

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Allis Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9047 W Greenfield Ave West Allis, WI 53214	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42248</p> <p>Based on observations, interviews and record review, the facility did not establish and maintain an infection prevention and control program based upon current standards of practice, designed to provide a safe environment and to help prevent the development and transmission of communicable diseases and infections. This deficient practice has the potential to several of the 79 residents.</p> <p>The facility's Water Management Plan (WMP) was not based on current standards of practice and did not:</p> <ul style="list-style-type: none"> ~Include water management team members who were knowledgeable about the facility's water system. ~Identify all locations where Legionella could grow and spread. ~Identify where control measures should be applied based on where Legionella could grow and spread and identify how to monitor the control measures and risks. ~Identify acceptable ranges of control limits (temperature ranges) and corrective actions to take when control limits are not met. ~Identify what actions should be taken to protect all residents when a resident is diagnosed with Legionnaires' disease or when environmental samples identify the presence of Legionella in the water. <p>The facility's water management plan (WMP) did not document facility specific control measures to implement with the determination of health care acquired legionellosis existing in the facility. Review of the ad hoc QAPI timeline created by the facility shows some control measures implemented, such as stop using showers for bathing and use bed baths. On 5/23/24 point of use filters were added to shower rooms and a sink in the ice room. The facility continued to use water sources in the facility for handwashing and the ice machines. The facility instructed staff to use water from water coolers as alternate sources of water. The referenced water coolers were not brought in specifically for control measures. The water coolers were identified as a possible bacterial concern and samples were taken during Division of Public Health's (DPH) physical environmental assessment on 5/29/24 and 5/30/24. These water coolers were not identified in the facility water management plan to ensure control measures were implemented.</p> <p>Findings include:</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The 7/6/18 revised Centers for Medicare & Medicaid Services (CMS) Quality, Safety and Oversight Letter 17-30 titled Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaire" Disease (LD) states Facilities must have water management plans and documentation that, at a minimum, ensure each facility:</p> <ul style="list-style-type: none"> ~Conducts a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system. ~Develops and implements a water management program that considers the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) industry standard and the CDC toolkit. ~Specifies testing protocols and acceptable ranges for control measures and document the results of testing and corrective actions taken when control limits are not maintained. ~Maintains compliance with other applicable Federal, State, and local requirements. <p>The 6/24/21 CDC Toolkit titled Developing a Water Management Program to Reduce Legionella Growth & Spread in Buildings identifies the key elements of a water management program for healthcare facilities to include:</p> <ol style="list-style-type: none"> 1. Establish a water management program team 2. Describe the building water systems using text and flow diagrams 3. Identify areas where Legionella could grow and spread 4. Decide where control measures should be applied and how to monitor them 5. Establish ways to intervene when control limits are not met 6. Make sure the program is running as designed and is effective 7. Document and communicate all the activities <p>Water Management Plan (WMP) not consistent with current standards of practice:</p> <p>The facility Water Management Plan (WMP) dated 1/2/24 with an expiration of 1/2/25 documents:</p> <p>Purpose: The purpose of this water management plan (WMP) is to establish the minimum legionellosis risk management requirements by illustrating the procedures for minimizing the risk of Legionnaires' disease within the building water systems of one facility.</p> <p>General requirements:</p> <p>Program team: identify persons responsible for program development and implementation.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Describe Water Systems/Flow Diagrams: Describe the potable and nonpotable water systems within the building and on the building site and develop water-system schematics.</p> <p>Analysis of Building Water Systems: Evaluate where hazardous conditions may occur in the water systems and determine where control measures can be applied.</p> <p>Control Measures: Determine Locations Where control measures must be applied and maintained in order to stay in established control limits.</p> <p>Monitoring/Corrective Actions: Establish procedures for monitoring whether control measures are operating within established limits and if not, take corrective action. Confirmation: Establish procedures to confirm that: The program is being implemented as designed (verification), and the program effectively controls the hazardous conditions throughout the building water systems (validation).</p> <p>Documentation: Establish documentation and communication procedures for all activities of the program.</p> <p>Program team: identify persons responsible for program development and implementation.