

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 525604	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER SOUTHPOINTE HEALTHCARE CTR		STREET ADDRESS, CITY, STATE, ZIP 4500 W LOOMIS RD GREENFIELD, WI 53220	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record review the facility did not implement its infection control program to ensure that all staff were screened at the beginning of their shift for symptoms of COVID-19 to prevent the exposure of COVID-19 to residents. The state agency received a complaint that staff were not being screened for symptoms of COVID-19 on the weekends. On 6/21/20, 6/27/20, and 6/28/20, 30 staff were noted to be on the schedule who did not have documentation of screening for COVID-19 symptoms prior to their shifts. This had the potential to affect all 151 residents who currently reside at the facility. Findings include: The facility's Center Preparedness: Infection Prevention Strategies and Guidance for COVID-19, updated June 10, 2020, states under Employee and Essential Healthcare Screening Center staff, agency personnel and other essential healthcare personnel must be screened on entrance and/or at the beginning of their assigned shift and prior to working with residents by the Infection Preventionist or a designated charge nurse. An employee screening log will be used to document essential healthcare personnel, staff, agency, and facility-assigned HCSG staff responses. (Use the employee screening log in this tool kit). The screening will include a temperature check (fever is considered >100 (degrees) F (Fahrenheit) and documentation of absence of cough, shortness of breath, or any two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell. Completed screening logs will be maintained by the Infection Preventionist electronically, in a binder, or in a folder for documentation purposes. The state agency received a complaint related to staff not being screened for COVID-19 prior to working on the weekends. The surveyor reviewed the facility provided schedule for staff who are documented as working on Sunday June 21, 2020. The surveyor noted the following staff were documented as working on 2nd shift on Sunday June 21, 2020 but the surveyor was unable to locate the following staff on the COVID-19 screening log: CNA (certified nursing assistant)-E, CNA-F, CNA-G, RN (registered nurse)- H, CNA-I. The surveyor noted the following staff were documented as working on 3rd shift on Sunday June 21, 2020 but the surveyor was unable to locate the staff on the COVID-19 screening log: CNA-F, CNA-J, CNA-K, CNA-I, CNA-L, And CNA-M. The surveyor reviewed the facility provided schedule for staff who are documented as working on Saturday June 27, 2020. The surveyor noted the following staff were documented as working on 2nd shift on Saturday June 27, 2020, but the surveyor was unable to locate the following staff on the COVID-19 screening log: RN-O, RN-N, RN-P, RN-Q, CNA-R, CNA-S, CNA-T, CNA-U, CNA-V, CNA-GG, and CNA-FF. The surveyor noted the following staff were documented as working on 3rd shift on Saturday June 27, 2020 but were not documented on the COVID-19 screening log: LPN (licensed practical nurse)-W, LPN-X, RN-Q, CNA-Y, CNA-Z, CNA-V, and CNA-K. The surveyor reviewed the facility provided schedule for staff who are documented as working on Sunday June 28, 2020. The surveyor noted the following staff were documented as working on 2nd shift on Sunday June 28, 202 but were not documented on the COVID-19 screening log: RN-N, RN-P, LPN-AA, LPN-BB, RN-CC, CNA-S, CNA-T, CNA-U, CNA-Z, CNA-DD, CNA-EE, and CNA-FF. The surveyor noted the following staff were documented as working on 3rd shift on Sunday June 28, 2020 but were not documented on the COVID-19 screening log: LPN-W, RN-HH, RN-Q, CNA-J, CNA-Y, CNA-Z, CNA-V, and CNA-K. The surveyor noted on 6/21/20, 6/27/20, and 6/28/20 there were a total of 30 staff who were documented as working that were not documented as receiving screening for COVID-19 prior to their shifts. On 7/1/20 at 12:35 PM the surveyor interviewed DON (Director of Nursing)-B and RN Educator-C, who both facilitate the facility's COVID-19 infection prevention. RN Educator-C informed the surveyor when she is not at the facility to do the employee screening the nurse from rehab or the floating house supervisor will come to do the screening. The surveyor informed DON-B and RN Educator-C of being unable to find documentation of multiple staff being screened prior to their shifts on 6/21/20, 6/27/20, and 6/28/20. On 7/1/20 at 1:33 PM the surveyor interviewed RN Supervisor-D. RN Supervisor-D confirmed she screened staff for 2nd and 3rd shift on 6/21/20. The surveyor informed RN Supervisor-D she was unable to find multiple staff who were documented as working on 6/21/20 on the COVID-19 screening log. RN Supervisor-D informed the surveyor she had been working on a medication cart and so it was possible she may have only did a couple of the staff, stating she did what is documented. RN Supervisor-D stated she usually checks the sign in sheet to make sure everyone is screened, but it is possible she did not that day.</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.