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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525587 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/16/2020 |
| NAME OF PROVIDER OF SUPPLIER FAIRHAVEN CORPORATION | | STREET ADDRESS, CITY, STATE, ZIP 435 W STARIN RD WHITEWATER, WI 53190 | |
| 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 and record review, the facility failed to prevent potential infection and transmission of COVID-19 by failing to ensure adherence to infection control practices to prevent the transmission of the Coronavirus (COVID-19) as evidenced by failure on: isolation precautions including proper placement of soiled linen bin for one (R1) resident; hand hygiene after care for one (R2) resident; and proper disinfection of shared medical equipment after use for one (R3) resident. This could affect all 66 residents in the skilled nursing facility. 1. Review of R1's medical record revealed an admission date of [DATE]. R1 was placed on droplet/contact isolation. Review of facility's policy titled Management of a COVID-19 Pandemic dated April 2020 under Emergency Protocol - COVID-19 revealed, Q. Admissions: All incoming residents will be screened for risks for COVID-19. All admissions and re-admissions will be admitted to a semi-private room and will remain there for the 14-day incubation period on droplet/contact isolation. Observation on 7/1/20 at 10:45am revealed two isolation bins inside R1's room. An isolation cart was outside of R1's room. A metal linen bin was observed next to the isolation cart. In an interview with Registered Nurse (RN1) on 7/1/20 at 11:18am, when asked about the two isolation bins inside R1's room and the metal linen bin outside of R1's room, RN1 stated, One with red bag is for garbage and the other one is for linens, washable. Outside the room, is for the reusable gowns. In an interview with the Director of Nursing (DON) on 7/1/20 at 3:32pm, when asked about the metal bin outside of R1's room, the DON stated that staff use it to dispose their cloth isolation gowns and added, They are not disposable and laundry comes up to get them. During a follow-up interview with the DON on 7/14/20 at 9:38am, when asked about the placement of soiled linen bin outside of the isolation room, the DON stated, I don't think every room, having a soiled linen bin in the room is feasible. Review of facility's policy titled Standard Precautions dated May 2020, under Procedure revealed, Handle, transport, and processed used linen soiled with blood, body fluid, secretions, and excretions in a manner that prevents skin exposure and contact with clothing, and that avoids transfer of microorganisms to other residents and environments. Under Contact Precautions revealed, Remove gown prior to leaving the resident's room. In a CDC article titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated July 15, 2020 under Recommended infection prevention and control (IPC) when caring for a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 infection revealed, Put on a clean isolation gown upon entry into the patient room or area. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html In a CDC article titled Preparing for COVID-19 in Nursing Homes dated June 25, 2020, under Provide Supplies Necessary to Adhere to Recommended Infection Prevention and Control Practices revealed, Position a trash can near the exit inside the resident room to make it easy for staff to discard PPE prior to exiting the room or before providing care for another resident in the same room. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html 2. Observation on 7/1/20 at 11:51am revealed that Nursing Assistant (NA1) was passing out lunch trays in the second floor dining room. NA1 went to R2's table and repositioned R2 in her wheelchair. NA1 proceeded to grab another clean food tray and placed it on top of the kitchen counter. NA1 failed to perform hand hygiene after helping R2. When asked what she missed after assisting R2 and before grabbing another clean food tray, NA1 stated, Wash my hands. In an interview with the DON on 7/14/20 at 9:38am, when asked about her expectation from staff after assisting a resident and before returning to pass out lunch trays, the DON stated, Wash their hands. We put more hand sanitizers by the tray line and by the back wall. Review of facility policy titled Standard Precautions dated May 2020 under Procedure revealed, 1. Hands must be washed after touching the resident or potentially contaminated articles (i.e., wheelchair) and before taking care of another resident. Review of facility's policy titled Handwashing Procedure dated May 2020 under Additional Tips to Facilitate Proper Handwashing revealed, 6. When to wash your hands: upon arrival at work, before resident contact, after resident contact. In a CDC article titled Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated July 15, 2020 under Hand Hygiene revealed, HCP 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. https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html 3. Observation on 7/1/20 at 1:34pm revealed that Licensed Practical Nurse (LPN1) checked R3's oxygen saturation level, temperature, respiration and blood pressure. After the procedure, LPN1 used the Sani-Cloth disinfecting wipe to disinfect the blood pressure cuff, thermometer and pulse oximeter (device to measure oxygen level in the blood). LPN1 hung the stethoscope around his neck. When asked what he missed, LPN1 was unsure. LPN1 failed to disinfect the stethoscope after use on R3. In an interview with the DON on 7/14/20 at 3:32pm, when asked if she expected staff to disinfect shared medical equipment including the stethoscope after use on a resident, the DON stated, Yes. Review of undated facility's policy titled Cleaning and Disinfection of resident-Care Items and Equipment revealed, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard .d. Reusable items are cleaned and disinfected or sterilized between residents (e.g., stethoscopes, durable medical equipment). In a CDC article titled Environmental Cleaning Procedures dated April 21, 2020, under Non-critical patient care equipment revealed, Portable or stationary noncritical patient care equipment includes IV poles, commode chairs, blood pressure cuffs, and stethoscopes. These high-touch items are: used by healthcare workers to touch patients (i.e., stethoscopes) .often shared between patients. These are the best practices for selection and care of non-critical patient care equipment: clean all equipment using the methods and products available at the facility .Train the staff responsible for cleaning equipment on procedures before the equipment is placed into use. https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html#anchor_562</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.