

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525525	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/09/2020
NAME OF PROVIDER OR SUPPLIER PRAIRIE MAISON			STREET ADDRESS, CITY, STATE, ZIP CODE 700 SOUTH FREMONT PRAIRIE DU CHIEN, WI 53821		
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F 000	INITIAL COMMENTS This was a Focused Infection Control Survey conducted at Prairie Mason from 12/8/20 - 12/9/20. Federal citations issued: 1 The most serious citation is F880 cited at the severity /scope level of K (Immediate Jeopardy/Pattern). Census: 54 Sample: 6	F 000			
F 880 SS=K	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 interview and record review, the facility did not maintain an infection prevention and control program that helped prevent the development and transmission of COVID-19, which had the potential to affect 11 residents who resided in one area of the facility where a sick employee worked. The facility failed to have a system to monitor staff's self-screening tools, failed to ensure staff do not report to work ill and failed to put measures into place once an outbreak started, such as immediate testing of all residents and staff once staff tested positive.</p> <p>The facility's failure to implement infection prevention and control measures to prevent the spread of COVID-19 created a finding of immediate jeopardy that began on 11/6/20. The Nursing Home Administrator (NHA A) was notified of the immediate jeopardy on 12/8/20 at approximately 2:30 PM. The immediate jeopardy was removed by the facility on 12/9/20. The deficient practice continues at a scope and severity of an E (potential for harm/pattern) as the facility continues to implement its action plan.</p> <p>Evidenced by: According to the Centers for Disease Control and Prevention (CDC), "Among adults, the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. Severe illness means that the person with COVID-19 may require hospitalization, intensive care, or a ventilator to help them breathe, or they may even die ... In general, your risk of getting severely ill</p>	F 880			

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F 880	<p>Continued From page 3</p> <p>from COVID-19 increases as you get older. In fact, 8 out of 10 COVID-19-related deaths reported in the United States have been among adults aged 65 years and older." https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html#anchor_1606159374271</p> <p>The Centers for Disease Control and Prevention notes that hospitalization rates per 100,000 people increase as one ages. Hospitalization rates increased from 136.1 per 100,000 people aged 50 to 64 to 513.2 per 100,000 people aged 85 and above. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html</p> <p>The facility's policy titled, "COVID-19 Policy for Staff Screening" states: -As part of routine practice, staff should regularly monitor themselves for fever and symptoms of respiratory infection. -Staff should follow regular sick policy and stay home when they are ill -All staff will be screened at the beginning of their shift for fever and respiratory symptoms. -Actively take staff temperature and document absence of shortness of breath, new or change in cough, myalgia, sore throat, runny nose, etc.</p> <p>The facility empowers staff to screen themselves upon entrance into the facility. Screening consists of a form that records temperature and has simple yes or no responses to the following questions: -New/Worsening Cough -Sore Throat -New Shortness of Breath -Vomiting/Diarrhea</p>	F 880			

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F 880	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Fatigue/Myalgia -Fever-reduced meds/Chills w/in 24 hours -Headache -Contact with a Positive COVID-19 -New Loss of Taste/Smell <p>According to the facility's "Employee Infection Surveillance (Line List)," CNA D (Certified Nursing Assistant) began feeling symptoms of headache and sore throat on 11/6/20. (At this point, there were no positive cases in the facility.) CNA D's last shift worked was 11/7/20 and she tested positive for COVID-19 on 11/9/20. Historical staff screening forms dated, 11/6/20, show CNA D answered "yes" to new/worsening cough, sore throat and new shortness of breath. On 11/7/20, CNA D answered "no" to all screening questions. CNA D worked her entire shift on 11/6/20 and 11/7/20 and then called in sick for her 11/8/20 stating she had a headache and sore throat.</p> <p>On 12/8/20 at 12:54 AM, Surveyors interviewed CNA D who confirmed she had had symptoms on 11/6/20. CNA D stated she came to work on 11/6/20 with symptoms and entered the facility to speak with LPN G. According to CNA D, LPN G stated CNA D could continue to work as she did not have a fever. Additionally, CNA D stated that on 11/7/20 she was running late for work and simply circled all "no" on the screening form, but she did still have a sore throat. CNA D also stated she regularly works with R4 and did so on 11/6/20. There is a total of 11 residents that reside in this area of the building where CNA D is regularly assigned. In addition, CNA D stated that facility staff use 2 areas to take breaks, a small breakroom and a spread out bistro-like area. While most people do not eat in the breakroom,</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>CNA D stated staff congregate in the breakroom before the end of their break as that is where the time clock is located. The facility system does not allow staff to punch in before the end of their scheduled break, so staff congregate. CNA H and I stated the same to Surveyors during an interview at 1:08 PM. Both CNA H and I also stated they had seen as many as 5 staff huddled together and well within 6 feet of one another, waiting to punch back in to work.</p> <p>At 1:10 PM, Surveyors interviewed LPN G (Licensed Practical Nurse). LPN G stated she did not have any conversations with CNA D and had not had any conversations with any staff regarding if they should be at work or not due to potential COVID-19 symptoms. LPN G stated she would expect staff to notify her if they had symptoms and she would then advise them to leave the building.</p> <p>One of the residents with whom CNA D cared for on 11/6 and 11/7/20 was R4. R4 was admitted to the facility on 7/13/19. R4 is 93 years old and has diagnoses that include congestive heart failure, chronic kidney disease and type 2 diabetes. R4 tested for COVID-19 on 11/9/20 due to having loose stools but was found negative. R4 was again tested on 11/12/20 as part of facility-wide testing and was found to be positive for COVID-19. R4 was the only resident who tested positive on 11/12/20. R4's COVID-19 infection has now resolved.</p> <p>In addition to CNA D, CNA E and CNA F tested positive for COVID-19 on 11/9/20. On 11/6/20, CNA D had worked with CNA E and on 11/7/20 CNA D worked with CNA F. CNA E worked 4 hours on 11/9/20 until he was sent home</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>immediately after being notified he had tested positive. All three CNA's provided cares for and worked closely with R4 on a regular basis, including between 11/6/20 and 11/9/20.</p> <p>On 12/8/20 at 10:35 AM, Surveyors interviewed DON B (Director of Nursing) and ICP C (Infection Control Preventionist). DON B and ICP C both stated they were unaware CNA D had worked while she was sick and both stated they do not review the employee screening forms. Both stated CNA D should not have been at work on 11/6/20 and 11/7/20. Additionally, DON B and ICP C stated the facility was wearing surgical facemasks until the first resident tested positive on 11/12/20 and no other measures were taken until that time outside of monitoring residents twice daily for signs and symptoms of COVID-19. When R4 became positive, the facility was only wearing N95 masks when entering R4's room.</p> <p>On 12/8/20 at 12:29 PM, Surveyors interviewed NHA A, who stated she, along with DON B, monitor the staff screening logs "like once per week." NHA A stated she had not noticed that CNA D had come to work with symptoms and was unaware of it until Surveyors notified the facility.</p> <p>The facility did not have a system to ensure employee screening was being monitored and audited.</p> <p>The facility has been in a COVID-19 outbreak since 11/9/20 when 5 nursing staff tested positive for COVID-19. The facility's first COVID-19 positive resident occurred on 11/12/20 (R4). Since then, 12 additional residents have tested positive for COVID-19.</p>	F 880			

