

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525639	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/08/2020
NAME OF PROVIDER OF SUPPLIER ST ELIZABETH NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 109 S ATWOOD AVENUE JANESVILLE, WI 53545	
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.</p> <p>Based on observation, interview and record review the facility did not establish and maintain an Infection Control Program designed to provide a safe environment to help prevent the development and transmission of disease and infection (such as COVID-19). This has the potential to affect all 23 residents who reside in the facility. The facility failed to ensure that all staff were screened at the beginning of their shift for symptoms of COVID-19 to prevent the exposure of COVID-19 to residents. The facility Infection Control Policy for staff screening for COVID-19 did not include the process the facility was using for staff screening. This is evidenced by: The facility's Key Elements for prevention of COVID-19 transmission in the long term care setting policy dated 4/21/20 states in part: . All employees require screening at the beginning of their shift for fever and symptoms consistent with COVID-19 . Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath and sore throat. Medical evaluation may be warranted for other symptoms . based on assessment by registered nurse. Findings: On 6/8/20 at 9:21 AM, Surveyor observed MAA G (Medication Administration Assistant) passing medication to residents, MAA G was wearing a face mask. On 6/8/20 at 11:30 AM Surveyor interviewed IDON B (Interim Director of Nursing), who also oversees the facility's Infection Control Program, regarding the COVID-19 screening process for staff. IDON B stated that each staff should complete the Survey Monkey screening questions and have their temperature taken by the nurse at the door. IDON B stated that there are computers at the nurses station to complete this also. On 6/8/20 at 11:50 AM, Surveyor interviewed the ANHA C (Assistant Nursing Home Administrator) about the facility's process for screening staff for COVID-19. ANHA C stated COVID-19 screening for staff should be documented in Survey Monkey daily. All staff were provided with a link to a Survey Monkey application for their cell phones, and that each staff is to complete the COVID-19 screening questions, take their temperature, enter information into Survey Monkey application and submit it at the start of their shift. ANHA C stated the Survey Monkey application was sent to all staff by text on 3/11/20. ANHA C stated the nurse on duty should take staff temperatures at the employee entrance door. Surveyor asked which residents the staff might have contact with during the course of the shift. ANHA C stated all staff wearing masks, but could have contact with all 23 residents in the facility as they are passing medications or helping with transfers. (It is important to note the facility's policy for employee COVID-19 screening, does not address the process of the Survey Monkey application for staff to follow, or who is supposed to be taking staff temperatures, when this screening is completed or how to document the staff screening.) Surveyor asked for further information and none was provided. On 6/8/20 Surveyor reviewed staff COVID-19 screening logs with the headings for Date, Staff Name, Temperature and Do you have any symptoms for COVID-19?, Surveyor noted and compared entries with the facility Nursing Staff Daily Assignment Sheet noting the following: On 6/8/20: 1 staff of 4 nursing staff (25%) who worked had no entry of temperatures or response to questions of symptoms of COVID-19 on the screening log. On 6/7/20: 6 staff of 11 nursing staff (54%) who worked had no entry of temperatures or response to questions of symptoms of COVID-19 on the screening log. On 6/6/20: 4 staff of 10 nursing staff (40%) who worked had no entry of temperatures or response to questions of symptoms of COVID-19 on the screening log. On 6/5/20: 7 staff of 10 nursing staff (70%) who worked had no entry of temperatures or response to questions of symptoms of COVID-19 on the screening log. On 6/4/20: 8 staff of 11 nursing staff (72%) who worked had no entry of temperatures or response to questions of symptoms of COVID-19 on the screening log. On 6/8/20 at 1:11 PM, Surveyor interviewed RN D (Registered Nurse) on the phone, about COVID-19 screening for staff. RN D worked on 6/4/20, 6/5/20, 6/6/20 and 6/7/20. RN D stated staff answers the questions on Survey Monkey on their phone or on the computer at the nurse's station and checks their temperatures at the nurse station. RN D stated she did complete the screening on her phone on those dates and said she took her temperature at home and submitted it. RN D stated she had no fever or symptoms. RN D stated no one told her the RN was supposed to take staff temperatures. On 6/8/20 at 2:20 PM, Surveyor interviewed CNA E (Certified Nursing Assistant) about completing COVID-19 staff screening. CNA E worked on 6/4/20, 6/5/20, 6/6/20 and 6/7/20. CNA E stated staff come into the facility and get their temperature taken by the nurse or take it themselves and call up the Survey Monkey application and answer the questions. Surveyor asked if CNA E had completed the screening process for dates worked since 6/4/20. CNA E stated Yes, I've been slacking on that. I know if I have a temperature over 99.0 I tell the nurse. I took my temperature at the nurse's station. I meant to do it but I got busy and didn't enter it. On 6/8/20 at 2:55 PM, Surveyor interviewed GN F (Graduate Nurse) on the phone about COVID-19 staff screening. GN F worked on 6/4/20 and 6/7/20. GN F stated staff is supposed to take their temperature and complete a survey, she grabs a thermometer from the nurses cart to take her temperature. GN F stated she forgot to complete the screening in the application. On 6/8/20 at 3:05 PM, Surveyor interviewed MAA G about completing staff COVID-19 screening. MAA G worked on 6/4/20, 6/5/20, and 6/8/20. MAA G stated the Survey Monkey application doesn't work on her phone and she had a new link. MAA G stated she took her temperature but did not complete the Survey Monkey and should have. MAA G stated there was only one computer available at the nurse's station to complete the Survey Monkey. On 6/8/20 at 3:15 PM, Surveyor interviewed IDON B and ANHA C about the staff COVID-19 screening pointing out missing data as noted above. Surveyor asked who is monitoring the data for staff COVID-19 screening, ANHA C stated he and the previous DON were monitoring this. ANHA C stated the staff screening should have been completed and was not. The facility's failure to clearly define steps in their policy for staff COVID-19 screening and ensure staff screening was completed daily could expose residents to possible COVID 19 infection.</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.