

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER EDENBROOK OF OSHKOSH		STREET ADDRESS, CITY, STATE, ZIP 1850 BOWEN ST OSHKOSH, WI 54901	
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 properly prevent the spread of infections such as COVID-19 as evidenced by failures to: (1) follow infection control practices related to the use of glucometers (a medical device used to measure sugar levels in the blood) for four (R1, R2, R3 and R4) residents; (2) perform hand hygiene when delivering meal trays for three (R5, R6 and R7) residents; (3) clean and disinfect a high-touch surface after resident use for one (R8) resident; and, (4) clean and disinfect a mechanical lift in between resident use for five (R9, R10, R11, R12 and R13) residents. Findings include: 1. Review of R1's, R2's, R3's and R4's current [DIAGNOSES REDACTED]. In addition, some diabetes-related health issues, such as nerve damage and reduced blood flow to the extremities, increase the body's vulnerability to infection.). A.1) Observation of Registered Nurse (RN)1 on 5/14/20 at 11:09am, revealed RN1 used the Ultra Trak Pro glucometer to check R1's blood sugar in R1's room. Without using any barrier to protect the blood glucose strip case and glucometer case from contamination by the surface of R1's over-bed table, RN1 sat the glucometer case and blood glucose strip case on R1's over-bed table. After checking R1's blood sugar, RN1 washed her hands for eight seconds. RN1 went back to the medication cart and wiped the glucometer with a PDI Sani-Hands wipe (a hand hygiene solution for staff, visitors, patients or residents who cannot get out of bed to clean their hands) for six seconds, wrapped the glucometer with the same wipe and put it in a plastic cup on top of the medication cart. RN1 did not sanitize the blood glucose strip case and the glucometer case. 2) Observation of RN1, on 5/14/20 at 11:16am, revealed RN1 used the Ultra Trak Pro glucometer to check R2's blood sugar in R2's room. Without using any barrier to protect the glucometer case and the blood glucose strip case from contamination by the surface of R2's over-bed table, RN1 sat the glucometer case and blood glucose strip case on top of the over-bed table. After checking R2's blood sugar, RN1 washed her hands for 10 seconds. RN1 went back to the medication cart and wiped the glucometer with a PDI Sani-Hands wipe, wrapped the glucometer with the same wipe and put it in a plastic cup on top of the medication cart. RN1 did not sanitize the blood glucose strip case and the glucometer case. In an interview with the Administrator, Director of Nursing (DON) and Assistant Director of Nursing (ADON) on 5/14/20 at 2:59pm, when told about the observation of nursing staff setting the glucometer case and blood glucose test strip case on residents' over-bed tables without using any barrier, the DON stated, There should be a barrier. I believe so but (I) would have to read the policy. When asked how long the nursing staff should wash her hands, the Administrator stated, 20 seconds. When asked about the use of PDI Sani-Hands wipe to sanitize the glucometer, the Administrator stated, It's for the hands (not for disinfecting medical equipment). Review of the facility's Hand Hygiene policy and procedure last revised on 9/17/18 revealed, under Washing Hands With Soap and Water, 1. Staff will perform hand hygiene by washing hands for at least twenty (20) seconds with antimicrobial or non-antimicrobial soap and water .2. Vigorously lather hands with soap and rug (sic) them together, creating friction to all surfaces for at least twenty (20) seconds under a moderate stream of running water at a comfortable temperature . B.1) Observation of RN2, on 5/14/20 at 11:42am, revealed RN2 used the Ultra Trak Pro glucometer to check R3's blood sugar in R3's room. Without using any barrier to protect the glucometer case from contamination by the surface of the medication cart, RN2 sat the glucometer case on top of the medication cart. After checking R3's blood sugar, RN2 went back to the medication cart and sat the contaminated glucometer case on top of the medication cart without using any barrier. RN2 wiped the glucometer with the PDI Sani-Cloth Plus wipe for five seconds, placed the glucometer back in the contaminated glucometer case then kept it in the medication cart. 2) Observation of RN2 on 5/14/20 at 11:46am, revealed RN2 used the Ultra Trak Pro glucometer to check R4's blood sugar in R4's room. Without using any barrier to protect the glucometer case from contamination by the surface of the medication cart, RN2 sat the glucometer case on top of the medication cart. After checking R4's blood sugar, RN2 