

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525591	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER BETHEL HOME AND SERVICES		STREET ADDRESS, CITY, STATE, ZIP 614 S ROCK AVE VIROQUA, WI 54665	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility did not ensure it maintained an infection prevention and control program designed to provide safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections such as COVID-19 for 3 of 3 Residents on transmission based precautions (R1, R2 & R3), 3 of 3 Residents were observed not social distancing or wearing face masks appropriately (R4, R5, R6) and 2 of 2 staff members were observed not wearing appropriate PPE (Personal Protective Equipment) when entering an isolation room with contact and droplet precautions. R1, R2 and R3 were all admitting in June 2020 and are on transmission based precautions. Care plans were not developed to instruct staff on what PPE was required prior to entering each resident's room. Signs posted outside of each of these resident's rooms indicated the following: Masks required for all persons entering the room, Gloves for all persons entering the room, Gown used only when soiling is likely and goggles or face shield to be used only when splashing was likely. This is contrary to Centers for Disease Control and Prevention (CDC) guidance. R4, R5, and R6 were observed in common area without proper placement of facemasks and not spaced 6 feet apart. LPN D (Licensed Practical Nurse) was observed entering droplet isolation room with only a mask on. Housekeeper E was observed cleaning a contact and droplet isolation room without proper PPE (mask and gloves only). This is evidenced by: Per the CDC (Centers for Disease Control and Prevention) Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. Per CMS (Centers for Medicare and Medicaid Services) Droplet precautions are actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. 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 policy titled, Infection Prevention and Control Policy for Suspected or Confirmed Coronavirus (COVID-19) states in part . Resident Care: The resident(s) will remain on the dedicated wing/or in a private room for 14 days on standard, contact and droplet precautions. The facility policy titled, Activities during COVID-19 Pandemic states in part . Procedure: Maintain 6 feet distance between residents and activities staff. Example 1 R1 was admitted to the facility on [DATE]. On 6/15/20 at 11:21 AM, Surveyor observed R1 to be on droplet precautions. R1's room door was open, an isolation bin was placed outside the door and an isolation precaution sign indicating the use of face mask and gloves at all times when entering the room. The use of gown and goggles or face shield only when splashing or soiling is likely. Staff needing a face shield or goggles are to request one from the nurse. On 6/15/20 at 11:33 AM, Surveyor observed LPN D enter R1 and R2's rooms with only a mask to deliver meal trays. On 6/15/20 at 11:34 AM, Surveyor observed Housekeeper E cleaning R1's room with only a mask and gloves on. Surveyor then interviewed Housekeeper E upon leaving R1's room. Surveyor asked Housekeeper E how she knows what PPE is required when entering a resident's room. Housekeeper E stated, it is posted outside the residents room. Housekeeper E pointed to sign hanging outside R1's room. On 6/15/20 at 11:52 AM, Surveyor interviewed LPN D. Surveyor asked LPN D how she knows what precautions are to be used when entering a room of a resident on transmission based precautions. LPN D stated, Precautions are listed by the door but we only have new admits (R1, R2 and R3) on precautions at this time. On 6/15/20 at 1:12 PM, Surveyor conducted an interview with NHA A (Nursing Home Administrator), DON B (Director of Nursing) and ICP (Infection Control Preventionist) C. Surveyor asked what precautions are used for new admissions. DON B and ICP C stated, new admissions are placed on contact and droplet precautions. Surveyor asked what PPE should staff use if entering a resident's room who is on contact and droplet precautions. DON B stated, Gowns, gloves, mask and face shield or goggles. Surveyor asked what staff are currently using for the residents who are on contact and droplet precautions. DON B stated, we are trying to preserve our PPE so mask and gloves are always worn but if soiling or splashing is likely a gown and face shield or goggles should be worn. Surveyor was told the facility currently has a sufficient supply of PPE. On 6/15/20 at 3:52 PM, Surveyor interviewed CNA F (Certified Nursing Assistant). Surveyor asked CNA F when entering a contact and droplet isolation room to complete care what PPE should be worn. CNA F stated, If doing care, staff should wear a mask, gown and gloves if mandated. Surveyor asked CNA F if it was required for R1, R2 or R3's rooms to wear a gown and face shield. CNA F stated, It is an option for us, we do not have to. Honestly, I don't. CNA F also stated face shields are not located in the isolation bins outside of the rooms but rather at the nurse's station. On 6/15/20 at 4:02 PM, Surveyor interviewed RN H (Registered Nurse). Surveyor asked what PPE is to be used when entering a room with droplet and contact precautions. RN H stated, mask, gloves, gown and face shield if needed. Surveyor asked RN H when a gown and face shield would be considered. RN H stated, If toileting or washing someone up staff could wear mask and gloves but should wear a gown if soiling is likely or when emptying a catheter. On 6/15/20 at 4:35 PM, NHA A told surveyor the facility was preserving PPE. The CDC does provide guidance to health care facilities if gowns are not available. However, there were no observations of alternatives to gowns and eye protection being made available to staff or being used by staff. Of note CDC guidance states nursing homes should place new admissions or readmissions in Transmission-based Precautions in a separate observation area or in a single-person room on droplet and contact precautions for 14 days. This requires the use of the following PPE 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. Staff were observed not wearing gowns and not using the appropriate PPE. Not using the appropriate PPE places increased risk of exposure to the healthcare provider with potential to spread communicable disease, COVID 19, to facility residents and staff. Example 2: On 6/15/20 at 3:30 PM, R4, R5, and R6 were observed to be in the common area adjacent from the Nurses station. R4, R5, and R6 were not social distanced (6 feet apart) and not wearing masks appropriately. On 6/15/20 at 3:30 PM, Surveyor observed that R4, R5 and R6 were in the common area across from the Nurses station. R4 and R6 had masks on that were pulled down under their chin. R5's face mask was placed below the nose. R4, R5, and R6 were all in close proximity of each other and not socially distanced. On 6/15/20 at 3:35 PM, Surveyor interviewed CNA F (Certified Nursing Assistant). Surveyor asked CNA F how a mask should be placed on a resident. CNA F stated they should be placed over the nose and mouth. Surveyor asked CNA F if R4, R5 and R6 all were wearing their face masks appropriately. CNA F stated, No. Surveyor asked CNA F how far apart residents should be from each other. CNA F stated, 6 feet. Surveyor then asked CNA F if residents R4, R5, and R6 were 6 feet apart. CNA F stated, No. On 6/15/20 at 3:42 PM, Surveyor interviewed CNA G. Surveyor</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 - Many</p>	<p>(continued... from page 1)</p> <p>asked CNA G if R4, R5 and R6 all were wearing their face masks appropriately. CNA G stated, No, they should be over the nose and mouth. Surveyor asked CNA G how far apart residents should be from each other. CNA G stated, 6 feet. Surveyor then asked CNA G if residents R4, R5, and R6 were 6 feet apart. CNA G stated, No. On 6/15/20 at 4:35 PM, Surveyor interviewed NHA A, DON B and ICP C. Surveyor asked what PPE residents should be wearing when out of their room. ICP C stated all residents should be wearing a mask. Surveyor asked if residents should be social distancing when out of their rooms. ICP C and DON B both stated that residents should be socially distanced and 6 feet apart.</p>		