

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525458	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER PARK VIEW HOME		STREET ADDRESS, CITY, STATE, ZIP 220 LOCKWOOD ST WOODVILLE, WI 54028	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to prevent the spread of infection such as COVID 19 as evidenced by failure to disinfect glucometer (blood sugar testing device) according to the manufacturer's recommendation. This failure had the potential to affect five residents (R1, R2, R3, R4, and R5) who shared the use of glucometer in Unit 1. The facility census was 22. Findings include: Observation on 7/8/2020 at 12:27pm revealed Licensed Practical Nurse 1 (LPN1) performed glucose check using Assure Prism, a glucometer for Resident1 (R1). After the glucose check, LPN1 returned to her cart and used the alcohol wipes to clean the glucometer. When asked if this was the facility's policy for glucometer cleaning and disinfection, LPN1 responded, Yes. LPN1 confirmed that the glucometer was multi-use glucose device except when residents were on isolation. Review of the list of residents with blood sugar (BS) check revealed: R1 BS check four times a day R2 BS check four times a day R3 BS check five times a day R4 BS check three times a day R5 BS check AM/PM Monday and Friday Review of R1's electronic record revealed [DIAGNOSES REDACTED]. Review of R2's electronic record revealed [DIAGNOSES REDACTED]. Review of R3's electronic record revealed [DIAGNOSES REDACTED]. Review of R4's electronic record revealed [DIAGNOSES REDACTED]. Review of R5's electronic record revealed [DIAGNOSES REDACTED].</p> <p>During an interview with the Administrator and Director of Nursing (DON) on 7/8/20 at 1:40pm, the DON stated that alcohol was acceptable and provided a printed document from Centers for Disease Control and Prevention (CDC) titled Infection Control Chemical Disinfectants Guideline for Disinfection and Sterilization in Healthcare Facilities (2008). During this interview the surveyor indicated that she would review the document provided and would follow up with the facility. During the same day on 7/8/2020 at 8:50pm, the surveyor provided the facility the most recent guidelines related to the cleaning and disinfection of point of care testing. Review of Assure Prism Multi Blood Glucose Monitoring System Reference Manual under Cleaning and Disinfecting Meter revealed: To minimize the risk of transmitting blood-borne pathogens, the cleaning and disinfection procedure should be performed as recommended in the instructions below. The meter should be cleaned and disinfected after use on each patient. The Assure Prism multi Blood Glucose Monitoring System may only be used for testing multiple patients when standard precautions and the manufacturer's disinfection procedures are followed. Cleaning and Disinfection The cleaning procedure is needed to clean dirt, blood and other bodily fluids off the exterior of the meter before performing the disinfection procedure. The disinfection procedure is needed to prevent the transmission of blood-borne pathogens. A variety of the most commonly used EPA-registered wipes have been tested and approved for cleaning and disinfecting of the Assure Prism multi Blood Glucose Monitoring System. The disinfectant wipes listed below have been shown to be safe for use with this meter. Please read the manufacturer's instructions before using their wipes on the meter. Manufacturer Brand Name EPA# Clorox Professional Products Company- Clorox Germicidal Wipes -12 Dispatch Hospital Cleaner Disinfectant Towels and Bleach -7 Professional Disposables International, Inc. (PDI)-PDI Super Sani-Cloth Germicidal Disposable Wipe 9480-4 Metrex Research CaviWipes1 (Trademark) -13 . Disinfecting (The meter should be cleaned prior to disinfection.) Step 5: Open the towelette container and pull out 1 towelette and close the lid. Step 6: Wipe the entire surface of the meter 3 times horizontally and 3 times vertically to remove blood-borne pathogens. Step 7: Dispose of the used towelette in a trash bin. Step 8: Allow exteriors to remain wet for the appropriate contact time and then wipe the meter using a dry cloth. Disinfectant Brand Name Contact Time Clorox Germicidal Wipes 1 minute Dispatch Hospital Cleaner Disinfectant Towels and Bleach 1 minute Super Sani-Cloth Germicidal Disposable Wipe 2 minutes CaviWipes1 2 minutes . On 7/10/2020 at 12:45pm during a telephone interview with the Administrator, the Administrator acknowledged that the use of alcohol for glucometer cleaning was not consistent with the current CDC guidelines and with the manufacturer's recommendation. According to: https://www.cdc.gov/infectioncontrol/guidelines/disinfection/ Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008 Update: May 2019 .Uses. Alcohols are not recommended for sterilizing medical and surgical materials principally because they lack sporicidal action and they cannot penetrate protein-rich materials .</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.