS)-J and MDS Coordinator (MDS)-K. On 7/20/20 at 10:04 AM, Surveyor observed CNA-I exit R14's room. R14 currently is positive for Covid-19. CNA-I was not wearing a facemask, CNA-I was wearing gloves, was holding a faceshield in one hand and a bag of linens in the other hand. CNA-I set the faceshield down on the isolation cart in hallway and placed the bag of linens in linen cart. CNA-I removed gloves, discarded them and sanitized hands. CNA-I did not don a new facemask. CNA-I then walked down the hallway to the nurse's station. CNA-I started conversing with Licensed Practical Nurse (LPN)-L without a facemask and within 6 feet from LPN-L. LPN-L was observed pointing to her facemask on her face. CNA-I then walked to other side of nurse's station and donned a facemask. Surveyor observed that facemasks were available on the isolation cart outside R14's room. Surveyor reviewed the Training Log/In-Service sign-in sheets from Willowcrest All Staff Meetings Plan of Correction - F880: Infection Control July 7-10, 2020. MDS-J attended the training on 7/8/20 and CNA-I and MDS-K attended the training on 7/10/20. On 7/20/20 at 12:51 PM, Surveyor interviewed Director of Nursing (DON)-B and Infection Preventionist (IP)-C. Surveyor asked what the policy was for facemasks in the facility for employees. DON-B stated surgical masks should be worn at all times in facility. Surveyor asked when facemasks are approved to not be worn. DON-B stated when employees are eating or drinking or are in their own office with the door closed. Surveyor asked about shared offices. DON-B stated that employees that share office must wear masks if they are within 6 feet of each other. IP-C agreed with DON-B. Surveyor noted observation of MDS-J and MDS-K. DON-B stated they should have been 6 feet apart or wearing masks. IP-C agreed that this was against protocol. Surveyor noted observation of CNA-I in hallway and nurse's station without a facemask. DON-B stated policy per Division of Quality Assurance (DQA) call was employees need to exit room with faceshield and facemask on, remove when outside of room, sanitize and immediately replace facemask before leaving area of isolation cart. DON-B stated CNA-I should not have been in the hall or nurse's station without a mask and should have donned a new facemask outside the resident's room. On 7/20/20 at 1:44 PM,</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>DON-B showed Surveyor training sheet with signatures of CNA-I, MDS-J and MDS-K. DON-B stated all 3 employees had been reeducated on universal facemasks and infection control standards in facility.</p>		