

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525691	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER COLFAX HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 110 PARK DRIVE COLFAX, WI 54730	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview, observation, record review and policy/procedure review, the facility did not establish an Infection Control Program under which it investigates, controls and prevents infections in the facility, or implement procedures such as isolation to prevent the spread of infections such as Covid 19. This has the potential to affect all 25 residents that reside in the facility. The facility did not maintain their procedure for accurately tracking all residents and staff with signs/symptoms of acute respiratory symptoms through daily surveillance. Facility staff did not wear appropriate personal protective equipment (PPE) when entering residents' rooms with residents on precautions. This is evidenced by: Surveyor reviewed facility's monthly infection control log (line list) which identifies residents diagnosed with [REDACTED]. The infection control log for April 2020 had missing dates of onset of signs/symptoms and missing dates when isolation was initiated for a Resident (R) 2 who was diagnosed with [REDACTED]. Review of May infection control log documented R4 as having a fever with no date of onset of signs and symptom. R4 was not put on isolation. Surveyor did not receive a line list for June. The facility did not have a daily surveillance for signs or symptoms for COVID-19 or any type of possible infections. The CDC defines COVID-19 symptoms in the elderly as: Cough, fever (100.0), shortness of breath or difficulty breathing, muscle or body aches, fatigue, headache, nausea or vomiting, diarrhea, chills, sore throat, congestion or runny nose and loss of taste or smell. Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise, new dizziness, or diarrhea (cdc.gov/coronavirus 05/20). KEY STRATEGIES TO PREPARE FOR COVID-19 IN LONG TERM CARE FACILITIES CDC 05/20/20. Identify infections early: Actively screen all residents daily for fever and symptoms of COVID-19; if symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. On 6/10/20 at 2:00 p.m., Surveyor interviewed Registered Nurse (RN) E about daily surveillance for signs and symptoms of infections. RN E indicated all staff are to monitor residents daily and document in the Medication Administration Record [REDACTED]. Surveyor asked if there are daily surveillance logs to quickly identify signs and symptoms of COVID and are reviewed daily. RN E indicated she does not have daily surveillance logs and does not review infection control on a daily basis but reviews infection control weekly. Surveyor had directed RN E to the CDC website for surveillance logs and tools. RN E indicated she has the logs and has not used logs yet and will start now. RN E indicated an infection control line list for June has not been started yet. RN E indicated staff are to wear cloth masks when entering the building and will wear disposable masks when entering a room with a resident that is on precautions. On 06/15/20 at 9:30 a.m., Surveyor interviewed Director of Nursing (DON) B asking about daily surveillance logs not being completed and reviewed daily. DON B indicated did not realize the daily logs were not being completed and it should be reviewed daily. DON B indicated RN E had completed the CDC infection control training. Surveyor reviewed R1's medical record documenting a readmission date of [DATE] from the hospital. On 06/15/20 at 8:20 a.m., Surveyor observed two therapy staff enter R1's room wearing gowns, gloves and mask. No eye protection was used. Surveyor observed an isolation cart outside of R1's room and bins in R1's room by the door to dispose of PPE. Surveyor observed Certified Nursing Assistant (CNA) D removing PPE and not wearing eye protection while in R1's room. At 8:22 a.m., at the entrance of R4's room is an isolation bin with signs indicating on precautions. Surveyor observed CNA C enter R4's room wearing a cloth mask, gown and gloves and CNA D applied a disposable mask, gown and gloves before entering into room. No eye protection was worn. Surveyor observed CNA C and CNA D exit room and sanitizing hands. Surveyor interviewed CNA D about PPE to be worn when entering a resident's room who is on precautions. CNA D indicated a disposable mask, gown and gloves are to be worn. At 8:55 a.m., Surveyor interviewed CNA C asking what PPE is to be worn when entering into R4's room. CNA C indicated disposable mask, gown and gloves. Surveyor asked when CNA C entered R4's room if wearing a cloth mask is appropriate. CNA C indicated should have worn a disposable mask when going into R4's room and stated, I forgot. At 9:30 a.m., Surveyor reviewed observations with DON B and asked if eye protection should be worn with resident on precautions for admit/readmission. DON B indicated the facility had not implemented wearing eye protection.</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.