

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/22/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>525581</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/12/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>CREST VIEW NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>612 VIEW ST</b> <b>NEW LISBON, WI 53950</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  This was a complaint survey conducted at Crest View Nursing Home on 10/12/2020.  Federal citations issued: 1  The most serious citation is F886 cited at a scope/severity level F (wide spread/no actual harm)  Census: 47 Sample: 3	F 000			
F 886 SS=F	COVID-19 Testing-Residents & Staff CFR(s): 483.80 (h)(1)-(6)  §483.80 (h) COVID-19 Testing. The LTC facility must test residents and facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must:  §483.80 (h)((1) Conduct testing based on parameters set forth by the Secretary, including but not limited to: (i) Testing frequency; (ii) The identification of any individual specified in this paragraph diagnosed with COVID-19 in the facility; (iii) The identification of any individual specified in this paragraph with symptoms consistent with COVID-19 or with known or suspected exposure to COVID-19; (iv) The criteria for conducting testing of asymptomatic individuals specified in this paragraph, such as the positivity rate of	F 886			

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.

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F 886	<p>Continued From page 1</p> <p>COVID-19 in a county; (v) The response time for test results; and (vi) Other factors specified by the Secretary that help identify and prevent the transmission of COVID-19.</p> <p>§483.80 (h)((2) Conduct testing in a manner that is consistent with current standards of practice for conducting COVID-19 tests;</p> <p>§483.80 (h)((3) For each instance of testing: (i) Document that testing was completed and the results of each staff test; and (ii) Document in the resident records that testing was offered, completed (as appropriate to the resident's testing status), and the results of each test.</p> <p>§483.80 (h)((4) Upon the identification of an individual specified in this paragraph with symptoms consistent with COVID-19, or who tests positive for COVID-19, take actions to prevent the transmission of COVID-19.</p> <p>§483.80 (h)((5) Have procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested.</p> <p>§483.80 (h)((6) When necessary, such as in emergencies due to testing supply shortages, contact state and local health departments to assist in testing efforts, such as obtaining testing supplies or processing test results. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility</p>	F 886			

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F 886	<p>Continued From page 2</p> <p>failed to conduct COVID-19 testing based on parameters set forth by the Secretary. This has the potential to affect all 47 residents.</p> <p>The facility was not testing based on county positivity rates and did not inform state officials they were not testing. The facility did not begin testing until 10/12/20 during survey.</p> <p>Findings include: The facility's COVID-19 testing policy states the facility will conduct routine staff testing once a month when the county positivity rate is less than 5%, once a week when the county positivity rate is 5-10% and twice per week when the county positivity rate is greater than 10%. The policy also states that the frequency of testing assumes availability of Point of Care testing on-site.</p> <p>Center for Medicare and Medicaid Services QSO Memo 20-38 dated 8/26/20 states in part; 483.80(h) COVID-19 Testing. The long term care (LTC) facility must test residents, facility staff, including individuals providing services under arrangement and volunteers, for COVID-19. At a minimum, for all residents and facility staff, including individuals providing services under arrangement and volunteers, the LTC facility must: (iv) The criteria for conducting testing of symptomatic individuals specified in this paragraph such as the positivity rate of COVID-19 in the county...Surveying for compliance:...facility has documentation that demonstrates their attempts to perform and/or obtain testing in accordance with these guidelines (e.g., timely contacting state officials, multiple attempts to identify a laboratory that can provide testing results within 48 hours).</p>	F 886			

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F 886	<p>Continued From page 3</p> <p>The facility has a standing order, signed by the medical director on 9/24/20, for testing of COVID-19, to include antigen testing. The facility has a Point of Care antigen testing machine. This machine has been available for use since September 17, 2020.</p> <p>According to CMS (Centers for Medicare and Medicaid Services), Juneau County, where the facility resides, had a positivity rate of 15.4% from September 10 through September 23 and 14.3% from September 17 through September 30.</p> <p>The facility has had no known COVID positive residents, but has had positive staff. Facility documentation shows the facility had not tested staff or residents since July.</p> <p>On 10/12/20 at 12:06 PM, Surveyor interviewed NHA A (Nursing Home Administrator). NHA A stated that she was under the assumption that the antigen testing machine was for classified outbreaks or for symptomatic residents or staff. NHA A, who is also a registered nurse, also stated the facility uses CMS county reported data as its reference, and stated testing today 10/12/20. NHA A had not informed the state agency the facility had not been testing.</p> <p>The facility had a Point of Care (POC) antigen machine available to complete at least a round of facility testing as of September 17, 2020. The facility did not complete testing according to their positivity rate and did not inform state officials they were not testing.</p>	F 886			