

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER LAFAYETTE MANOR		STREET ADDRESS, CITY, STATE, ZIP 719 E CATHERINE ST BOX 167 DARLINGTON, WI 53530	
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 - Few	<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 it maintained an infection prevention and control program designed to provide safe, sanitary and comfortable environment to help prevent the development and transmission of communicable disease and infections such as COVID-19 for 3 of 3 residents on transmission based precautions (TBP) out of a total sample of 6 residents (R4, R5 & R6). R4 is on transmission based precautions; a used isolation gown was observed hanging on the outside of R4's door which leads into the hallway. R4 did not have a care plan for transmission based precautions. R5 is on transmission based precautions: two isolation gowns and face shields were observed hanging on the outside of R5's door which leads into the hallway. R5 did not have a care plan for transmission based precautions. R6 is on transmission based precautions; used isolation gowns and face shields were observed hanging on the outside of R6's door which leads into the hallway. R6 did not have a care plan developed for transmission based precautions. This is evidenced by: Per the CDC (Centers for Disease Control and Prevention) Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. Per CMS (Centers for Medicare and Medicaid Services) Droplet precautions are actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. 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. Example 1: R4 is on precautionary droplet transmission based precautions. On 6/9/20 at 9:40 AM, Surveyor observed R4 to be on droplet precautions. R4's room door has a cloth divider hanging on the door, holding PPE items (Personal Protective Equipment). Surveyor observed a face shield and a yellow tied isolation gown hanging on a hook on R4's door. The isolation gown is observed to be partially touching the clean PPE holder at this time. R4's room door was observed to be open halfway into the hallway. On 6/9/20 at 10:15 AM, Surveyor interviewed CNA F (Certified Nursing Assistant) regarding isolation items being on R4's door. CNA F indicated that she is unsure where the gown on R4's door came from and it shouldn't be on the door. CNA F indicated she does not know who hung the gown up on R4's door. CNA F removed the gown off of R4's door at this time. On 6/9/20 at 12:45 PM, Surveyor asked INHA A (Interim Nursing Home Administrator) for a care plan for R4 regarding droplet TBP's. On 6/9/20 at 12:57 PM, Surveyor interviewed INHA A regarding care plans for TBP. INHA A indicated R4 did not have a care plan for TBP due to not having an active infection, there are no care plans for isolation precautions or preventative precautions for R4. Example 2: R5 is on precautionary droplet transmission based precautions. On 6/9/20 at 9:35 AM, Surveyor observed that R5 is on droplet precautions. R5's room door has a cloth divider hanging on the door, holding PPE items such as gown, gloves face shield and face mask. R5's door was observed to be half open into the hallway. R5 had two face shields and two disposable gowns hanging on hooks on the outside of the door. The disposable gowns and face shields were visibly touching the clean PPE holder. On 6/9/20 at 9:45 AM, Surveyor observed CNA E put a gown on which was hanging on R5's door, along with a face shield and gloves. CNA E walked across the hallway, and opened a closet door to retrieve an incontinent product then proceeded into R5's room at this time with a wheelchair and brief. Surveyor observed both gowns that had previously been on R5's door are now gone off the door and only one shield remained on R5's door at this time. On 6/9/20 at 9:52 AM, Surveyor observed CNA E come out of R5's room with a shield and face mask on. CNA E removed her face shield and hung it back up on R5's door. CNA E did not wipe down or disinfect her face shield prior to hanging it up on R5's door. CNA D also exited R5's room with a gown on. On 6/9/20 at 10:00 AM, Surveyor interviewed CNA E regarding the PPE on R5's door. CNA E indicated the yellow gowns hanging on R5's door were gowns that were used earlier. CNA E indicated the gowns have names on them. (No names are visible on the gowns) CNA E indicated the gowns are hanging up on the doors so staff can put the gowns on before entering the rooms. CNA E stated she and CNA D wore the gowns that were hanging on the door. CNA E indicated they use the same gown all shift and the same surgical mask is worn all shift unless wet or visibly soiled. CNA E indicated after using the gown it is considered dirty and the gowns hanging on R5's door are dirty due to being worn before. CNA E indicated the hall is considered a clean area. On 6/9/20 at 10:58 AM, Surveyor interviewed INHA A (Nursing Home Administrator) and IDON (Interim Director of Nursing) B regarding isolation precautions and PPE on doors. INHA A indicated that R5 is on precautionary isolation due to being a new admission on 6/8/20. On 6/9/20 at 1:12 PM, Surveyor observed three gowns, one face shield and two surgical masks with a shield attached hanging on the outside of R5's door. All three gowns were covering a portion of the clean PPE hanging within a cloth storage unit on R5's door. Example 3: R6 is on precautionary droplet transmission based precautions. On 6/9/20 at 9:36 AM, Surveyor observed that R6 is on droplet precautions. R6's door is completely open. R6 has a cloth PPE storage holder hanging on his door. R6's room door has two face shields and two gowns hanging on the outside of the door which faces the hallway on top of the cloth PPE storage on R6's door. On 6/9/20 at 10:05 AM, Surveyor observed RN C (Registered Nurse) put on a gown that was hanging on R6's door, which appeared to have already been used. Surveyor unable to locate a name on the gown. RN C also placed a shield on from R6's PPE supplies on the door, which the used gowns are hanging over. RN C indicated the gown she put on was hers from this morning and that she knows it's hers because she hung it there. RN C unable to locate her name on the gown or shield. RN C indicated that R6's door should not be open if on droplet precautions. On 6/9/20 at 10:11 AM, Surveyor observed RN C come out of R6's room. RN C used alcohol based hand rub (ABHR), then hung up the gown she was wearing and shield onto R6's door then proceeded into R5's room. (RN C did not use ABHR after hanging up her gown on R6's door prior to entering R5's room.) RN C indicated she used hand gel (ABHR) when coming out of R6's room. On 6/9/20 at 9:30 AM, Surveyor interviewed RN C regarding handwashing. RN C indicated staff should wash their hands when going from dirty to clean and between residents. On 6/9/20 at 1:13 PM, Surveyor observed three gowns, two face shields and one surgical mask with a shield attached hanging on the outside of R6's door. On 6/9/20 at 10:58 AM, Surveyor interviewed INHA A and IDON B regarding isolation precautions and PPE on doors. INHA A indicated that R6 is on precautionary isolation due to going to the hospital. On 6/9/20 at 10:58 AM, Surveyor interviewed INHA A and IDON B regarding isolation precautions and PPE on doors. INHA A indicated that R6 is on precautionary isolation due to going to the hospital. INHA A indicated that R5 is on precautionary isolation due to being a new admission on 6/8/20. INHA A indicated that R4 is on precautionary isolation due to going out of the facility for a funeral. INHA A indicated the facility is unable to know what or who each resident was exposed to. IDON B indicated used gowns should not be in clean areas. IDON B indicated the isolation gowns are considered</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 - Few</p>	<p>(continued... from page 1)</p> <p>dirty after one use. IDON B indicated the hallway area is considered clean. IDON B indicated hooks will be put on the back of the doors in order to hang the gowns. On 6/9/20 at 12:45 PM, Surveyor asked INHA A for a care plan for R6 regarding droplet TBP's. On 6/9/20 at 12:57 PM, Surveyor interviewed INHA A regarding care plans for TBP. INHA A indicated that due to not having an active infection, there are no care plans for isolation precautions or preventative precautions for R4, R5 or R6. It should be noted although the facility was only stating they were using droplet precautions the facility was universally using gowns and the appropriate PPE to meet the definition of both droplet and contact TBP.</p>		