

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39713</p> <p>Based on interview and record review, the facility failed to implement policies and procedures for ensuring the reporting of a reasonable suspicion of a crime in accordance with section 1150B of the Act for 1 of 3 reportable incidents involving (R1 and R2)</p> <p>On 3/19/24, R2 had a physical altercation with another resident (R1). This allegation of abuse was not reported to local law enforcement.</p> <p>Evidenced by:</p> <p>The facility policy titled, Resident Abuse: Investigating and Reporting Allegations of abuse, neglect, mistreatment, injuries of unknown source, misappropriation of resident property and resident to resident altercations, last reviewed 1/15/24, states in part .</p> <p>Policy: [Facility Name] believes all resident have the right to be free from abuse including mental, verbal, and sexual; neglect, maltreatment, exploitation, corporal punishment, involuntary seclusion, and misappropriation of property. The policy of [Facility Name] is to immediately investigate and report any suspicious event of the above nature. [Facility Name] shall implement the following procedures in a manner consistent with the requirements of all regulatory agencies of jurisdiction and with facility standards of conduct.</p> <p>Procedure: The following definitions will be used to determine incidents of Neglect/Abuse/Injuries of Unknown Source/Misappropriation of Resident Property. Physical Abuse includes hitting, slapping, pinching, and kicking. This also includes controlling behavior through corporal punishment.</p> <p>The Investigation will include:</p> <p>3. Other protection steps to consider.</p> <p>h. Determine need to notify local law enforcement or other official agencies, i.e. APS (Adult Protective Services), etc.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to S483.12(c) of the State Operations Manual; all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>R2 was admitted to the facility on [DATE] with diagnosis that include dementia without behavioral disturbance, coronary artery disease (CAD), chronic obstructive pulmonary disease (COPD), and trans ischemic attack (TIA).</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE] indicates R1 was assessed as having a Brief Interview for Mental Status score of 3 which indicates R1 has severe cognitive impairment.</p> <p>The facility self-report dated 3/19/24 indicates LPN (Licensed Practical Nurse) heard R1 hollering as she was passing medications. LPN entered room of R1 to see R2 hitting R1 with a closed fist in the back of the head. LPN removed R2 from R1's room and ensured the safety of both residents. R2 stated that she was stabbing R1 for no known reason. R1 has diagnosis of dementia and is quite confused most of the time. R2 has also been having delusions noted recently. R1 stated she was not hurting in any way from the incident.</p> <p>On 7/31/24 at 3:30 PM, Surveyor interviewed SW D (Social Worker). Surveyor asked SW D if the police were notified of resident-to-resident abuse. SW D stated, no police were not called. I had asked the previous NHA (Nursing Home Administrator) about calling them but was she didn't feel it was necessary. Police should have been called.</p> <p>On 7/31/24 at 3:50 PM, Surveyor interviewed NHA A. Surveyor asked NHA A if the facility should have notified the police of observed allegation of abuse. NHA A stated, yes, they should have been notified.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	

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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39713</p> <p>Based on observation, interview, and record review, the facility failed to ensure it maintained an infection prevention and control program designed to help prevent the development and transmission of communicable disease and infections such as COVID-19. This had the potential to affect all residents residing within the facility at the time of the outbreak on 7/25/24.</p> <p>As of 7/25/24, the facility was in a COVID-19 outbreak with 1 staff positive for COVID-19.</p> <ul style="list-style-type: none"> - The facility line listings were not completed contemporaneously, and the line lists did not contain symptomology. - During the survey, staff were observed throughout the facility not wearing source control. - The facility did not track community transmission rates and hospital admissions. - The facility did not recognize the outbreak and did not implement their COVID-19 procedures. - The facility did not recognize or ensure they screen all residents for signs and symptoms of COVID-19 once the outbreak was identified. - The facility did not ensure staff who were positive for COVID-19 did not work. - The facility did not test residents once confirmed case of COVID-19 was identified. - The facility infection control policies and procedures have not been updated. - The Medical Director was not notified of outbreak. <p>This is evidenced by:</p> <p>The facility policy titled, COVID-19 Testing, last reviewed 1/13/23, states in part .</p> <p>Policy: The facility will follow the guidance in the CMS QSO-20-38-NH memo in order to provide framework for routine, symptomatic and outbreak testing of staff and residents. Utilizing this guidance will allow the facility to quickly identify and limit the transmission of this highly contagious illness in a setting where we care for a vulnerable population.</p> <p>Procedure: The facility will ensure testing of residents, staff, vendors, and visitors for COVID-19 as outlined in QSO-20-38-NH Memo.</p> <p>Table 1: Testing Summary</p> <p>Testing Trigger: Newly identified COVID-19 positive staff or resident in a facility that can identify close contacts. Staff: Test all staff, regardless of vaccination status, that had a higher-risk exposure with a COVID-19 positive individual.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	