</p> <p>Review of the plan dated 1/2/24 identifies a former Nursing Home Administrator (FNHA)-S as the building manager/administrator. FNHA-S was the facility administrator from 2/17/20-7/1/22. The program team in the plan also identifies Former Maintenance Director (FMD)-T as the Director of Maintenance in the plan.</p> <p>During the survey, the facility provided Surveyor with a revised Water Management Plan with a revised date of 5/29/24.</p> <p>On 6/5/24 at approximately 4:00 pm Surveyor spoke to Assistant Nursing Home Administrator (ANHA)-Q about the revised WMP dated 5/29/24. ANHA-Q shared with Surveyor the only changes between the two plans was updating the program team for the WMP for the facility. The revised WMP dated 5/29/24 identified Nursing Home Administrator (NHA)-A and Director of Maintenance (DM)-H as the program team. ANHA-Q shared there should not have been any changes other than changing the names of NHA and Maintenance Director. The expiration date on both WMP documents 1/1/25.</p> <p>The WMP identifies an optional section regarding the program team documenting: 4.3.2 Health Care facilities that meet all of the following qualifications shall comply with either the requirements in Sections 4.2, 6, and 7 or the requirements in Normative Annex A, Health Care Facilities:</p> <p>a. The health care facility is accredited by a regional, national, or international accrediting agency or by the authority having jurisdiction (AHJ) over the health care facility Infection Prevention and Control (IC) activities.</p> <p>b. The health Care facility (IC) program has an infection preventionist that is certified in infection prevention control (CIC) by the certification board of infection control and epidemiology (CBIC) or other regional, national, or inter-national certifying body, or the health care facility has an epidemiologist with a minimum of a master's degree or equivalent.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility Water Management Binder includes two floor plans of the facility 1st and 2nd floors. The diagrams identify a color-coded system for cold water, hot water and return.</p> <p>The diagrams do not identify any specific areas of risk with the flow diagrams.</p> <p>On 6/5/24 at approximately 10:30 am Surveyor spoke to Division of Public Health - Infection Preventionist (DPH-IP) regarding the facility and their WMP. DPH-IP shared they were present in the facility when the State Legionella Public Health team came in on 5/29/24 to tour and collect water samples. DPH-IP shared she had been expressing concern to the facility going back to 2022 regarding the creation of dead legs in the facility with the removal of sinks in the shower rooms and having shower rooms not being used on a routine basis. DPH-IP shared on 5/29/24 during a public health facility physical environment assessment, those concerns continued to be present in the facility.</p> <p>Analysis of Building Water Systems: Evaluate where hazardous conditions may occur in the water systems and determine where control measures can be applied:</p> <p>The 1/2/24 WMP includes a Risk Assessment asking yes and no questions regarding the General Building and Device Risk Factors.</p> <p>The WMP documents analysis of building water systems: Hot and Cold-Water Systems (in part): .The prevention of outbreaks caused by hot and cold-water systems depends on a comprehensive application of a water management plan with thorough attention to good design, management, and control of the system .</p> <p>The facility provided a revised copy of the WMP with a revised date of 5/29/24 that asks the same building and device yes and no questions. Review of the revised WMP dated 5/29/24 indicates the same information as the 1/2/24 including documentation the facility does not use point of use filters (which can become a risk factor) despite the facility installing some point of use filters on 5/23/25.</p> <p>The Wisconsin State Plumbing Code Chapter SPS 382.50(3)(b)6 requires a nursing homes hot water system to be installed and maintained to provide bacterial control by one of the following methods:</p> <p>~Water stored and circulation initiated at a minimum of 140 F and with a return of a minimum of 124 F. This standard is best practice even considering the facility was built prior to May 2003 and grandfathered to meet requirement.</p> <p>The facility WMP does not identify the fact that the facility was built before 2003 therefore, the facility is not required to meet Wisconsin Administrative Code, Chapter SPS 382.50(3)(b)6. requirement for nursing homes to have a hot water distribution system installed and maintained to provide bacterial control by one of the following methods:</p> <p>a) Water stored and circulation initiated at a minimum of 140 degrees F (Fahrenheit) and with a return of a minimum of 124 degrees F</p> <p>b) Water chlorinated at 2mg/L residual</p> <p>c) Another disinfection system approved by the department</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The WMP does not address how the age of the building, existing systems are analyzed to address risks and maintain water temperatures or controlled water sources at conditions established by standards of practice to prevent waterborne bacteria.</p> <p>Control Measures: Determine Locations Where control measures must be applied and maintained in order to stay in established control limits.</p> <p>* The 1/2/24 WMP documents for Control Measures: Cold Water Systems. Risk Factor: Eyewash station.