

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525556	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER BROOKSIDE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3506 WASHINGTON RD KENOSHA, WI 53144	
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>Based on observation, interview, and record review, the facility did not ensure prevention of potential development and transmission of COVID-19 for 35 of 35 residents on the Rehabilitation Units. Staff were observed entering and exiting COVID-19 observation rooms in the facility without wearing isolation gowns. Findings include: Current CDC (Centers for Disease Control and Prevention) Guidelines (Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) state: Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. . 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. Current CDC Strategies for Optimizing the Supply of Isolation Gowns (Website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/isolation-gowns.html) cover conventional, contingency, and crisis capacity strategies. The contingency capacity strategy states: Shift gown use towards cloth isolation gowns. The crisis capacity strategy states: Prioritize gowns. Gowns should be prioritized for the following activities: During care activities where splashes and sprays are anticipated, which typically includes aerosol generating procedures; During the following high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of healthcare providers, such as: Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, wound care. When no gowns are available, the recommendation is: Consider using gown alternatives that have not been evaluated as effective. In situation of severely limited or no available isolation gowns, the following pieces of clothing can be considered as a last resort for care of COVID-19 patients as single use. However, none of these options can be considered PPE, since their capability to protect HCP is unknown. Preferable features include long sleeves and closures (snaps, buttons) that can be fastened and secured. Disposable laboratory coats; Reusable (washable) patient gowns; Reusable (washable) laboratory coats; Disposable aprons; Combinations of clothing: Combinations of pieces of clothing can be considered for activities that may involve body fluids and when there are no gowns available: Long sleeve aprons in combination with long sleeve patient gowns or laboratory coats; Open back gowns with long sleeve patient gowns or laboratory coats; Sleeve covers in combination with aprons and long sleeve patient gowns or laboratory coats. The facility policy and procedure entitled COVID-19 Infection Prevention and Control Plan dated 7/17/2020 states: COVID-19 Enhanced Isolation Precautions: Staff will adhere to Standard and Transmission Based Precautions per facility policy . with enhanced precautions as defined below. 1. Resident Containment Upon Admission: a. All new admissions and re-admissions, including long term care residents, will be admitted to rooms on Rehab 1 and Rehab 2 where they will be monitored up to 14 days. b. Every shift vitals (including temps) and every shift respiratory assessment will be conducted for each new and returning resident. c. At 14 days, LTC residents will be transferred back to their rooms in LTC if asymptomatic. d. All admissions and readmissions will be in Observation precautions for their first 14 days at facility. All therapy will be done in their room at the end of the day. Door will remain closed if it is safe to do so. e. A red sign that says OBSERVATION will be taped to the resident's door and the 14 day observation policy will be taped on the door. f. All direct care staff will wear the following PPE in Observation rooms: gowns, gloves, surgical masks and face shields/goggles. The facility policy and procedure entitled 14-day Observation Rooms PPE (Personal Protective Equipment) guidelines, undated, states: Nursing team (CNA (Certified Nursing Assistant) and Nurses): Direct care (Examples are when toileting, bathing, wound care, Vital signs etc.) -Wear into the resident's room the following: face shields/goggles, surgical mask, gowns, and gloves. . -Note: you CANNOT wear your observation gown into nonobservation rooms. Non-direct care (Examples passing meds or food trays, etc.) -Wear: face shields/goggles and a surgical mask. If you are going to touch anything in room put gloves on. . Therapy: -Wear into the resident's room: a face shields/goggles, surgical mask, gowns, and gloves when doing therapy in observation resident's rooms. . Social workers/Admissions/Discharges/Life Enrichment: -Wear a face shield/goggles, surgical mask, and gloves into resident's room. The Rehabilitation Unit consisted of three hallways: rooms R101-R112, rooms R113-R124, and R201-R212. The R100 rooms were on the first floor and the R200 rooms were on the second floor. The residents on this unit consisted of newly admitted residents and residents receiving therapy. All rooms were single-occupancy. 