

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525424</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BROOKFIELD REHAB AND SPECIALTY CARE CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>18740 W BLUEMOUND RD BROOKFIELD, WI 53045</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, record review, and interview, the facility did not ensure prevention of a transmissible communicable disease such as COVID-19 by proper use of face masks potentially affecting 42 of 126 residents. CNA-D, Housekeeper-E, and CNA-F wore face masks that covered their mouths but did not cover their noses while working on resident care units. Findings include: The facility policy and procedure entitled Interim Personal Protective Equipment (PPE) Use Guidelines and Strategies to Optimize the Supply of Equipment dated 4/6/2020 states: A. Facemasks: 1. Interim Use Guideline: Team members are currently expected to wear face masks: a. In all communities, during all direct resident care activities and interactions; b. While preparing, dishing and serving food; c. While screening team members, visitors and residents; d. If mandated by state or local health department. On 5/4/2020 at 9:50 AM, Surveyor observed Certified Nursing Assistant (CNA)-D in the first floor hallway. CNA-D's mask was not covering the nose. On 5/4/2020 at 9:55 AM, Surveyor interviewed Registered Nurse (RN)-C regarding use of Personal Protective Equipment (PPE). RN-C stated all staff must wear masks in the facility, and while caring for new admissions or readmitted residents, staff also needed to wear gowns and gloves; no goggles were required at this time because none of the residents being cared for had any aerosol-producing treatments. RN-C stated R2 needed repositioning and went down the hallway and was observed talking to CNA-D. CNA-D was observed to put mask over the nose before coming to R2's room to provide cares. On 5/4/2020 at 10:12 AM, Surveyor observed Housekeeper-E mopping the first floor dining area. Housekeeper-E was wearing a mask that did not cover the nose. At 11:08 AM, Surveyor interviewed Housekeeping Assistant Manager-G regarding the use of face masks by housekeeping personnel. Housekeeping Assistant Manager-G stated all staff is required to wear a mask that covers the nose and mouth and has had training in the use of face masks. Surveyor informed Housekeeping Assistant Manager-G of the observation of Housekeeper-E with the face mask not covering the nose. Housekeeping Assistant Manager-G stated how to wear a face mask would be addressed with Housekeeper-E. On 5/4/2020 at 10:25 AM, Surveyor observed CNA-F at the first floor rehabilitation unit desk with the face mask not covering the nose. On 5/4/2020 at 10:55 AM, Surveyor interviewed Director of Nursing (DON)-B regarding the use of face masks and the observations of three employees that did not have their noses covered by the face masks. DON-B stated it is the facility policy that all employees wear a face mask that covers their nose and mouth. DON-B stated every employee at the beginning of their shift completes a checklist of the precautions that are required and that checklist is also used as a reminder for each staff member of the precautions. Surveyor requested a copy of that checklist. On 5/4/2020 at 11:18 AM, DON-B provided the COVID-19 Checklist. DON-B stated the checklist will be revised to include the mask will cover the nose and mouth. On 5/4/2020 at 11:50 AM, Surveyor met with Nursing Home Administrator (NHA)-A to discuss the observations of CNA-D, Housekeeper-E, and CNA-F with their face masks not covering their noses. NHA-A agreed the masks should be worn so the mouth and nose are covered at all times when in the facility. No further information was provided at that time.		
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.