

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525660	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER ST DOMINIC VILLA		STREET ADDRESS, CITY, STATE, ZIP 2375 SINSINAWA RD HAZEL GREEN, WI 53811	
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 failed to 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. This has the potential to affect all 58 residents residing within the facility. Facility did not ensure COVID-19 positive residents had COVID-19 care plans for 2 of 3 total sampled Residents (R1 & R2). CNA C (Certified Nursing Assistant) and RN D (Registered Nurse) were observed working with COVID-19 positive residents and COVID-19 negative residents on the same hallway, as there are no designated staff for COVID-19 positive residents. CNA C RN E and RN D have worked other units throughout the building after working with COVID-19 Positive Residents. CNA C and RN D were observed not wearing the appropriate Personal Protective Equipment (PPE) on the 400 wing per CMS requirements. R1 is positive for COVID-19, and does not have a COVID-19 care plan in place. R2 is Positive for COVID-19 and does not have a COVID-19 care plan in place. This is evidenced by: Facility Form entitled 'PUI (person under investigation) or confirmed COVID-19 Residents, states, in part: it only takes one confirmed resident or staff member to be considered an outbreak . Per the CDC (Centers for Disease Control and Prevention) (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) Residents with COVID-19 should, ideally, be cared for in a dedicated unit or section of the facility with dedicated HCP (Healthcare Personnel). Patient Placement . As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection. Dedicated means that HCP are assigned to care only for these patients during their shift. Determine how staffing needs will be met as the number of patients with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection increases and if HCP become ill and are excluded from work. Per CMS (Centers for Medicare & Medicaid Services) COVID-19 Long-term Care Facility Guidance, dated 4/2/20, states, in part: 1. Nursing Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control. 4. Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, to the extent PPE is available and per CDC guidance on conservation of PPE . If COVID-19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID-19 [DIAGNOSES REDACTED]. To avoid transmission within long-term care facilities, facilities should use separate staffing teams for COVID-19-positive residents to the best of their ability, and work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status. Long-term care facilities should exercise as best as possible consistent assignment (meaning the assignment of staff to certain patients and residents) for all patients and residents regardless of symptoms or COVID-19 status. This practice can enhance staff's familiarity with their assigned patients and residents, helping them detect emerging condition changes that unfamiliar staff may not notice. The goal is to decrease the number of different staff interacting with each patient and resident as well as the number of times those staff interact with the patient and resident. Also, staff as much as possible should not work across units or floors. CMS Critical Element Pathway, for COVID-19 Focused Survey for Nursing Homes, dated 5/8/20, states in part: 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. .When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability). Example 1: On 6/24/20 CNA G (Certified Nursing Assistant) was tested for COVID-19 due to a headache and runny nose. On 6/25/20 the facility found out that CNA G was positive for COVID-19. CNA G had worked on 6/20/20 evening shift on the 400 wing. CNA G worked on the 200 wing on the evening of 6/22/20. The 200 and 400 wing had been exposed to CNA G. On 6/26/20 all staff and Residents were tested for COVID-19. On 6/27/20 the facility received a call indicating that RN H (Registered Nurse) and CNA I along with R1 and R2 were Positive for COVID-19. The facility now has 3 staff members and 2 residents that have tested positive equaling a total of 5 cases within the facility. The facility continues to float staff even after having knowledge of positive COVID19 cases in their building. (see staffing schedule examples below.) RN H and CNA I, were both asymptomatic (without symptoms) RN H had worked the evening shift of 6/25 and 6/26/20 on the 300 wing. CNA I had worked the morning shift of 6/22 on the 200 wing, 6/24 on the 300 wing, 6/25 on the 200 wing and on 6/26/20 on the 400 wing. CNA I had potentially exposed the 200 wing, 300 wing and the 400 wing Residents to COVID-19. RN H has potentially exposed the 300 wing to COVID-19. R1 