23 of the 35 residents on the Rehabilitation Unit were being monitored for 14 days for signs and symptoms of COVID-19 after being released from the hospital. None of the residents had tested positive for COVID-19. None of the residents were showing signs or symptoms of COVID-19. Signs were observed to be posted on the doors of all the COVID-19 observation resident rooms which read: Observation and instructions for donning and doffing PPE, as well as a red sticker on the door frame. On 7/28/2020 at 1:20 PM, Surveyor observed Certified Nursing Assistant (CNA)-C on the Rehabilitation unit. CNA-C was wearing a mask. CNA-C put on a face shield and entered R4's room. CNA-C was observed to squat down to be at face level with R4 who was in bed with the bed in the lowest position and have a conversation with R4. R4 did not have a mask on. CNA-C was observed to exit R4's room with a tied bag of garbage. In an interview with CNA-C on 7/28/2020 at 1:30 PM, CNA-C stated a face shield and gloves are put on when going into residents' rooms that are on observation. Surveyor asked if a gown is worn when going into observation resident rooms. CNA-C stated a gown is worn if there is going to be physical contact; the gowns are hung behind each door for staff to wear. On 7/28/2020 at 1:38 PM, Surveyor observed Life Enrichment-D in a resident's room that was in observation. Life Enrichment-D was wearing a mask, face shield, gown, and gloves while assisting the resident with a tablet. Surveyor interviewed Life Enrichment-D when Life Enrichment-D entered the hallway. Life Enrichment-D stated a mask, face shield, gown, and gloves are put on when going into a resident's room that is in observation. On 7/28/2020 at 1:40 PM, Surveyor observed Physical Therapist (PT)-E enter R5's room. R5 was in observation. PT-E was wearing a face mask. PT-E did not put on any additional PPE when entering R5's room. PT-E and R5 both held a piece of paper between the two of them and discussed what was on the paper. PT-E and R5 were in close proximity to each other. When PT-E exited R5's room, no hand hygiene was completed. Surveyor interviewed PT-E when PT-E exited R5's room. Surveyor asked PT-E what should staff wear when entering a resident's room that is in observation. PT-E stated a mask, face shield, gown, and gloves should be worn. When Surveyor questioned PT-E entering R5's room with only a mask on, PT-E stated PT-E was only dropping off a piece of paper. On 7/28/2020 at 1:50 PM, Surveyor observed CNA-F enter an observation resident's room. CNA-F had on a mask and put on a face shield, gown, and gloves to assist the resident with the call light. Surveyor interviewed CNA-F as CNA-F exited the resident's room. CNA-F stated a shield, gown and gloves are put on when you enter an observation room. (A mask is worn at all times.) Surveyor asked when CNA-F would wear a gown and CNA-F stated if a resident is in observation, a gown is always worn. CNA-F stated they keep changing what they are supposed to wear so people get confused. On 8/28/2020 at 2:30 PM, Surveyor met with Director of Nursing (DON)-B and Infection Control Registered Nurse (ICRN)-G to discuss the facility policy of gown utilization. DON-B and ICRN-G stated the facility was using the crisis mode for gown utilization. Surveyor asked how many gowns were in the facility, how many were used per week using the burn-rate calculator, and who they had</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525556	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER BROOKSIDE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3506 WASHINGTON RD KENOSHA, WI 53144	
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>(continued... from page 1)</p> <p>reached out to in order to get more gowns. ICRN-G stated they currently have 4,161 gowns in the facility. 1,000 gowns had been delivered 7/24/2020 from the Public Health stockpile. ICRN-G stated the burn-rate was 1,323 gowns per week. Surveyor verified that the facility had over a 3-week supply of gowns, which would not put them at a crisis mode for gown usage. ICRN-G agreed they were not in crisis at that time, but had been just prior. ICRN-G stated if they used the gowns, then they would be in crisis mode in the future. DON-B stated the facility had reached out to their primary supplier and three additional suppliers to try and obtain the needed gowns in addition to Public Health. When asked what amount of gowns would be considered a crisis, ICRN-G stated one week or less. ICRN-G agreed they had more than a one week supply of gowns available. On 8/28/2020 at 3:45 PM, Surveyor met with DON-B and ICRN-G to discuss observations throughout the facility. CNA-F and Life Enrichment-D were observed using all the appropriate PPE. CNA-F stated people get confused because the rules keep changing on what to wear. CNA-C was observed not wearing an isolation gown and PT-E was observed not wearing an isolation gown, face shield, or gloves when entering the rooms of residents in observation for potential COVID-19. Surveyor shared the concern of not following the guidance issued by the CDC on the use of gowns and a face shield when caring for these residents. DON-B stated PT-E knows better than to not wear PPE when going into R5's room. The facility stated they are in contingency mode for gown usage, yet were not following the CDC recommendations for that level. The facility is not following the CDC guidance recommending PPE should be worn during cares 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. The facility's optimization of gown usage policy does not follow the CDC guidance for Strategies for Optimizing the Supply of Isolation Gowns.</p>		