STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525519	A. BUILDING _____ B. WING _____	C 07/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE AGE OF BROOKFIELD	**1755 N BARKER RD BROOKFIELD, WI 53045**

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F 000	INITIAL COMMENTS This was a complaint survey conducted at Care-Age of Brookfield on 7/28/20. Federal citations issued: 1 The most serious citation is F880 cited at a scope/severity level of F (potential for harm/wide spread). Census: 72 Sample size: 3	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

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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	Continued From page 2	F 880		

§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:
Based on observation, facility record review and staff interviews, the facility did not ensure visitors to the facility were thoroughly screened for symptoms of COVID-19. The facility was not obtaining a visitors temperature upon entering into the facility.

This had the potential to effect the 72 residents residing in the facility during survey.

Findings include:

The facility's policy and procedures for "Outdoor Visitation Guidance for Care Age of Brookfield" indicates visitation begins July 15, 2020. The policy indicates visitors are screened for signs and symptoms of COVID-19. Visitors must be actively screened for signs and symptoms of COVID-19 and must attest to COVID-19 status if known. The policy references CMS (Centers For Medicare and Medicaid Services) QSO (Quality, Safety and Oversight)-20-14-NH (Nursing Home) memo dated March 18, 2020 as a reference.

Surveyor noted, CMS QSO-20-14-NH dated March 18, 2020 includes in part; Facility staff should regularly monitor the CDC website for information and resources. They should contact their local health department if they have questions...Per CDC, prompt detection, triage and isolation of potentially infectious residents are essential to prevent unnecessary exposure among residents, healthcare personnel, and visitors at the facility. Therefore, facilities should

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F 880	Continued From page 3	F 880		

continue to be vigilant in identifying any possible infected individuals...Facilities should actively screen and restrict visitation by those who meet the following criteria: signs or symptoms of a respiratory infection, such as fever...

Surveyor noted, the CMS COVID -19 Long-Term Care Facility Guidance dated April 2, 2020 states in part;
Long-term Care Facilities should immediately implement symptom screening for all...In accordance with previous CMS guidance, every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID -19 symptoms and they must also have their temperature checked....

The current CMS QSO-20-30-NH, Nursing Home Reopening Recommendations for State and Local Officials dated 5/18/2020, attachment 1 Recommended Nursing Home Phased Reopening for States, documents in part, "100% screening of all persons entering the facility and all staff at the beginning of each shift: temperature checks..."
This is actively screening to ensure no one with a fever (a symptom of COVID-19) enters the facility to potentially spread infection.

The CDC Coronavirus Disease 2019, Preparing for COVID-19 in Nursing Homes updated June 25, 2020 defines Healthcare Personnel (HCP) to include, but is not limited to...nurses, nurses assistants, physicians, technicians, therapists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but

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who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g. clerical...volunteer personnel).
Under Evaluate and Manage Healthcare Personnel, the CDC guideline includes in part; Screen all HCP at the beginning of their shift for fever and symptoms of COVID -19. Actively take their temperature and document absence of symptoms consistent with COVID -19..."
The CDC guideline also indicates in part under "Have a Plan for Visitor Restrictions"; screen visitors for fever (T greater than 100.0 F) symptoms consistent with Covid-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility...

On 7/28/20 at 8:16 AM Surveyor was allowed entry into the facility main entrance foyer area. There was a table set up that included a COVID-19 screening questionnaire and a Visitor sign in log. Receptionist- C instructed Surveyor to fill out the questionnaire and sign in the Visitor Log. Receptionist-C did not take Surveyor's temperature and indicated they have not taken visitors temperatures for the last couple weeks. Reception-C indicated the employees use a different entrance and they are screened for their temperature. All non-employees like Hospice, Physicians, Vendors and others come in the main entrance. Reception-C did not have further information on why visitor temperatures were not obtained upon entering the facility.

On 7/28/20 at 8:20 AM Surveyor spoke with DON-B (Director of Nurses). DON-B indicated they stopped taking visitor temperatures a couple weeks ago. DON-B indicated that no one who has been COVID-19 positive has had a

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temperature. DON-B indicated they would get back to Surveyor information related to not actively taking visitors temperatures.

On 7/28/20 at 8:47 AM Administrator-A spoke with Surveyor. Administrator-A indicated they started a couple weeks ago just doing the questionnaire screening and not taking temperatures. Administrator-A indicated they will provide more information.

On 7/28/20 at 9:37 AM Administrator-A spoke with Surveyor. Administrator-A indicated they stopped taking temperatures on July 15, 2020 when they started courtyard visits. Administrator-A indicated the screening questionnaire includes a question regarding fevers. Administrator-A provided the facility visitation policy effective July 15, 2020 (referenced above) and Visitor's Log sheets starting on July 16, 2020 with the screening questionnaire.

Surveyor reviewed the Visitor Log from 7/16/20 - 7/27/20. There was a total of 187 signatures of visitors who did not have evidence of their temperature being obtained upon entering the facility. For example: July 16, 2020 Visitor D, E and F entered the facility with no documentation of a temperature; July 24, 2020 Visitor G and H entered the facility with no documentation of a temperature; July 27, 2020 Visitor I entered the facility with no documentation of a temperature.

On 7/28/20 at 10:15 AM Administrator-A spoke with Surveyor. These changes in visitor screening began on July 15, 2020 and Public Health was not consulted. Administrator-A feels the questionnaire covers fevers and a temperature

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F 880	Continued From page 6 does not actively need to be taken upon entering the facility. Administrator-A indicated essential healthcare professionals are responsible for taking their own temperatures before coming into the facility to work. The resident's families were sent a letter that included for them not to visit if they had a fever. Administrator-A did not feel the facility needed to take visitor's temperature's because they are aware of monitoring themselves.	F 880		