and R2 both reside on the 400 wing, and are both asymptomatic. Both R1 and R2 were placed on droplet precautions on 6/27/20. On 6/28/20, CNA J and RN K tested positive for COVID-19. CNA J had worked the evening shift of 6/22 on the 300 wing, evening shift of 6/23 on the 400 wing with CNA L and the evening shift of 6/25/20 on the 200 wing. RN K had worked the evening shift of 6/22 on the 200 wing with CNA G, evening shift of 6/23 on the 400 wing, the morning shift on 6/25 and 6/26/20 on the 300 wing. CNA J and RN K had the potential to expose all residents on the 200, 300 and 400 wing to COVID-19. On 7/1/20 facility was informed by CNA L that she was Positive for COVID-19 and had symptoms that included loss of taste, headache and a sore throat. CNA L had worked on the evening shift of 6/23/20 on the 400 wing with CNA J and on the evening shift of 6/24/20 on the 200 and 400 wing. On 7/2/20 the facility retested all Residents and Staff, testing results were obtained on 7/5/20, all working staff and resident tests came back negative. The facility staffing schedules 6/19/20 through 7/9/20 indicate the following examples of floating staff after the facility identified a positive COVID-19 case on 6/25/20: RN D worked the following days and units/wings: 7/1/20 worked day shift on the 400 unit. 7/2/20 worked day shift on the 300 unit. 7/3/20 worked day shift on the 300 unit. 7/6/20 worked day shift on the 400 unit 7/7/20 worked day shift on the 400 unit. On 7/8/20 RN D is scheduled to work the 300 unit, CNA C worked the following days and units/wings: 6/25/20 day shift on the 400 unit. 6/26/20 day shift on the 200 unit. 6/27/20 day shift on the 300 unit. 6/28/20 day shift on the 400 unit, the day after two residents tested positive for covid 19 on the 400 unit. 7/2/20 day shift on 300 unit and evening shift on the 200 unit. 7/3/20 day shift on the 200 unit. 7/4/20 day shift on the 300 unit. 7/6/20 day shift on the 300 unit. 7/7/20 day shift on the 400 unit. On 7/8/20 CNA C is scheduled to work the 200 unit. RN E worked the following days and units/wings: 6/27/20 day shift on the 200 unit. 6/28/20 day shift on the 400 unit, the day after two residents tested positive for COVID on the 400 unit. 6/29/20 day shift on the 300 unit. 7/2/20 day shift on the 400 unit. 7/3/20 day shift on the 400 unit. 7/5/20 day shift on the 300 unit. 7/6/20 day shift on the 300 unit. 7/7/20 day shift on the 300 unit. On 7/8/20 RN E is scheduled to work on the 200 unit. Please note there are several other Nurses and CNA's floating between all three units since having COVID-19 in the facility. On 7/7/20 at 8:45 AM, Surveyor observed the 400 unit, fire doors being open to the unit. The 400 unit staff are wearing just a surgical mask and goggles at this time, no other PPE indicated while in the hallway. Three rooms on the 400 wing have isolation bins outside and signage for TBP's (Transmission Based Precautions). Two of the rooms are COVID positive residents and the third room is for a new admission. There are approximately 18 Residents who reside on the 400 wing/unit, 16 who are COVID-19 Negative as of 7/7/20. On 7/7/20 at 8:50 AM, Surveyor interviewed RN D regarding</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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>COVID-19. RN D is the Nurse for the 400 wing on day shift. RN D indicated No, when asked if they have designated staff for the COVID-19 positive residents. RN D was observed to have on a surgical mask and a pair of goggles at this time. RN D indicated for non-COVID-19 rooms, they only wear a surgical mask and goggles/shield. RN D was observed not wearing full PPE for all Residents on the 400 unit per CMS recommendations. On 7/7/20 at 9:00 AM, Surveyor interviewed CNA C regarding the 400 unit. CNA D is observed having a surgical mask and a pair of goggles on at this time. CNA D indicated she takes care of the whole 400 hallway. CNA D indicated she takes care of the COVID-19 positive residents and the COVID-19 negative residents. CNA D indicated she wears just a surgical mask and goggles when caring for residents without COVID-19. CNA D indicated she is to wear an N95, another surgical mask over the N95, a gown, shield and gloves when entering COVID-19 rooms (R1 and R2's rooms). CNA D stated no, when asked if using designated staff for the COVID-19 rooms. CNA D was observed not wearing full PPE for all Residents on the 400 unit per CMS recommendations. On 7/7/20 at 9:20 AM, Surveyor interviewed HSK N (Housekeeper) on the 400 unit regarding COVID-19. Surveyor observed HSK N going into different resident rooms between 9:00 AM and 9:20 AM with just a surgical mask and goggles on. HSK N indicated for COVID-19 rooms he would need to use a gown, N95, gloves and goggles. HSK N