

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525648	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER BARRON CARE AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 660 E BIRCH AVE BARRON, WI 54812	
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 did not maintain an infection prevention and control program designed to help prevent the development and transmission of communicable diseases such as COVID-19. This has the potential to affect all 34 residents in the facility. Findings include: Centers for Disease Control and Prevention (CDC) guidance for Responding to COVID-19 in Long-Term Care Facilities (LTCFs) states that facilities should 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. Additionally CDC guidance recommends the following: 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. CDC guidance further states health care providers should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Facility Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) states, in part: Isolate all admitted residents (including readmissions) in their room in the COVID-19 positive designated location for 14 days if their COVID-19 status is unknown. On 06/22/20 at 8:11 AM, Surveyor interviewed Registered Nurse (RN) E who stated all newly admitted residents are quarantined in private rooms on the end of the 100 hallway for 14 days. RN E stated since last Friday (06/19/20) those residents were placed on isolation precautions for 14 days, requiring all staff to wear a gown, gloves, mask and face shield every time they enter the room. RN E stated prior to that date, newly admitted residents were quarantined to their rooms for 14 days, but staff did not wear any additional PPE, other than a face mask when entering those rooms. On 06/22/20, Surveyor interviewed Director of Nursing (DON) B who stated starting on 06/19/20 they began placing all newly admitted residents on isolation precautions for 14 days, requiring all staff to wear a gown, mask gloves and face shield every time they enter an isolation room. DON B stated prior to that date they did not require staff to wear any PPE, other than a face mask when entering the rooms of newly admitted residents. DON B stated a memo was sent out to all staff to educate them on this new policy. On 06/22/20 at 8:18 AM, Surveyor observed Certified Nursing Assistant (CNA) I enter room [ROOM NUMBER] with gloves and a mask, but no gown or face shield. Surveyor observed a sign on the wall outside room [ROOM NUMBER] that stated: PPE to be used in this room: 1. Surgical face mask 2. Gown 3. Face Shield 4. Gloves. From the hallway, Surveyor observed CNA I take dirty linen from a pile on the bed and place it in a clear plastic bag. CNA I then tied the bag and carried the bag out of room [ROOM NUMBER] and down the hallway. CNA I did not remove the contaminated gloves or practice hand hygiene upon leaving room [ROOM NUMBER]. At 8:24 AM, Surveyor observed CNA I enter room [ROOM NUMBER] wearing a mask and gloves, but no gown or face shield. CNA I carried a pile of folded linen into room [ROOM NUMBER] and began making the bed while the resident was seated beside the bed. Surveyor observed CNA J enter room [ROOM NUMBER] wearing a gown, mask, gloves and face shield. CNA J spoke to CNA I and then CNA I left room [ROOM NUMBER] without removing contaminated gloves or performing hand hygiene. CNA I went to a cart in the hallway and removed a gown with the contaminated gloves on, put the gown on, but did not put on a face shield. CNA I then returned to room [ROOM NUMBER]. On 06/22/20 at 9:40 AM, Surveyor observed CNA I in room [ROOM NUMBER] wearing a gown, gloves, mask, but no face shield. At sign on the wall outside of room [ROOM NUMBER] stated: PPE to be used in this room: 1. Surgical face mask 2. Gown 3. Face Shield 4. Gloves. On 06/22/20, Surveyor informed DON B of the above observations. DON B confirmed that CNA I did not follow proper infection control procedures for entering and exiting isolation rooms. Facility Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) states, in part: Per CDC, Ensure all staff wear a facemask or cloth face covering for source control while in the facility. On 06/22/20 at 8:28 AM, Surveyor observed Dietary Aide (DA) K preparing resident breakfast trays in the kitchen. DA K had a surgical face mask on covering only DA K's mouth. DA K's nose was exposed. At 8:47 AM, Surveyor observed DA K placing items in the cooler in the kitchen. DA K's face mask was covering the mouth but not the nose. Surveyor informed DON B about the above observation, and DON B stated this was not appropriate face covering for source control. Facility policy for Cleaning/Sanitizing Equipment states, in part: All staff using equipment are responsible for cleaning that equipment before using on another resident, using Hydrogen Peroxide Cleaner/Disinfectant Wipes on the following: the lifts. When resident is finished using equipment, the staff removing the equipment from the room will be responsible to clean it the final time. On 06/22/20 at 8:40 AM, Surveyor observed CNA L push a mechanical lift from resident room [ROOM NUMBER] to room [ROOM NUMBER], which was an equipment storage area. After placing the lift beside several other lifts, CNA L left the equipment room and used alcohol based hand rub. Surveyor asked CNA L the facility policy for cleaning equipment after resident use. CNA L stated all equipment is wiped down with sanitizing wipes after resident use. Surveyor asked CNA L if CNA L wiped down the lift that was just placed in the equipment room, and CNA L stated no, CNA L would do it later. Surveyor asked CNA L how other staff would know that lift had not been sanitized yet, if they went to use it. Before CNA L could answer, RN E interrupted CNA L and stated RN E would wipe down the lift because RN E needed to use it.</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.