

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

PRINTED: 12/01/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>525264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/26/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE HEALTH SERVICES</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1335 S ONEIDA ST</b> <b>APPLETON, WI 54915</b>	
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F 000	INITIAL COMMENTS  This was a self-report investigation and focused infection control survey conducted at Manorcare Health Services on 10/26/20.  Federal citations issued: 1  One citation was issued at F880, cited at a scope/severity level of F (potential for harm/widespread).  Census: 49 Sample size: 4	F 000		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)  §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.  §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:  §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	F 880		

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 880	Continued From page 1  §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.  §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.	F 880			

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F 880	<p>Continued From page 2</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility did not maintain an Infection Prevention and Control Program (IPCP) to recognize and control the onset and spread of infection to the extent possible with the potential to affect all 49 residents residing at the facility.</p> <p>The facility did not develop a policy which included a plan for emergency staffing. The facility had an outline which listed internal staff, agency staff, and sister facility staff. The facility's sister facility is located in another state and their license does not cover working in Wisconsin. Approval and a collaborative discussion with the Public Health department and the Medical Director did not take place prior to implementing emergency staffing. The facility did not contact WEAVR (Wisconsin Emergency Assistance Volunteer Registry) for additional staffing. The facility allowed symptomatic staff to continue working after symptoms were reported and staff requested to be off the schedule. DON (Director of Nursing)-B did not have knowledge of what staff were working that were COVID-19 positive. Staff who worked multiple days in a row alternated work between the COVID-19 unit to the non COVID-19 unit.</p> <p>Findings include:</p> <p>On 10/26/20 the Surveyor conducted a Focused Infection Control Survey at the facility.</p> <p>On 10/26/20, DON-B provided an Ad Hoc QAA</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>(Quality Assessment and Assurance) meeting which was dated 10/21/20. The attendance log documented staff present and signed in included NHA-A, DON-B and IP (Infection Preventionist)-J. The Medical Director was not a signed attendee of the meeting. The focus area was "COVID-19 Emergency Staffing (approved by RDO (Regional Director of Operations))". The findings documented:</p> <ul style="list-style-type: none"> <li>~ PIP in progress</li> <li>~ Positive asymptomatic can work on CAIU (COVID-19 unit).</li> <li>~ Asymptomatic with direct exposure can be given POC, if negative may work with N-95 and goggles.</li> <li>~ Positive mildly symptomatic can work on CAIU if still need staff.</li> </ul> <p>On 10/26/20 at 10:00 AM., DON-B informed the Surveyor the facility is in an emergency staffing crisis and has implemented their plan. DON-B stated staff can work in the facility with mild COVID-19 symptoms. DON-B was not sure if staff have worked with mild COVID-19 symptoms but will check and see.</p> <p>On 10/26/20 at 10:31 AM., the Surveyor interviewed IP-J who stated the facility currently has 34 COVID-19 positive residents and about 20 staff positive for COVID-19. IP-J stated she does not manage the COVID-19 positive staff working in the building, the HR staff manages this.</p> <p>DON-B provided the Surveyor with the facility's policy for staffing crisis. The undated policy entitled "COVID19 Staffing Strategies" was in outline format and included lists of responsibilities of internal employees and documented using</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>Agency services and Sister facilities staff.</p> <p>On 10/26/20 the Surveyor requested documentation from the Public Health Department approving the facilities Staffing Emergency plan. DON-B was not able to provide documentation stating the Public Health Department approved the facility's plan allowing positive COVID-19 staff with mild symptoms to work at the facility.</p> <p>On 10/26/20 the Surveyor requested documentation from the facility Medical Director approving the Staffing Emergency plan. DON-B was not able to provide documentation stating the Medical Director approved the plan allowing positive COVID-19 staff with mild symptoms to work at the facility.</p> <p>On 11/2/20 the Surveyor received a document from NHA-A which documented the facility's Medical Director has signed the "Nursing Home Notification of Intent to Use Asymptomatic, COVID positive staff" the signature form the facility Medical Director was dated 10/28/20. NHA-A provided the Surveyor with an updated attendance log from the 10/21/20, Ad Hoc QAA meeting which included the Medical Directors signature.</p> <p>On 11/2/20 at 12:00 PM., the Surveyor interviewed NHA (Nursing Home Administrator)-A who informed the Surveyor the facility medical director did not receive the documentation until 10/28/20 to be signed. The facility's Medical Director was not involved in the initial process of declaring a staffing emergency.</p> <p>On 10/26/20 DON-B informed the Surveyor the</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>facility had not reached out to local hospitals or WEAVR regarding their staffing emergency.</p> <p>On 10/26/20, a document entitled "Strategies to Mitigate Healthcare Personnel Staffing Shortages" which was last updated 7/17/20, was provided to the Surveyor by DON-B. DON-B indicated the facility was following this standard of practice from the CDC (Center of Disease Control) which allows staff to work with mild symptoms:</p> <p>1. Crisis Capacity Strategies to Mitigate Staffing Shortages</p> <p>When staffing shortages are occurring, healthcare facilities and employers (in collaboration with human resources and occupational health services) may need to implement crisis capacity strategies to continue to provide patient care.</p> <p>When there are no longer enough staff to provide safe patient care:</p> <p>Implement regional plans to transfer patients with COVID-19 to designated healthcare facilities, or alternate care sites with adequate staffing</p> <p>If not already done, implement plans (see contingency capacity strategies above) to allow asymptomatic HCP (Health Care Providers) who have had an unprotected exposure to SARS-CoV-2 but are not known to be infected to continue to work.</p> <p>If HCP are tested and found to be infected with SARS-CoV-2, they should be excluded from work until they meet all Return to Work Criteria (unless</p>	F 880			

