

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525426</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/20/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HILLVIEW HEALTH CARE CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>3501 PARK LANE DR LA CROSSE, WI 54601</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and policy review, the facility failed to ensure facility-wide Personal Protective Equipment (PPE) practices to prevent exposure of COVID-19, which affects the quality of care, were followed. Dietary Aides (DA)13 and DA14, were observed working in the kitchen without wearing masks and without [MEDICATION NAME] social distancing. This had the potential to affect all 99 residents who resided in the facility. Findings include: The facility's COVID-19 Dining Precautions policy and procedure, revised 05/2020, documented: .The health, well-being and safety of our residents and team members is a high priority. If there is a confirmed Coronavirus case or outbreak, the Culinary Service department will follow infection control-related best practices in healthcare food service. Food safety and handling practices will abide by local public health recommendations and recommendations from the Centers for Disease Control &amp; Prevention (CDC) regarding COVID-19 infection control guidance. Procedure: .Face masks must be worn by ALL kitchen staff while in the kitchen.Practice social distancing as much as possible while in the kitchen. The Centers for Medicare &amp; Medicaid Services (CMS) memo titled QSO-20-30-NH, issued on 05/18/20, page three of ten, paragraph Access to adequate PPE for staff, documented .All staff wear all appropriate PPE when indicated. Staff wear cloth face covering if facemask is not indicated. On 05/20/20 at 9:07 AM, Dietary Aide (DA)13 and DA14 were observed inside the kitchen not wearing a face mask or face covering and were standing next to each other in the doorway to the dishwashing area. When the surveyor knocked on the kitchen door, DA16, who was wearing a mask, responded. When asked if dietary staff were required to wear a mask, he stated dietary staff were not required to wear a mask in the kitchen. On 05/20/20 at 9:55 AM, the Administrator was asked if kitchen staff were required to wear a mask and practice social distancing when in the kitchen. The Administrator called the Culinary Service Manager (CSM) and asked the CSM if kitchen staff were required to wear a mask. The Administrator reported the CSM stated kitchen staff stayed in the kitchen and wore a mask when out of the kitchen. The CSM stated there was no policy which required cooks and dietary aides to wear a mask when in the kitchen. The CSM stated kitchen staff were screened for signs/symptoms of COVID-19 and temperature upon arrival for work at the beginning of their shift. The Administrator stated staff were expected to practice social distancing within the kitchen area. On 05/20/20 at 10:52 AM, DA13 was interviewed. She acknowledged she had not been wearing a mask and did not practice social distancing in the kitchen area. She stated she had been told by the culinary service manager she did not have to wear a mask because she had no resident contact. On 05/20/20 at 10:54 AM, DA15, who was wearing a mask, was interviewed. She stated she had been told she was not required to wear a mask in the kitchen. On 05/20/20 at 10:58 AM, the CSM was interviewed regarding the requirement of her staff to wear a mask and practice social distancing in the kitchen. She stated dietary staff were supposed to practice social distancing. She stated her staff originally were required to wear a mask in the kitchen, but she had been told by the Director of Nursing and the Infection Control Preventionist (ICP) on 04/06/20 that her staff were not required to wear a mask. The CSM stated she followed the directions of the ICP. On 05/20/20 at 11:22 AM, DA14 was interviewed. DA14 acknowledged she had not worn a mask and had not practiced social distancing in the kitchen. She stated dietary staff had not been required to wear a mask. On 05/20/20 at 3:30 PM, the Administrator was asked if the facility's policy and procedure required kitchen staff to wear a mask and to practice social distancing. She stated, All staff should be wearing a mask and [MEDICATION NAME] social distancing. She stated she had revised the facility's policy and procedure to reflect that this morning.</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.