went back to the medication cart and sat the contaminated glucometer case on top of the medication cart without using any barrier. RN2 wiped the glucometer with the PDI Sani-Cloth Plus wipe for five seconds, placed the glucometer back in the contaminated glucometer case then kept it in the medication cart. In an interview with the DON, ADON and the Administrator on 5/14/20 at 3:06pm when told about the observation of nursing staff sitting the glucometer case medication cart without using any barrier, the DON stated, There should be a barrier. When asked about the contact time (also known as the wet time and the time that the disinfectant needs to stay wet on a surface in order to ensure efficacy) of the PDI Sani-Cloth Plus wipe, the DON stated, Three minutes. When asked about the implication of not following the contact time of the disinfectant wipe, the DON stated, (They) might as well not do something. According to the PDI Sani-Cloth Plus Germicidal Disposable Cloth General Guidelines For Use, .4. Allow treated surface to remain wet for three (3) minutes. Let air dry . The facility's Blood Glucose Monitoring policy and procedure was requested but the facility only provided the Cleaning and Disinfection of a Glucometer policy and procedure. This policy did not address the actual procedure of performing blood glucose monitoring which would have included the use of barrier or liner for the glucometer to protect it from contamination from environmental surfaces. Review of the facility's Cleaning and Disinfection of a Glucometer policy and procedure last updated on 11/20/19 revealed under Guidelines: .All glucometers will be cleaned and disinfected using a 1:10 bleach (sodium hypochlorite) solution or commercially prepared EPA (Environmental Protection Agency) germicidal (bleach) wipe . Further review of the same policy and procedure revealed under Procedure: .3. Wipe all external surfaces, including top, bottom and sides, using the bleach solution or commercially prepared EPA germicidal wipe .4. Ensure the meter remains wet for one (1) minute and allow to air dry for an additional minute . According to a Centers for Disease Control and Prevention (CDC) article titled, Guidelines for Environmental Infection Control in Health-Care Facilities published on 6/6/03 under Recommendations - Environmental Services on subsection Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient Care Areas, .3. Use barrier protective coverings as appropriate for noncritical surfaces that are 1) touched frequently with gloved hands during the delivery of patient care; 2) likely to become contaminated with blood or body substances . 2. Review of the current [DIAGNOSES REDACTED]. Review of R6's and R7's current [DIAGNOSES REDACTED]. A. Observation of a housekeeping staff (E1) on 5/14/20 at 12:21pm revealed that E1 was delivering a meal tray to R5's and R6's rooms. Further observation revealed that E1 entered the two rooms and assisted in setting up the lunch trays on residents' over-bed tables. E1 went in and out of the two rooms without performing hand hygiene. B. Continuous observation of E1 revealed that E1 brought a meal tray to R7's room and emptied R7's garbage can. E1 did not wash his hands after emptying the garbage but instead used a hand sanitizer. R7 did not want the broccoli on her lunch plate and requested for the meal to be replaced. E1 took R7's lunch plate to the kitchen and brought back the replacement plate to R7. In an interview with the DON, Administrator and ADON on 5/14/20 at 3:08pm, when asked of their expectations of ancillary staff when delivering meal tray to residents' rooms, the DON stated, (Nursing staff should perform) hand hygiene between residents. When asked about E1's use of hand sanitizer after emptying R7's garbage can, the Administrator stated, (He should have) washed his hands after emptying the garbage. Review of the facility's Personal Cleanliness and Hygienic Practices for Food Service policy and procedure dated 7/1/18 revealed under 3. Procedure: .3.12 Food service workers and other staff that assist in the delivery of meals shall use proper hand hygiene when going from room to room. Hands must be washed prior to serving of trays and sanitized between each</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 525299	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/15/2020
NAME OF PROVIDER OF SUPPLIER EDENBROOK OF OSHKOSH		STREET ADDRESS, CITY, STATE, ZIP 1850 BOWEN ST OSHKOSH, WI 54901	