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F 880	<p>Continued From page 6 they are allowed to work as described below).</p> <p>If shortages continue despite other mitigation strategies, consider implementing criteria to allow HCP with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all Return to Work Criteria to work.</p> <ol style="list-style-type: none"> <li>1. If not already done, allow HCP with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., patients or other HCP), such as in telemedicine services.</li> <li>2. Allow HCP with confirmed COVID-19 to provide direct care only for patients with confirmed COVID-19, preferably in a cohort setting.</li> <li>3. Allow HCP with confirmed COVID-19 to provide direct care for patients with suspected COVID-19.</li> <li>4. As a last resort, allow HCP with confirmed COVID-19 to provide direct care for patients without suspected or confirmed COVID-19.</li> </ol> <p>If HCP are permitted to return to work before meeting all Return to Work Criteria, they should still adhere to all Return to Work Practices and Work Restrictions recommendations described in that guidance. These include:</p> <p>Wear a facemask for source control at all times while in the healthcare facility until they meet the full Return to Work Criteria and all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding universal source control during the</p>	F 880			

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F 880	<p>Continued From page 7 pandemic.</p> <p>A facemask for source control does not replace the need to wear an N95 or higher-level respirator (or other PPE) when indicated, including when caring for patients with suspected or confirmed COVID-19.</p> <p>They should be reminded that in addition to potentially exposing patients, they could also expose their co-workers.</p> <p>Facemasks should be worn even when they are in non-patient care areas such as breakrooms.</p> <p>If they must remove their facemask, for example, in order to eat or drink, they should separate themselves from others.</p> <p>They should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until the full Return to Work Criteria have been met.</p> <p>They should self-monitor for symptoms and seeking re-evaluation from occupational health if respiratory symptoms recur or worsen.</p> <p>Return to Work Criteria for HCP with SARS-CoV-2 Infection Symptom-based strategy for determining when HCP can return to work.</p> <p>HCP with mild to moderate illness who are not severely immunocompromised:</p> <p>At least 10 days have passed since symptoms first appeared and At least 24 hours have passed since last fever</p>	F 880			



