

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525617	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2020
NAME OF PROVIDER OF SUPPLIER ST PAUL ELDER SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP 316 EAST 14TH STREET KAUKAUNA, WI 54130	
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 - Some	<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 maintain an accurate inventory of N95 masks and ensure staff wore N95 masks per the CDC guidance during the care of two residents (R1 and R2) to prevent the spread of COVID-19. This had the potential to affect 20 residents residing in the facility's Poppy Path corridor and nine residents residing in the facility's center of rehabilitation unit at the time of the survey. Findings include: Review of the COVID-19 Nursing Home Dataset, dated 9/6/20, revealed the facility had self-reported a total of: 31 residents with confirmed COVID-19, three resident deaths from COVID-19, and 30 staff with confirmed COVID-19, retrieved from data.cms.gov on 9/22/20. According to the Centers for Disease Control's (CDC) Preparing for COVID-19 in Nursing Homes, updated 6/25/20, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html on 9/18/20: .Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission .oResidents with known or suspected COVID-19 should be cared for using all recommended PPE, 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 face shield that covers the front and sides of the face), gloves, and gown . 1. Observation on 9/17/20 at 12:50 pm, in the facility's COR (center of rehabilitation) unit, revealed Nurse Assistant (NA1) walking with R1 from R1's restroom to R1's recliner in her room. NA1 was wearing a gown, gloves, a surgical mask, and protective goggles. NA1 was not wearing a N95 mask. During an interview on 9/17/20 at 12:50 pm, with the Assistant Director of Nursing (ADON), the ADON confirmed that R1 was readmitted to the facility from the hospital two days prior. When asked what personal protective equipment (PPE) the staff were wearing when caring for residents during the 14 days after readmission to the facility, the ADON stated the staff were wearing a gown, gloves, eye protection, and a surgical mask. The ADON then confirmed that staff does not wear a N95 mask when caring for residents unless the resident has a confirmed COVID-19 test result. Review of R1's Admission Summary, dated 9/15/20 at 9:20 pm, confirmed that R1 was readmitted to the facility on [DATE] after being hospitalized . 2. Observation on 9/17/20 at 10:33 am, in the facility's Poppy Path corridor, revealed R2's resident room door had signage indicating that R2 was on contact and droplet transmission based precautions. During an interview on 9/17/20 at 10:42 am, with the Registered Nurse (RN1), when asked about R2's transmission based precautions, RN1 stated, She (R2) is on droplet and contact precautions right now. She had one loose, watery stool (a potential symptom of COVID-19). A COVID swab (a test to determine if a resident is infected with COVID-19) was done today at 7 (am). When asked what PPE was being used by staff when caring for R2 while awaiting the results of COVID-19 testing, RN1 stated staff was using a gown, face shield, gloves, and surgical mask. RN1 then confirmed the staff did not use an N95 mask for the care of a resident until the resident has confirmed COVID-19. Review of R2's Nursing Note, dated 9/17/20 at 10:13 am, revealed Staff noted resident has had a loose stool on 9/16. Resident placed on droplet and contact precautions .COVID swab obtained and sent to lab . During an interview on 9/17/20 at 11:11 am, with RN2, when asked when staff would wear a N95 mask during the care of a resident, RN2 stated, Any time I was working the COVID unit. When I'm doing the COVID testing I would wear one then. If they (a resident) came up positive. If they (residents) are here (on a non-COVID-19 corridor of the facility) and they (residents) get a symptom we (staff) would have the surgical mask until they test positive and go to the COVID unit. RN2 then confirmed that staff would wear a surgical mask, not a N95 mask, when caring for residents with symptoms of COVID-19 while awaiting testing results. When asked how long it takes the facility to receive test results for COVID-19, RN2 stated test results were being received 24 to 48 hours after the test is collected. During an interview on 9/17/20 at 8:35 am, with the Administrator and the Director of Nursing (DON), when asked about the facility's PPE supply, the Administrator stated, It's good now. For a little while we had to use some cloth gowns. When asked about the facility's use of N95 masks, the Administrator and DON, stated that the facility staff was using N95 masks only when caring for residents with confirmed COVID-19. When asked if staff were wearing N95 masks when caring for residents that had been readmitted to the facility with in the last 14 days, the Administrator and DON stated that staff were using surgical masks when caring for these residents. 3. Review of the COVID-19 Nursing Home Dataset, dated 5/31/20 to 9/6/20, retrieved at data.cms.gov, revealed the facility self-reported that the facility had at least one week's supply of N95 masks each week during the reporting time period. Review of the facility's PPE Monitoring, dated 9/17/20, revealed the facility's Count Today of N95 masks was 780. Further review of the facility's PPE Monitoring revealed the facility had used none of the 780 N95 masks since 8/11/20. During an interview on 9/18/20 at 10 am, with the President/Chief Executive Officer (President/CEO), Administrator, DON, and Senior Director of Support Services, the President/CEO, via telephone, stated, Under normal circumstances I would be at the facility when a federal survey was there. When asked why the facility staff was not wearing N95 masks, per CDC guidance, when caring for readmitted residents during the 14 days after readmission and when caring for residents with symptoms while awaiting COVID-19 testing results, the President/CEO stated The DQA (Department of