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>room. Every third room, hands must be washed in place of using hand sanitizer . Review of the facility's Hand Hygiene policy and procedure last revised on 9/17/18 revealed under Washing Hands With Soap and Water, 1. Staff will perform hand hygiene by washing hands for at least twenty (20) seconds with antimicrobial or non-antimicrobial soap and water (and) should be performed under the following conditions: .e. After handling items potentially contaminated with blood, body fluids, or secretions . 3. Observation on 5/14/20 at 11:26am revealed that R8 used the phone in the 100 Hall nurses' station. R8 was not wearing mask when he was using the phone. The phone was not sanitized after R8 used it. Observation on 5/14/20 at 12:21pm revealed that R8 was using the phone in the 100 Hall nurses' station and was still not wearing mask. The phone was not sanitized after R8 used it. In an interview with the Administrator, DON and ADON on 5/14/20 at 3:10pm, when asked how often the phone should be disinfected, the DON stated, (It should be) sanitized after use. Review of the facility's COVID-19 policy and procedure with the last revision date of 5/13/20 revealed, under Minimize chances for exposure: .6. Increase cleaning and disinfection of high touch areas ie .phones .with appropriate EPA-registered products . According to Agency for Healthcare Research and Quality's publication titled, A Unit Guide to Infection Prevention for Long-Term Care Staff, under Environmental Cleaning and Disinfection, .Cleaning typically refers to physically removing soil and dirt. Disinfecting and sanitizing, however, is removing or killing the germs that can cause disease. Surfaces in a room or equipment can harbor these germs. All surfaces and equipment must be routinely cleaned and disinfected, including between use on each resident, to prevent the spread of germs and diseases. This includes cleaning and disinfecting high-touch areas, including .Phones . 4. Review of the current [DIAGNOSES REDACTED]. A.1) Observation on 5/14/20 at 1:20pm revealed that Nursing Assistant (NA)1 and NA2 used the sit-to-stand mechanical lift (specifically designed to secure patients during transfers from a seated position to a standing position, enabling quicker, easier, and safer patient lifting and transfer for both the patient and the caregiver) to transfer R9 to bed. After using the mechanical lift with R9, NA1 and NA2 did not sanitize the mechanical lift. 2) Observation on 5/14/20 at 1:29pm revealed that NA1 and NA2 used the sling mechanical lift (a mobility tool used to help seniors with mobility challenges get out of bed or the bath without the assistance of another person) to transfer R10 to bed. NA1 and NA2 did not sanitize the mechanical lift after use with R10. 3) Observation on 5/14/20 at 1:35pm revealed that NA1 and NA2 used the contaminated sit-to-stand mechanical lift (used earlier to transfer R9 to bed) to transfer R11 to the toilet. NA1 and NA2 did not sanitize the mechanical lift after use with R11. B. Observation on 5/14/20 at 2:05pm revealed that the DON and NA3 used the same contaminated sit-to-stand mechanical lift, used by NA1 and NA2, to transfer R12 to bed. After using the mechanical lift with R12, the DON was seen wiping the handles of the mechanical lift. In an interview with the DON right after the observation, when asked about what she was using to clean and disinfect the mechanical lift, the DON showed the canister of PDI Sani-Cloth Plus Germicidal Wipes. When asked how long the mechanical lift was visibly wet after she wiped it with the PDI Sani-Cloth Plus wipe, the DON stated, (It was wet for) one minute. According to the PDI Sani-Cloth Plus Germicidal Disposable Cloth General Guidelines For Use, .4. Allow treated surface to remain wet for three (3) minutes. Let air dry . C. Observation on 5/14/20 at 2:24pm revealed that NA4 and NA5 used the sling mechanical lift to transfer R13 to bed. NA4 and NA5 did not sanitize the mechanical lift after use with R13. In an interview with the DON on 5/14/20 at 3:15pm, when told about the above observation of nursing assistants not sanitizing the mechanical lifts after resident use, the DON stated, (They) should sanitize (the mechanical lift in between resident use). Review of the facility's Cleaning and Disinfection of Resident Care Equipment policy and procedure last revised on 11/20/19 revealed under Procedure: 1. Reusable equipment (including mechanical lifts) will be cleaned and disinfected after use of one resident and before use of another resident .6. Apply disinfecting solution to all surfaces of the equipment and allow the solution to remain on the equipment for all the appropriate wait time, according to manufacturer recommendations; 7. Allow to air dry unless otherwise specified by manufacturer recommendations .</p>		