indicated that all staff are to wear a surgical mask and goggles. On 7/7/20 at 11:45 AM, Surveyor interviewed DON B (Director of Nursing) regarding COVID-19. DON B indicated that they're not able to designate staff members to the COVID-19 positive residents. DON B indicated there is one nurse and one CNA on the 400 wing for day shift and evening shift. DON B indicated on the night shift there is 1 nurse for the entire building and 1 CNA on the 400 wing. DON B indicated the staff who came back positive on 6/28/20, were tested on [DATE]. DON B indicated there are not consistent staff working on the 400 unit. DON B indicated they did not isolate exposed residents or close the 400 wing. DON B indicated staff and residents continued to be screened and staff wear a mask and goggles. DON B indicated they were not wearing goggles or a shield prior to having positive staff cases, and that staff were only wearing a surgical mask prior to 6/25/20. Surveyor asked DON B about the CMS Pathway if she has reviewed it, DON B indicated she is aware of the Critical Element Pathway for COVID-19. DON B stated No, we're not doing that, when asked about specific requirements for For a resident with known or suspected COVID-19: .When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability) . DON B indicated she was not aware of this requirement and will be implementing it today (7/7/20). DON B indicated for healthy non-COVID-19 rooms staff are to wear a surgical mask and goggles/shield. DON B indicated all management is responsible for monitoring for compliance with standards or practice, CDC and CMS guidelines. DON B indicated she did not isolate any exposed residents on the 200 wing, as they're just trying to keep them in their rooms as much as possible. On 7/7/20 at 1:05 PM, Surveyor interviewed RN D and RN E regarding staffing assignments. RN D and RN E both have a surgical mask and goggles on at this time. RN D and RN E both indicated that they do not work the same wings, as they rotate. RN D indicated today (7/7/20) is her second day working on 400 unit/wing and that she will be working the 300 wing tomorrow (7/8/20). RN E indicated that she has been on the 300 wing the last 3 days and they do change halls. On 7/7/20 at 1:12 PM, Surveyor interviewed AD M (Activity Director) regarding activities on the 400 wing. AD M indicated she does not go into COVID-19 positive rooms, but will go into the non-COVID 400 wing rooms wearing goggles and a surgical mask as well as the other units. On 7/7/20 at 1:35 PM, NHA A (Nursing Home Administrator) and DON B indicated to Surveyor they do not have a policy regarding consistent or designated staff assignments for COVID-19. DON B indicated they use the SBAR (Situation, Background, Assessment and recommendation) form and interact tool for an ARI (Acute Respiratory Infection) outbreak. NHA A and DON B were unable to provide a policy and procedure for an Acute Respiratory Outbreak to Surveyor. NHA A indicated they have not used agency due to the uncertainty of not knowing if they have worked at other facilities. DON B indicated unable to do consistent or designated staff due to not having enough staff. Facility Policy, entitled 'Surge Capacity Staffing plan 2020, indicates the following: Three beds currently designated to COVID-19 beds. Minimal staff needed for non-COVID-19 residents: day shift is three nurses and four CNA's, evening shift is three nurses and four CNA's, and night shift is one RN and two CNA's. Minimal staff needed for COVID-19 residents is 1 CNA each shift per three COVID Residents. Facility policy does not address staffing needs for COVID-19 cases less than three. Example 2: R1 was asymptomatic and was tested for COVID-19 on 6/26/20. On 6/27/19, R1's test results indicated positive for COVID-19. On 7/7/20 at 12:20 PM, Surveyor interviewed MDS F (Minimum Data Set Nurse) regarding Care Plans. MDS F indicated that R1 should have an infection Care Plan for COVID-19. MDS F indicated she would provide Surveyor a copy of R1's Care Plan. R1's Care Plan, states, in part: The Resident with positive COVID 19 test on 6/28/20. Asymptomatic, Date initiated 07/07/2020. There is no evidence that R1 had a COVID-19 care plan prior to 7/7/20. Example 3: R2 was asymptomatic and was tested for COVID-19 on 6/26/20. On 6/27/20, R2's test results indicated Positive for COVID-19. On 7/7/20 at 12:20 PM, Surveyor interviewed MDS F regarding Care Plans. MDS F indicated that R2 should have an infection Care Plan for COVID-19. MDS F indicated she would provide Surveyor a copy of R2's Care Plan. R2's Care Plan, states, in part: The Resident with Positive COVID 19 test on 6/28/20. Asymptomatic, Date initiated 07/07/2020. There is no evidence that R2 had a COVID-19 care plan prior to 07/07/20.</p>		