</p> <p>Plumbed units are to be activated weekly to flush the line and verify operation; at least a 3-minute flush is recommended. Fluid replacement frequency in self-contained units depends on whether a preservative is used. Plain water: weekly replacement; if a preservative is used, 1-4 month replacement depending upon instructions. If factory-sealed cartridges are used, up to two years may be acceptable. Follow Manufacturer's Operations and Maintenance Instructions. Surveyor noted the WMP does not specify what type of Eyewash stations exist specifically in the building.</p> <p>Location is identified as Building (it is noted it does not identify how many stations there are and specific locations).</p> <p>Frequency: weekly</p> <p>Monitoring: Execute control measure based upon the stated frequency and type of eyewash station present as indicated in control measure.</p> <p>Control limits (lower) NA (not applicable) Control Limits (upper): NA</p> <p>Corrective actions: For self-contained units destroy via incineration. For plumbed units, sterilize (if station is tied to a hot water line) via heat and flush using water at temperatures at or above 150 F (70 C) for 5-30 minutes.</p> <p>Date last verified: Refer to digitally signed and verified.</p> <p>Verified By/Reported To Program Team: FNHA-S and FMD-T are identified.</p> <p>Review of the Tels system identified by DM-H as the record of maintenance for the water system, Water Systems: Eyewash Station and Water systems: Inspect Eyewash stations for May 2024-March 2024 documents:</p> <p>Due Date: 5/25/24 Task completion: 5/20/24</p> <p>Due Date: 5/18/24 Task completion: 5/20/24</p> <p>Due Date: 5/11/24 Task completion: 5/7/24</p> <p>Due Date: 5/4/24 Task completion: 4/30/24</p> <p>Due Date: 4/27/24 Task completion: 4/25/24</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facility Tels documentation provided on 6/10/24, the Water System: Ice Machine is identified as Date Due of 1/31/24 with a Task completion date of: 1/12/24. Review of the Tels sheets provided by the facility going back to 2022 with Tels reports not included for early 2023, an earlier control measure being completed for the ice machine was not included to help identify the frequency the control measure should be completed.</p> <p>Observations of the facility during the survey dates of 6/3-6/6/24 indicate the facility continued to use the ice machines without revisions for safety until 6/7/24.</p> <p>Review of the draft DPH environmental assessment documentation from 5/29-5/30/24, it is noted during the facility physical assessment with LIH-N and DM-H, concerns regarding the ice machines particularly ensuring the ice bin drain has a compliant air gap per SPS 382.33 and that the ice compartment must be in the water management plan and the machine should be on a regular cleaning and maintenance program. To follow manufacturer recommendations and applicable codes.</p> <p>* The 1/2/24 WMP documents for Control Measures: Cold Water Systems. Risk Factor: Medical Device</p> <p>Control Measure: Clean and sterilize medical devices according to the manufacturer's instructions in their prescribed manner and procedure; or as required or necessary as determined by the program team.</p> <p>Location identifies Building</p> <p>Frequency: According to Manufacturer's Instructions ([NAME]).</p> <p>Control Limits (Lower): NA Control Limits (Upper): Exceeding manufacturer's stated interval or as determined by the Program Team.</p> <p>Corrective Actions: Replace or destroy (incinerate) the medical device; and assure there is no collateral contamination.</p> <p>Date Last Verified: Refer to digitally signed documentation.</p> <p>Documentation: Digitally signed and verified.</p> <p>Verified By/Reported To Program Team: FNHA-S and FMD-T are identified.</p> <p>Due Date for Next Verification: At stated frequency in the digitally signed documentation.</p> <p>Surveyor noted this control measure does not identify what the facility is specifically checking as a medical device that could be a water management concern. The WMP does not specify manufacturer's information for possible medical devices to set individual frequencies if necessary.</p> <p>Review of the Tels system identified by DM-H as the record of maintenance for the water system, Water Systems: Medical Device (not specified) for May 2024-March 2024 documents:</p> <p>Due Date: 5/31/24 Task completion: 5/20/24</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/11/2024
NAME OF PROVIDER OR SUPPLIER Allis Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9047 W Greenfield Ave West Allis, WI 53214	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Due Date: 4/30/24 Task completion: 4/2/24</p> <p>Due Date: 3/31/24 Task completion: 3/14/24</p> <p>Due Date: 2/29/24 Task completion: 2/4/24</p> <p>Surveyor noted it is unclear what medical devices this monitor is referring to or what the specified frequency may be for individual medical devices. The due date in the facility Tels system sets a monthly interval for completion of the monitoring. Review of dates completed indicate monitoring not consistently implemented with some monitoring periods greater than monthly and some shorter in their interval.</p> <p>* The 1/2/24 WMP documents for Control Measures: Hot Water Systems. Risk Factor: Water Heater</p> <p>Control Measure: Check flow and return temperature at hot water heater.</p> <p>Location: Boiler Room</p> <p>Frequency: Monthly or as required or recommended by AHJ (Authority having jurisdiction) or your water treatment professional.</p> <p>Monitoring: Supply temperature should be checked at the outlet of the Hot Water Heater and should not be lower than 140 F. The return temperature should also be checked monthly and should not be lower than 122 F.</p> <p>Control Limits (Lower): 122 F (50 C) Control Limits (Upper): 140 F (60 C).