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F 880	Continued From page 7 The facility's failure to implement infection prevention and control measures to prevent the spread of COVID-19 created a finding of immediate jeopardy because of the ease with which the virus can spread and because of the serious effects it can have on the elderly and those with compromised systems. The immediate jeopardy was removed on 12/9/20 when the facility took the following action: -All staff, prior to their next working shift, will receive education on the signs and symptoms of COVID and to not report to work if signs and symptoms are present. The infection preventionist or designee will be responsible to assure ill staff are not reporting to work. -The infection preventionist or designee will perform routine audits of staff to check knowledge base regarding facility's policy and procedure for screening, return to work, signs and symptoms of COVID and social distancing. These audits will be completed weekly for 6 weeks and then monthly. Results will be reported to QAPI. -All staff, prior to their next work shift, will receive education on the facility screening process. If staff have any signs and symptoms consistent with COVID, staff will immediately report these symptoms to department supervisor and be required to exit the facility. The infection preventionist or designee will be responsible to assure ill staff are not reporting to work. -The infection preventionist or designee will audit the staff screening tool every shift to assure ill staff are not reporting to work. These audits will	F 880			

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F 880	<p>Continued From page 8</p> <p>be completed daily and findings reported to QAPI.</p> <p>-All nursing staff, nurse managers and management staff will be educated prior to their next working shift on facility screening policy and procedure. If staff report signs and symptoms of COVID to the nurses or management staff, staff will be immediately directed to exit the facility. The infection preventionist or designee will be responsible to assure ill staff are not reporting to work.</p> <p>-The infection preventionist or designee will monitor the staff illness log and staff infection control line list daily to assure ill staff are not reporting to work and remain off duty per current CDC guidelines. These audits will be completed daily and results reported to QAPI.</p> <p>-All staff will be educated prior to their next working shift on the importance of social distancing in all areas of the facility, not congregating in the break room during meal times, prior to work or breaks. The infection preventionist or designee will be responsible to assure staff are socially distancing and not congregating to prevent the spread of COVID 19.</p> <p>-The infection preventionist or designee will complete facility rounds daily x14 days then weekly to ensure staff are complying with social distancing, not congregating in the breakroom and wearing masks. Results will be reported to QAPI.</p> <p>-If a staff has signs and symptoms consistent with COVID 19, the facility will gather information regarding when and where the staff last worked to complete monitoring of the residents for signs</p>	F 880			

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F 880	<p>Continued From page 9</p> <p>and symptoms of COVID 19 three times per day. The infection preventionist or designee will be responsible to assure staff are completing increased monitoring of potentially affected residents.</p> <p>-The facility will utilize the call-in form as a tool to report staff illness to the infection preventionist who will track and trend staff illness. All nursing and management staff will receive education on completing this tool. This tool will be monitored daily by the infection preventionist or designee.</p> <p>-The infection preventionist or designee will monitor the staff and resident line listing, contemporaneously, at least daily to monitor for trends or outbreaks. Infection control trends and outbreak information will be brought to QAPI.</p>	F 880			