

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>525719</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/30/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WI VETERANS HM AINSWORTH HALL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>N2665 CTY RD QQ KING, WI 54946</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 - Many</b>	<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 and staff interview the facility did not effectively implement infection control guidance for Coronavirus (COVID 19) prevention. This had the ability to affect all residents in the facility. The facility did not follow COVID 19 Communal Dining guidelines put forth by the Centers of Disease Control (CDC) and The Centers for Medicare &amp; Medicaid Service (CMS) for residents observed during mealtime. The facility did not assess and implement strategies for communal dining and social distancing to limit the potential spread of COVID 19. Findings Include: The CDC guidance for Responding to Coronavirus (COVID 19) in Nursing homes states the following: CDC Guidance updated May 12, 2020 Infection Prevention and Control (IPC) Guidance for Memory Care Units In addition to the current IPC guidance for long-term care facilities, nursing homes and assisted living facilities providing memory care should consider the following: * Routines are very important for residents with dementia. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing, and use of cloth face coverings (if tolerated). . * Limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area, and gently redirect residents who are ambulatory and are in close proximity to other residents or personnel. * Frequently clean often-touched surfaces in the memory care unit, especially in hallways and common areas where residents and staff spend a lot of time. The Centers for Medicare &amp; Medicaid Services Memo dated: CMS Memo May 18, 2020 Ref: QSO-20-30-NH Communal dining limited (for COVID-19 negative or asymptomatic residents only), but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet). Implement Social Distancing Measures * Implement aggressive social distancing measures (remain at least 6' apart from others): Cancel communal dining and group activities, such as internal and external activities. Remind residents to practice social distancing, wear a cloth face covering (if tolerated), and perform hand hygiene. On 6/29/2020 at 9:00AM, Surveyor spoke with Nursing Home Administrator (NHA)-A and Director of Nursing (DON)-B about current practices of infection control related to CDC guidance for COVID 19 precautions. NHA explained residents were eating on their residing floor. Residents who were unable to eat in the doorway of their room, or in their room, were placed at tables in the common area. NHA-A further indicated very few changes had been made to infection control practices, as recommended by the CDC at the onset of the COVID 19 pandemic. The dementia focused floors 1 and 2 were operating as they had been (prior to COVID 19 regulations) and functioning as shared space based on language in the Wisconsin Governor's Safer at Home order (no longer in effect at the time of survey) that was interpreted by the NHA as all residents live in one household and were therefore not required to social distance. NHA-A further explained few changes were made due to dementia [DIAGNOSES REDACTED]. On 6/30/2020 at 12:20 PM, Surveyor observed the dementia focused floor 2. Residents sat three to four residents at each table with one or two staff present at each table. This placed three to six people at each 4' x 4' table. Staff wore masks. Surveyor did not see any additional precautions or changes made to previous dining room practices. Surveyor spoke with Certified Nursing Assistant (CNA)-C who stated she was not aware of any changes in the daily routine at the facility beyond staff masks and screening of staff for COVID 19 related symptoms before coming into the facility. CNA-C indicated residents on dementia floors did not wear masks, there were no changes made to care and schedules, and residents did not social distance. At 12:30 PM Surveyor observed staff on floor 3 assisting residents to eat. Interview with CNA-D and CNA-E indicated tables were wiped before and after use, hand washing was increased but were not aware of other infection control practices such as encouraging residents to wear masks or comply with 6 foot distancing. Floor 3 is not a dementia focused floor. Two staff were wearing masks seated at a table with two residents, placing four people at a 4' x 4' table. Staff stated some residents wear masks while in common areas, but most do not. CNA-E further indicated residents are encouraged to wear masks only if they leave the floor. Surveyor observed other tables with two or more residents dining together not spaced 6' or farther apart. At 12:50 PM Surveyor spoke with CNA-F on floor 3 who explained there was not enough staff to help with lunch. Each staff person needed to feed two people simultaneously during meals and further explained staff is not able to keep residents 6' apart. CNA-F indicated there is not enough staff available to perform care duties and keep residents socially distanced. CNA-F further stated, most residents refuse to wear masks. At 1:05 PM Surveyor observed residents finishing lunch with two residents per table. Registered Nurse (RN)-G explained residents must sit two people per table (across from each other) because there is not room for all of the residents to eat on the floor. RN-G further explained some residents eat in the door way of their room facing into the hall, some eat in their rooms, but many eat in the communal dining room on the unit. Surveyor noted one resident on floor was wearing a mask. At 1:10 PM Surveyor interviewed Resident (R)1 who indicated a concern related to COVID 19 testing. R1 was wearing a mask and sitting alone at a small dining table. R1 explained a COVID 19 test had been done but R1 had not been informed of the results yet. R1 indicated staff were assisting with increased hand washing and cleaning, as well as providing R1 with a mask. At 1:15 PM Surveyor spoke with R2 who indicated R2 did not have to wear a mask, was not concerned, and did not want to speak with Surveyor. R2 was observed at table in the dining room without a mask, reading the newspaper after the meal was over. At 1:20 PM Surveyor spoke with R3 on the elevator who was going outside to smoke. R3 was unaware of increased infection control measures related to COVID 19 and also stated R3 does not wear a mask. R3 indicated staff did not offer assistance with hand washing or encourage or wearing masks.</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.