</p> <p>Corrective Actions: If unable to maintain desired temperatures: The Program Team shall consider alternate methods to conform with compliance to reduce the risk of Legionella. NOTE: State and Local regulations limit the temperature set-points of water heaters due to scald protection This places most facilities out of control limits set by the scientific community. Accordingly, the only way to confirm Legionella is under control is to test specifically for Legionella. (Name of company preparing WMP) suggests performing at a minimum 2 (biannual) tests per year, with 4 (quarterly) being more ideal. By doing so, the Program Team responsible has documented evidence that the hazard of Legionella is under control. Please see the ERRATA section for Program Team Test Location and Intervals.</p> <p>Date Last Verified: Refer to digitally signed documentation.</p> <p>Documentation: Digitally signed and verified.</p> <p>Verified By/Reported To Program Team: FNHA-S and FMD-T are identified.</p> <p>Due Date for Next Verification: At stated frequency in the digitally signed documentation.</p> <p>Procedures for Legionella Testing if specified by Program Team:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>For potable water systems: Cold-water: Samples should be taken from the cold-water storage tank (if present) and the furthest outlet from the tank (or source). Samples may also be required from outlets in areas of particular concern. Hot water: Samples should be taken from the water heater outlet or the nearest tap plus the return supply or nearest tap to that return supply. The furthest outlet from the water heater should also be sampled.</p> <p>Samples should be analyzed at a laboratory accredited to the ISO/IEC 17025:2017 standard. The laboratory should be capable of a detection limit of less than or equal to .10 cfu/ml for Legionella per liter of sample.</p> <p>Legionellae are commonly found in almost all natural water sources, so sampling of water systems and services will often yield positive results. Failure to detect Legionella should not lead to the relaxation of control measures and monitoring. Neither should monitoring for the presence of Legionella in a cooling system be used as a substitute in any way for vigilance with control strategies and those measures identified in the risk assessment. If a Legionella-positive sample is found outside of control limits, more frequent samples may be required as part of the review of the system operation, in order to establish the source of the contamination and determine when the system is back within control limits as specified in the WMP.</p> <p>Water Management Plan Procedures for testing:</p> <ol style="list-style-type: none"> 1. Onsite staff receives Legionella water testing equipment at specified intervals by WMP team. Test sample is gathered in accordance with (name of company preparing WMP plan) protocol emailed with equipment. 2. Test sample chain of custody is filled out. 3. Test sample is sent to CDC Elite Lab and received at lab within 24 hours. 4. Test sample is confirmed at lab. 5. Test results are communicated to (name of company preparing WMP plan) for interpretation. 6. (name of company preparing WMP plan) contacts specified WMP team members and communicates results. 7. WMP Team and (name of company preparing WMP plan) confer on action that needs to be taken or no action taken. 8. Documentation and/or remediation as required. <p>Surveyor review of the ERRATA section of the WMP notes the sections are blank and do not include facility specific-individualized details as part of the WMP.</p> <p>* The 1/2/24 WMP additionally documents for Control Measures: Hot Water Systems. Risk Factor: Water Heater</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Control Measure: Check water temperature at the end of each return leg at time of no hot water use.</p> <p>Location, Frequency, Monitoring, Control Limits (Lower & Upper), Corrective Actions, Date Last Verified, Verified By/Reported to Program Team, and Due date for next verification details are as above.</p> <p>* The 1/2/24 WMP also documents for Control Measures: Hot Water Systems. Risk Factor: Water Heater</p> <p>Control Measure: Visual check of hot water heater internal surfaces.</p> <p>Location: Boiler room.</p> <p>Frequency: Annually or as recommended by the AHJ or your water professional. Surveyor noted the plan does not specify who set the monitor plan; the AHJ or water professional.</p> <p>Monitoring: Visual examination based on stated frequency, looking for scale and sludge.</p> <p>Control Limits (Lower): None found/surface clean Control Limits (Upper): Scale and sludge found beyond range as determined by Program Team.</p> <p>Corrective Actions: Clean and disinfect prior to putting back in service. Refer to manufacturer's operation and maintenance instructions.</p> <p>Date Last Verified, Verified By/Reported to Program Team, and Due date for next verification details are as above.</p> <p>* The 1/2/24 WMP additionally documents for Control Measures: Hot Water Systems. Risk Factor: Water Heater</p> <p>Control Measure: Check Temperatures after 30 seconds and 60 seconds of running at all taps to ensure that you are receiving the appropriate temperature and it is being achieved in a reasonable amount of time. It is recommended to use [NAME] temperature gauge.</p> <p>Location: Boiler Room</p> <p>Frequency: Annually or as required or recommended by AHJ or your water professional.</p> <p>Monitoring: Ensure the temperature is at a minimum of 122 F (50 C).</p> <p>Control Limits (Lower): 122 F (50 C) Control Limits (Upper): 140 F (60 C).</p> <p>(continued on next page)</p>		

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