

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525351</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>VILLA PINES LIVING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>201 PARK ST, PO BOX 130 FRIENDSHIP, WI 53934</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 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 affect 19 of 48 resident who reside at the facility. The facility did not ensure staff donned gowns upon entering resident rooms who were newly admitted to the facility and on isolation precautions for observation of COVID-19. LPN C had potential to work with any resident that resided in the facility on the day of the survey. Evidenced by: Center for Clinical Standards and Quality/Quality, Safety &amp; Oversight Group Memo revised 3/13/20 QSO 20-14 includes: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room). Current CDC (Centers for Disease Control) Guidelines (Website: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>) 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. Centers for Medicare and Medicaid Services, Center for Clinical Standards and Quality/Quality, Safety &amp; Oversight Group Reference QSO-20-29 dated 5/6/20 includes: Critical Element (5/8/20) COVID-19 Focused Survey for Nursing Homes: Page 4 Transmission-Based Precautions . For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment; For a resident on Droplet Precautions: staff don a facemask within six feet of a resident; . For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available . The facility policy titled Isolation - Categories of Transmission-Based Precautions updated 3/2020 includes under Contact precautions Staff and visitors will wear a disposable gown upon entering the room and remove before leaving the room to avoid touching potentially contaminated surfaces with clothing after gown is removed. R1 was admitted to the facility on [DATE]. On 6/30/20 between 9:00 AM and 9:20 AM Surveyor observed LPN C enter R1's room to administer a [MEDICATION NAME] shot. The sign on R1's door stated that Mask and shield only LPN C did enter with a facemask, face shield, and gloves but did not put on a gown. Upon exiting R1's room Surveyor asked LPN C why she did not wear a gown. She explained that after a resident is admitted they are on precautions for 14 days. After the first week we don't need to wear a gown. Surveyor asked her if the facility had been short on PPE. LPN C stated that she was not aware they had ever been short of PPE. At 11:10 AM Surveyor asked LPN C where she was working today. LPN C stated she worked on the 300 and 400 wings. Surveyor asked if she would be on the other units and LPN C agreed if she was needed she would work on any of the units. 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. Not following appropriate TBP places increases the risk of exposure to the healthcare provider with potential to spread communicable disease, COVID 19, to facility residents and staff. On 6/30/20 at approximately 12:00 PM Surveyor spoke with (DON) Director of Nursing B, who is also the facility's Infection Preventionist, who stated the facility had changed the PPE required for new admissions after 7 days and follow only droplet precautions after 7 days. When Surveyor asked if new admissions were also on contact and droplet precautions initially upon admission to the facility DON B agreed.</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.