

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525438</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BENEDICTINE MANOR OF LACROSSE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2902 E AVENUE SOUTH LA CROSSE, WI 54601</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility failed to prevent potential infection and transmission of COVID-19 by failing to ensure adherence to infection control practices to prevent the transmission of the Coronavirus (COVID-19) as evidenced by failures on: doffing of PPE (personal protective equipment); hand hygiene and proper glove usage; and proper disinfection of shared medical equipment. This could affect the 23 residents in the 100-Wing Unit and the 20 residents in the 200-Wing Unit. Findings include: 1. A. Review of Facility's list titled Staff members who tested positive for COVID-19 revealed that R1 was potentially exposed on 6/13/20. R1 was placed on droplet precaution. Observation on 6/25/20 at 12:15pm, revealed that Nursing Assistant1 (NA1) passed a lunch tray to R1. Upon exiting the room, NA1 removed his isolation gown and hung it by R1's door. NA1 then removed his long gloves and face shield. NA1 hung both PPE by R1's door. NA1 proceeded to put on a new mask and another face shield. NA1 failed to follow the proper sequence for doffing of PPE and perform hand hygiene after removing his PPE. When asked about what he missed, NA1 stated he did not sanitize his hands after removing his gloves. B. Observations on 6/25/20 at 12:26pm revealed that NA2 removed her gloves in the hallway and proceeded to put on a new pair of gloves. At 12:38pm, NA2 placed a lunch tray back in the food cart. NA2 then removed her gloves and, touched her mask and goggles. NA2 failed to perform hand hygiene in between glove use and before touching her mask and goggles. During interview with the Director of Nursing (DON) on 6/25/20 at 2:55pm, when asked about her expectation from staff on doffing of PPE after passing lunch trays in an isolation room, the DON stated, They (staff) should follow the doffing procedure, first would be gloves, eyewear, gown, mask. Then do hand hygiene. When asked what staff should do after glove removal, the DON stated, Wash their hands. Hand sanitizer is okay. When asked what staff should do before touching their face shield, goggles, and mask and applying them back on, the DON further stated, Hand hygiene. The DON further stated, They (staff) are not supposed to wear gloves in the hallway. Review of facility's policy titled Personal Protective Equipment dated June 2017, revealed under How to take off PPE, 1. Remove gloves by grasping at the palm and remove by pulling the glove inside-out. 2. Scoop under the second glove and remove. 3. Place gloves in garbage. 4. Remove gown by untying neck, the waist. 5. Scoop fingers under cuff, pull over hand. 6. Use gown-covered hand to pull gown over the other hand. 7. Pull gown off without touching the outside. Review of the printed updated CDC guidance provided by the facility on How to safely remove personal protective equipment (PPE) Example1 revealed, .Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove the PPE in the following sequence: 1. Gloves .2. Goggles or face shield .3. Gown .4. Mask or respirator .5. Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE. Review of the printed undated CDC guidance provided by the facility on How to safely remove personal protective equipment (PPE) Example 2 revealed, .Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence: 1. Gown and gloves. Gown front and sleeves and the outside of gloves are contaminated .2. Goggles or face shield .3. Mask or respirator .4. Wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE. Review of facility's policy titled Hand Hygiene dated June 2017 revealed, Infection prevention begins with the basic hand hygiene. By following proper hand hygiene practices, associate will reduce the spread of potentially deadly germs, as well as reduce the risk of healthcare provider colonization caused by germs acquired from the residents. Under Procedure, it revealed, Hand hygiene simply means cleaning hands using either handwashing (washing hands with soap and water), or antiseptic hand rub (i.e. alcohol based hand sanitizer, including foam and gel). Times to Perform Hand Hygiene are, but not limited .before and after entering isolation precaution setting .after removing gloves . In a CDC (Centers for Disease Control) article titled Using Personal Protective Equipment (PPE) dated June 11, 2020, revealed under How to Take Off (Doff) PPE Gear, 1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak). 2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in a gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach .3. Healthcare personnel may now exit patient room. 4. Perform hand hygiene. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html</a> (online review at:) In a CDC article titled Strategies for Optimizing the Supply of Disposable Medical Gloves dated April 30, 2020, revealed under Extended use of disposable medical gloves, Disposable medical gloves should always be discarded after: visible soiling or contamination with blood, respiratory or nasal secretions, or other body fluids occurs, any signs of damage, maximum of four hours of continuous use, doffing. Previously removed gloves should not be re-done as the risk of tearing and contamination increases. Therefore, disposable glove re-use should not be performed. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html</a> (online review at:) In a CDC article titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel during the Coronavirus Disease 2019 (COVID-19) Pandemic dated July 15, 2020, under Hand Hygiene revealed, HCP (healthcare personnel) should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a> In a CDC article titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated July 9, 2020 revealed under Implement Universal Source Control Measures, Educate patients, visitors, and HCP about the importance of performing hand hygiene immediately before and after any contact with their facemask or cloth face covering. <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</a> (online review at:) 2. On 6/25/20 at 12:50pm, NA3 was observed going to room [ROOM NUMBER] and checked R4's blood pressure, oxygen saturation (O2 sat is a measurement of blood oxygen) and temperature. NA3 performed hand hygiene after the procedure. Without wearing gloves, NA3 took one Clorox Hydrogen Peroxide Wipe (disinfecting wipe) and wiped the blood pressure cuff for 17 seconds. NA3 then wiped the thermometer for three seconds and, wiped the pulse oximeter (a small device used to measure the amount of oxygen in the blood) for eight seconds. Further observations revealed that NA3 did not follow recommended contact time to disinfect the equipment. Observation on 6/24/20 at 12:58pm, NA3 entered room [ROOM NUMBER] and checked R5's blood pressure, oxygen saturation and temperature. NA3 performed hand hygiene. Without wearing gloves, NA3 took one Clorox Hydrogen Peroxide Wipe and wiped the blood pressure cuff for 22 seconds. NA3 then wiped the pulse oximeter for three seconds and, the thermometer for three seconds. Surveyor used the stopwatch app from the computer. NA3 did not follow recommended contact time to disinfect the equipment. During interview with the DON on 6/25/20 at 2:55pm, the above observation was presented. Review of facility's policy titled Resident Care Equipment dated June 2017 revealed, To ensure reusable equipment is not used for the care of another resident and reprocessed appropriately, and to ensure that single-used items are discarded properly. Under Procedure, it revealed, 1. Wear appropriate protective equipment, i.e. gloves. 2. Remove body</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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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>fluids and dirt with damp cloth or towel. 3. Apply disinfectant solution with cloth and wipe surface thoroughly, using friction. 4. Follow manufacturers' directions to allow time for disinfectant to remain on surface - kill time. 5. Place equipment on clean towel to air dry once disinfected. 6. Discard soiled cloth or towels in designated receptacle. Review of Clorox Hydrogen Peroxide Portfolio Overview revealed, Kill bacteria [MEDICAL CONDITION] in as fast as 30 seconds with the power of hydrogen peroxide. Under Usage, it revealed, Directions .To clean and disinfect hard, nonporous surfaces: Wipe surface until completely wet. Allow surface to remain wet for contact time listed on label. Let air-dry. For heavily soiled areas, pre-cleaning is required. <a href="https://www.cloroxpro.com/products/clorox/hydrogen-peroxide-disinfecting-cleaners/">https://www.cloroxpro.com/products/clorox/hydrogen-peroxide-disinfecting-cleaners/</a> Review of Clorox Hydrogen Peroxide Directions for use video revealed, Keep surface visibly wet for the required contact time. You may dry the surface after the contact time has been reached. Recap: Put on PPE. Remove Soil (clean). Wipe surface (disinfect). Wait (contact time). Discard wipe.</p> <p><a href="https://www.cloroxpro.com/products/clorox-healthcare/hydrogen-peroxide-cleaner-disinfectants/clid=EA1aIQobChMIVleC84id6gIVE77ACh0kZANcEAAAYASAAEgLAT_D_BwE&amp;gclid=EA1aIQobChMIVleC84id6gIVE77ACh0kZANcEAAAYASAAEgLAT_D_BwE&amp;gclid=aw.ds">https://www.cloroxpro.com/products/clorox-healthcare/hydrogen-peroxide-cleaner-disinfectants/clid=EA1aIQobChMIVleC84id6gIVE77ACh0kZANcEAAAYASAAEgLAT_D_BwE&amp;gclid=aw.ds</a> (online review at:) In a CDC article titled Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 revealed under Infection Prevention and Control Practices, What is the contact time for the product? Remember that the contact time is how long a disinfectant needs to remain on a surface for it to be effective. The surface needs to be wet the entire time. Contact times can range from 30 seconds to 10 minutes .Please make sure your staff are aware of that time and use it appropriately.</p> <p><a href="https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf">https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf</a> (online review at:) In a CDC article titled Factors affecting the Efficacy of Disinfection and Sterilization dated [DATE] revealed, The activity of germicides against microorganisms depends on a number of factors, some of which are [MEDICATION NAME] qualities of the organism, others of which are the chemical and external physical environment. Awareness of these factors should lead to better use of disinfection and sterilization processes. Under Duration of Exposure, it revealed, Items must be exposed to the germicide for the appropriate minimum contact time. Multiple investigators have demonstrated the effectiveness of low-level disinfectants against vegetative bacteria (e.g., Listeria, E. coli, Salmonella, VRE, [MEDICAL CONDITION]), yeasts (e.g. Candida), mycobacteria (e.g., M. [MEDICAL CONDITION]), [MEDICAL CONDITION] (e.g., [MEDICATION NAME]) at exposure times of 30-60 seconds. By law, all applicable label instructions on EPA-registered products must be followed. <a href="https://www.cdc.gov/infectioncontrol/guidelines/disinfection/efficacy.html">https://www.cdc.gov/infectioncontrol/guidelines/disinfection/efficacy.html</a> (online review at:)</p>		