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F 880	<p>Continued From page 8</p> <p>without the use of fever-reducing medications and Symptoms (e.g., cough, shortness of breath) have improved</p> <p>Note: HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.</p> <p>HCP with severe to critical illness or who are severely immunocompromised:</p> <p>At least 10 days and up to 20 days have passed since symptoms first appeared</p> <p>At least 24 hours have passed since last fever without the use of fever-reducing medications and Symptoms (e.g., cough, shortness of breath) have improved</p> <p>Consider consultation with infection control experts</p> <p>Note: HCP who are severely immunocompromised but who were asymptomatic throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.</p> <p>On 10/26/20 at 11:20 AM., DON-B informed the Surveyor the facility is allowing staff to work with mild symptoms because they have not met all the return to work criteria which the facility has interpreted to mean staff can work with mild symptoms. DON-B stated the facility does not have a document which indicated what a mild symptoms is and what is not a mild symptom. DON-B stated if a positive COVID-19 staff member returns to work they are allowed to work on the COVID-19 positive unit. DON-B stated the facility has not looked at each individual residents</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>health risk related to a positive COVID-19 staff member with mild symptoms working.</p> <p>On 10/26/20 at 11:54 AM., the Surveyor interviewed PHN (Public Health Nurse)-F who indicated she talked to NHA-A on 10/23/20 and NHA-A stated the facility had a meeting with the Medical Director at the corporate level and informed PHN-F their plan was to allow employees to work with mild symptoms. PHN-F informed the Surveyor the Public Health Department is allowed to provide recommendations, but does not have the authority to stop this from being done. PHN-F informed the Surveyor this is not a recommendation Public Health would have made. PHN-F informed the Surveyor she requested an updated policy from NHA-A which included allowing employees with mild symptoms to work on 10/23/20. PHN-F stated she did not receive a copy of the policy from NHA-A on 10/23/20 as requested.</p> <p>On 10/26/20 at 12:21 PM., the Surveyor interviewed FS (Facility Scheduler)-E, who informed the Surveyor since the facility has been in emergency staffing status staff have been able to work with mild symptoms. FS-E was not aware the exact date the facility was in emergency staffing status but believes it was some time last week. FS-E stated RN-C was notified of a positive test result on 10/20/20, and worked 10/20/20-10/22/20. FS-E stated RN-C report symptoms of fatigue and congestion on 10/22/20, when she arrived to work, and was not removed from the schedule until after finishing her scheduled shift on 10/22/20. FS-E stated she believes RN-C is the only staff member that has worked in the facility that was positive for</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>COVID-19 and was exhibiting symptoms.</p> <p>On 10/26/20 at 12:21 PM., FS-E informed the Surveyor RN-H was notified of a positive COVID-19 test on 10/20/20. FS-E stated she called RN-H on 10/23/20, 10/25/20, and 10/26/20 and RN-H reported nasal congestion. FS-E stated nasal congestion is a mild symptoms of COVID-19 and FS-E asked RN-H to return to his normal work schedule, but RN-H refused because the letter from the health department stated he could not return to work.</p> <p>On 10/26/20 at 12:21 PM., FS-E informed the Surveyor RN-G had a positive exposure and was not scheduled to return to work until 10/23/20 because she was quarantined. FS-E called RN-G and asked her to return to work on 10/21/20, and RN-G refused to come to work because she had not completed her full quarantine time frame.</p> <p>On 10/26/20 at 12:21 PM., FS-E stated she does not have a document she is following when she is asking staff for signs and symptoms of COVID-19 to determine what symptoms are mild and what symptoms are not mild. FS-E stated staff would be allowed to work with mild congestion or a runny nose as long as they do not have a fever or excessive coughing. FS-E stated she checks in the office with NHA-A and DON-B before she makes the call to a staff member that is positive. FS-E is unaware if NHA-A or DON-B have a document they are following to determine what is a mild symptoms and what is not a mild symptom of COVID-19.</p> <p>On 10/26/20 at 2:30 PM., the Surveyor interviewed RN-G who confirmed the facility asked her to come and work before her</p>	F 880			