Quality Assurance), DHS (Department of Health Services), and DPH (Department of Public Health) have said we only need N95's with COVID positive residents during aerosolized procedures. So we (the facility staff) are going above and beyond by using the N95s with all COVID positive residents .If someone admits to us with a negative COVID test from the hospital their status is not unknown .We are still trying to understand our burn rate .We don't just slap an N95 on staff when someone has symptoms. The President/CEO then stated the facility cannot get any N95 masks. When asked if the facility's PPE Monitoring, dated 9/17/20, which stated the facility had 780 N95 masks, was accurate, the Director of Support Services, stated the facility's PPE monitoring was not correct. During an interview on 9/18/20 at 7:30 pm, with the President/CEO, Administrator, and DON, the Administrator stated that after reviewing the facility's supply of N95 masks 580 of the 780 N95 masks were not usable. When asked why the 580 N95 masks were not usable, the Administrator stated that some of the masks had valves and some were a duck mask that the facility had not been able to fit test the facility's staff for. When asked how long the facility had not been using N95 masks for readmitted residents on 14 day quarantine and residents with symptoms awaiting COVID-19 testing results, the Administrator stated Since June 12th following the memo from DQA (Department of Quality Assurance). When asked for evidence of the facility's attempts to procure additional N95 masks, the facility provided e-mails dated: 4/24/20, 8/19/20, 9/4/20, 9/10/20, 9/11/20, 9/14/20, and 9/18/20 (the day of the survey). Review of the e-mails, dated 9/18/20, revealed the facility was successful in finding a vendor to procure N95 masks from. During the same interview on 9/18/20 at 7:30 pm, with the President/CEO, Administrator, and DON, when asked why the facility did not make more attempts to procure N95 masks prior to September, the President/CEO stated, I'm not sure that there would be e-mails every time she (Purchasing Agent) shops with them. She (Purchasing Agent) has a relationship with the vendors. They (vendors) would let her know if they (vendors) have</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525617	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2020
NAME OF PROVIDER OF SUPPLIER ST PAUL ELDER SERVICES, INC		STREET ADDRESS, CITY, STATE, ZIP 316 EAST 14TH STREET KAUKAUNA, WI 54130	
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 - Some	<p>(continued... from page 1)</p> <p>them (N95 masks). According to the CDC's Responding to Coronavirus (COVID-19) in Nursing Homes, updated 4/30/20, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html on 9/18/20, .Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE . According to the CDC's Preparing for COVID-19 in Nursing Homes, updated 6/25/20, retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html on 9/18/20: .Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices . Personal Protective Equipment (PPE): Perform and maintain an inventory of PPE in the facility. Identify health department or healthcare coalition contacts for getting assistance during PPE shortages. The Supplies and Personal Protective Equipment pathway in the NHSN LTCF COVID-19 Module can be used to indicate critical PPE shortages (i.e., less than one week supply remaining despite use of PPE conservation strategies). Monitor daily PPE use to identify when supplies will run low; use the PPE burn rate calculator or other tools. Make necessary PPE available in areas where resident care is provided. Consider designating staff responsible for stewarding those supplies and monitoring and providing just-in-time feedback promoting appropriate use by staff. Facilities should have supplies of facemasks, respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles) . Review of the facility's Infection Control - COVID19 policy, revision date 8/22/20, revealed: .For a resident/patient with suspected, probable or confirmed COVID 19, immediate infection prevention and control measures will be put into place. Symptoms may vary in severity. For any suspected, probable or confirmed COVID19, the incident command team and Medical Director or backup Medical Director will complete an individual assessment based off of supply management and prevalence of COVID 19 in the community to ensure the resident/patient are placed in proper precautions, have proper PPE, and have proper placement within the facility . Supply Management 1. St. Paul Elder Services will monitor necessary supplies and equipment and will report to incident command on an as needed basis. 2. St. Paul Elder Services will document efforts to obtain necessary PPE and supplies needed. St. Paul Elder Services will take actions to mitigate any resource shortage and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. 3. If we cannot obtain needed supplies and equipment from vendor: a. Contact the local and state public health agency. b. We would refer to CDC for guidance to optimize the current supply or identify the next best option . Review of the facility's Use of Personal Protective Equipment and Standard and Transmission Based Precautions and Enhanced Barrier Precautions policy, revision date, 5/2020, revealed: Purpose: It is best practice at St. Paul Elder Services (SPES) to utilize Standard and Transmission Based precautions based upon the circumstances, risk of exposure to body fluids and type of illness present. Body Fluids that are considered infectious at all times are blood and blood products, all body fluids, secretions and excretions except sweat, non-intact skin and mucous membranes. All Personal Protective Equipment (PPE) is available at all times for associates to use as indicated . Conservation of PPE - When there is a disruption of supply chain of PPE, as in the case of a pandemic illness, measures will be taken to conserve use of PPE. Guidance will be taken from the CDC, Wisconsin DPH, OSHA and manufacturers regarding appropriate actions at that time .</p>		