

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525313	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER CROSSROADS CARE CENTER OF SUN PRAIRIE		STREET ADDRESS, CITY, STATE, ZIP 41 RICKEL RD SUN PRAIRIE, WI 53590	
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 did not ensure that its Infection Control Program controls and prevents the spread of infections, such as (COVID-19) for 3 of 2 admission/re-admissions not placed in a private room and 2 of 2 staff not wearing appropriate PPE. R4, R5 and R6 were admitted or readmitted to the facility into a room with an existing roommate (cohorted) after hospitalization. The facility did not place these residents in a private room to prevent the potential spread of COVID-19. R7 and R8 were placed in Droplet Precautions for potential COVID-19 and staff were observed not wearing the required full PPE (Personal Protective Equipment); specifically gowns were not worn when entering the resident rooms. This is evidenced by: The facility's Infection Prevention and Control COVID-19 Interim Policy dated 5/4/20 states in part: For new residents or returning residents who are COVID-19 negative or unknown and do not have (emphasis included in document) fever or symptoms of respiratory infection, initiate droplet precautions for a minimum of 7 days (14 days when possible) and place in a single room if available. If a single room is not available, revert to social distancing with 6 feet between beds and privacy curtain for separation. Personal Protective Equipment: Staff will use appropriate PPE when they are interacting with residents, to the extent PPE is available and per CDC guidance on conservation of PPE and the facility's policy for Optimizing PPE. Current CDC (Centers for Disease Control) Guidelines (Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) note in part: Considerations for new admissions or readmissions to the facility. A patient hospitalized for [REDACTED]. However, to ensure they are not infected, nursing homes should place them in Transmission-based Precautions in a separate observation area or in a single-person room until 14 days have elapsed since admission. 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. 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. Findings Include: Example 1 R4 was reviewed as a closed record. R4 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R4 was hospitalized on [DATE]. R4 was tested for COVID-19 on 5/6/20 at the hospital, test result was negative. R4 returned to the facility on [DATE] (2 days after COVID-19 negative test) to the same double room, on droplet precautions for 14 days, with an existing roommate. Record review noted that R4 was monitored daily, without presence of symptoms for COVID-19. Example 2: R5 was reviewed as a closed record. R5 was admitted to the facility on [DATE] with a [DIAGNOSES REDACTED]. R5 was tested for COVID-19 on 5/14/20 at the hospital, test result was negative. R5 was admitted to the facility on [DATE] (8 days after COVID-19 negative test) into a double room, on droplet precautions for 14 days, with an existing roommate. Record review noted that R5 was monitored daily, without presence of symptoms for COVID-19. Example 3: R6 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R6 was hospitalized on [DATE]. R6 was tested for COVID-19 on 5/17/20 at the hospital, test result was negative. R6 was re-admitted to the facility on [DATE] (9 days after COVID-19 negative test) to the same double room, on droplet precautions for 14 days, with an existing roommate. R6 was sent to the hospital on [DATE] for evaluation and was tested for COVID-19, test result was negative. R6 was returned to the facility on [DATE] and was readmitted to the same double room, on droplet precautions for 14 days, with an existing roommate. Record review noted that R6 was monitored daily, without presence of symptoms for COVID-19. On 6/10/20 at 11:05 AM, and at 1:20 PM, Surveyor observed R6 in her room with a roommate and the privacy curtain was not drawn. Of note: The CDC guidance states nursing homes should place new admissions or readmissions in Transmission-based Precautions in a separate observation area or in a single-person room on droplet and contact precautions for 14 days. This requires the use of the following PPE, 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. Not following CDC guidance for placement of new or readmissions unnecessarily exposes a roommate to a potential communicable disease, COVID 19. Furthermore, staff were observed not wearing gowns and not following the appropriate TBP. Not following appropriate TBP places increases the risk of exposure to the healthcare provider with potential to spread communicable