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F 880	<p>Continued From page 11</p> <p>COVID-19 quarantine was over. RN-G stated she did not feel safe coming into work before her quarantined time was up. RN-G stated the facility has been calling multiple staff members that are ill and asking them to work. RN-G stated HSK (Housekeeper)-I is working today and is positive for COVID-19, but is unaware if he has any symptoms or when he tested positive. RN-G informed the Surveyor she worked on the COVID-19 unit on 10/23/20, 10/25-10/26/20, and was on the "healthy side on 10/24/20. RN-G was unaware as to why she was moved off of the COVID-19 unit and was required to work on the "healthy unit." RN-G stated she informed DON-B the COVID-19 unit is busy and needs help, and is unsure if this is why she was moved.</p> <p>On 10/26/20 at 2:45 PM., the Surveyor interviewed HSK-I who confirmed he was called yesterday by HR-D and told he was positive for COVID-19. HSK-I stated the last time he was tested was 10/22/20, so it must have been from the 10/22/20 test. HSK-I stated HR-D asked him how he was feeling and HSK-I informed HR-D he was feeling good with only symptoms of COVID-19 being loss of taste and smell and nasal congestion which nasal congestion is normal for HSK-I. HSK-I was informed on 10/25/20, by HR-D he could return to work on 10/26/20 and could work on the COVID-19 unit. HSK-I stated he was cleaning rooms on the COVID-19 unit and had been in and out of most rooms cleaning and emptying individual resident garbage cans and completing his normal cleaning duties.</p> <p>On 10/26/20 at 3:00 PM., DON-B was interviewed regarding HSK-I working with a positive COVID-19 result. DON-B was not aware HSK-I</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 12</p> <p>was working in the facility today and was positive for COVID-19. DON-B was not aware of who called HSK-I and informed HSK-I he could return to work.</p> <p>On 10/28/20, at 3:15 PM., the Surveyor interviewed RN-C who confirmed she was notified she tested positive for COVID-19 on 10/20/20. RN-C stated HR-D called her while at work on 10/20/20, and informed her of her positive COVID-19 results. RN-C was told by HR-D since she was asymptomatic she would be able to continue working on the COVID-19 unit and to report to the facility if she developed symptoms. RN-C stated HR-D did not ask RN-C if she was experiencing symptoms, but instead assumed she wasn't because she was at work. RN-C worked the remaining hours of her shift on 10/20/20, and work 10/21/20 and 10/22/20. On 10/22/20, when RN-C arrived at work she informed FS-E she was experiencing congestion and extreme fatigue and wanted to be taken off the schedule after today. RN-C stated the reason why she was concerned is because her fatigue was so extreme she could not remember the drive into work. RN-C was not sent home and allowed to finish her shift.</p> <p>On 10/28/20, at 3:15 PM., RN-C informed the Surveyor later in her shift on 10/22/20, FS-E asked RN-C to work a 12 hour shift on 10/22/20, instead of her regular 8 hour shift. RN-C did not want to work because she did not feel well, but felt it was best for the residents if she did. RN-C informed the Surveyor she had been working 2 weeks straight with some shift being doubles and was unsure if her fatigue and congestion was from lack of sleep and wearing an N-95 mask, or from COVID-19. On 10/23/20 RN-C was off of</p>	F 880			

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F 880	<p>Continued From page 13</p> <p>work realized she did not have a sense of smell or taste and was unsure of how long she was experiencing due to her extreme fatigue. RN-C stated FS-E called RN-C on 10/27/20, to check on her symptoms and when RN-C reported symptoms to FS-E she informed RN-C she has one of the more severe cases for facility staff.</p> <p>On 10/26/20 at 3:50 PM., the Surveyor interviewed DON-B stated RN-G had not been consistent on the COVID-19 unit because RN-G stated the COVID-19 unit was busy and a lot of work and DON-B wanted to give RN-G a break. DON-B stated she was aware the COVID-19 unit was busy, but does not have additional help to provide because of staffing. DON-B stated the work load of the unit was not evaluated to determine if something could be done to assist the staff on the floor. DON -B stated if staff are on the COVID-19 unit they are not allowed to return to the facility unless their clothes are changed even if they are wearing proper PPE, and therefore staff in the building are not allowed to help out as needed on the COVID-19 unit.</p> <p>On 11/2/20 at 12:00 PM., the Surveyor interviewed NHA-A who stated the company's sister facilities referred to in the staffing plan are located in Illinois in the Chicago region. NHA-A stated staff were not available to come and help because Illinois is not a compact state, so their license does not allow work in Wisconsin. NHA-A stated she did not talk to the Medical Director of the facility nor the Medical director of the corporation to approve the emergency staffing plan. NHA-A stated she talked to her supervisor RDO (Regional Director of Operations)-K who took the emergency staffing plan up the chain and spoke with the corporate Medical Director.</p>	F 880			

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F 880	Continued From page 14  On 11/2/20 at 12:31 PM., the Surveyor interviewed RDO-K who confirmed she had conversations with NHA-A about the emergency staffing plan. RDO-K stated she did not personally speak to the Medical Director at the corporation, but she reported to her boss which she is confident her boss would have ran the plan past the correct departments which would include physician services, but can not say for sure that happened. RDO-K stated staff that present as asymptomatic or with mild symptoms are allowed to work with the plan. RDO-K stated there is no document as to what mild symptoms are and feels it depends on the individual to determine if symptoms are mild or not. RDO-K stated they discussed employees should not be working with fevers. RDO-K stated there would be no difference if an employee was working on day the first day after a positive COVID-19 test or 10 days after a positive test because it would depend on each individual's symptoms they present with.	F 880			