disease, COVID 19, to facility residents and staff. Example 4 R7 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R7 was tested for COVID-19 on 5/16/20 at the hospital, test result was negative. R7 was admitted to the facility on [DATE] (12 days after COVID-19 negative test) into a private room and was placed on droplet precautions for 14 days. Record review noted that R7 was monitored daily, without presence of symptoms for COVID-19. On 6/10/20 at 9:20 AM, Surveyor observed R7's room with an isolation cart outside of the door. Droplet precaution sign was posted on the door instructing staff to wear a mask, goggles and gloves when entering the room. Surveyor observed CNA C (Certified Nursing Assistant) enter R7's room completing hand hygiene and wearing a mask. CNA C put on goggles and gloves and entered R7's room to pick up her breakfast tray. Surveyor observed CNA C leave R7's room after removing her gloves, completing hand hygiene removing her mask and goggle. CNA C completed hand hygiene placed new gloves disinfected her goggles and put on a new mask. CNA C did not put on a gown before entering R7's room. Example 5 R8 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R8 was admitted to the facility 10 days after COVID-19 negative test into a private room and was placed on droplet precautions for 14 days. Record review noted that R8 was monitored daily, without presence of symptoms for COVID-19. On 6/10/20 at 9:32 AM, Surveyor observed R8's room with an isolation cart outside of the door. Droplet precaution sign was posted on the door instructing staff to wear a mask, goggles and gloves when entering the room. Surveyor observed PTA (Physical Therapy Assistant) D in R8's room wearing a mask, goggles and gloves. At 10:20 AM, Surveyor observed PTA D leave R8's room removing gloves, completing hand hygiene, removing mask, goggles and completing hand hygiene again before disinfecting her goggles and equipment. Surveyor interviewed PTA D about what she was taught for entering a room with residents in droplet precautions, PTA D stated that she told to wear a mask, goggles and gloves for residents in droplet precautions. Of note: CDC guidance states all admissions and readmissions should be placed in droplet and contact precautions for 14 days. This requires the use of the following PPE 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. Staff were observed not wearing gowns and not following the appropriate TBP. Not following appropriate TBP places increases risk of exposure to the healthcare provider with potential to spread communicable disease, COVID 19, to facility residents and staff. On 6/10/20 at 1:55 PM, Surveyor interviewed NHA A (Nursing Nome Administrator) and DON B (Director of Nursing) about cohorting residents who had been at the hospital into double rooms with roommates at admission or re-admission. DON B, who also oversees the facility's Infection Control Program, stated that R5 was admitted and R4 and R6 were readmitted without symptoms of COVID-19 and were monitored for 14 days without symptoms present. NHA A stated for R4's readmission and R5 admission, there were no other rooms available and the privacy curtain was drawn between the roommates. NHA A stated that R6 and her roommate wanted to be in the same room and understood the risks. Surveyor reported observations of R6 in her room with a roommate without the privacy curtain drawn and asked why R6's privacy curtain was not</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>drawn, DON B stated that ideally the curtain should be drawn as a barrier but R6 and the roommate did not want it drawn. Surveyor asked NHA A and DON B why the facility did not include the use of gowns for entering a resident room who is placed in droplet precautions. NHA A stated the facility was following their policy and also was trying to conserve on use of gowns in order to have enough gowns to use for residents who needed contact precautions for multi-drug resistant organisms. Surveyor asked NHA A if she had talked to local public health about cohorting residents who had been hospitalized into a double room with an existing roommate, or not using gowns for those in droplet precautions. NHA A stated that she had not discussed this with public health and the facility was following their policy. The facility did not ensure that they were following current standards of practice for cohorting admitted or readmitted residents to protect others from exposure to COVID-19. The facility did not initiate appropriate transmission based precautions to include both contact and droplet precautions for new admissions or readmissions who were being monitored for 14 days for symptoms of COVID-19 per current CDC guidance.</p>		