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 - Many</p>	<p>Residents: Test all residents, regardless of vaccination status, that had close contact with a COVID-19 positive individual.</p> <p>Testing Trigger: Newly identified COVID-19 positive staff or resident in a facility that is unable to identify close contacts.</p> <p>Staff: Test all staff, regardless of vaccination status, facility wide or at a group level if staff are assigned to a specific location where the new case occurred (e.g., unit, floor, or other specific area(s) of the facility.)</p> <p>Residents: Test all residents, regardless of vaccination status, facility-wide or at a group level (e.g., unit, floor, or other specific area(s) of the facility.)</p> <p>1. Any NEW positive COVID test result, resident or staff, must be immediately reported to the Infection Prevention RN and the Director of Nursing so that further notifications and actions can be anticipated/completed per DHS (Department of Health Services) and CMS (Centers for Medicare and Medicaid Services) guidance.</p> <p>2. The facility will notify the public health department to coordinate facility wide testing if an outbreak occurs, as defined as one or more staff or residents that test positive.</p> <p>The facility policy titled, Respiratory Illness, last reviewed 6/07/24, states in part .</p> <p>Policy: To protect residents and staff from outbreaks of respiratory illness through early recognition, isolation, and testing of exposed or ill residents or staff.</p> <p>Procedure:</p> <ul style="list-style-type: none"> - Any staff member with any of the above symptoms, should be COVID antigen tested . - Send home if COVID positive and notify DON and Infection Prevention RN. Staff need to be off for 7 days from symptom onset and may return to work on day 8 if fever free for 24 hours. If the staff member remains antigen positive, they are required to wear a N95 mask. - All exposed residents and staff will require immediate testing and then repeat testing per direction of Infection Prevention RN/DON after contact tracing completed. <p>The facility policy titled, Respiratory Illness Outbreak, revised 5/06/24, states in part .</p> <p>Definition: An acute respiratory illness outbreak is defined as three or more residents and/or staff from the same wing with illness onset within 72 hrs. (hours) of each other.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	
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 - Many</p>	<p>- Residents/staff who test positive for Sars-CoV-2 will remain on COVID/airborne precautions for a minimum of 20 days or home isolation (for staff) until a minimum of 7 days from positive test, with a decrease in symptoms and at least 24 hrs. have passed since last fever without the use of fever reducing medications. A negative COVID antigen test may be used as a requirement for returning to work. Staff who are antigen positive that meet all other criteria may return with the use of a N95 respirator for source control. Residents will require 2 negative COVID antigen tests at least 48 hours apart before COVID/airborne precautions are discontinued.</p> <p>The facility policy titled, Pandemic COVID-19 Preparedness and Response, updated 9/27/23, states in part .</p> <p>Policy: As part of [facility name] overall Emergency Preparedness (EP) plan, the EP committee has established critical action steps to prepare, respond and communicate in the event COVID-19 virus is suspected or confirmed in the community or State, or within [facility name]. The committee's action steps are based on 2020 Guidance provided by the Wisconsin Department of Public Health (WIDPH) and the Centers for Disease Control (CDC).</p> <p>IV. Monitoring staff</p> <p>a. Ensure staff are aware of sick leave policies and the necessity of staying home if they are ill with fever or respiratory symptoms.</p> <p>b. Advise employees to check for any signs of illness before reporting to work each day and notify the Administrator, Infection Preventionist, Director of Nursing (DON) or designee if they become ill.</p> <p>c. Advise employees to notify the Administrator, Infection Preventionist, DON, or designee if they encounter person(s) who have traveled to high-risk countries or are suspected or confirmed with COVID-19, and whether the encounter was at a distance of 6 feet or less and less than 15 minutes.</p> <p>Implementation-Respond</p> <p>f. All exposed residents will be monitored routinely for fever or respiratory symptoms. The Infection Preventionist, in collaboration with the multidisciplinary EP committee, will determine the frequency of monitoring.</p> <p>h. [Facility name] will report all possible outbreaks of respiratory illness (when two or more residents or staff report fever or respiratory illness) to WI DPH (Wisconsin Department of Public Health). Upon notifying, [Facility name] will follow the WI DPH Recommendations.</p> <p>iv. Keep residents, their families, and employees informed. Describe what actions the facility is taking to protect residents and educate them on what they can do to protect themselves and prevent spread.</p> <p>Appendix A: Infection Control Guidance COVID-19</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	
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 - Many</p>	<p>Background: Infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery. Prompt detection and effective triage and isolation of potentially infectious patients are essential to prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility. All healthcare facilities must ensure that their personnel are correctly trained and capable of implementing infection control procedures; individual healthcare personnel should ensure they understand and can adhere to infection control requirements.</p> <p>Personal Protective Equipment:</p> <p>Employers should select appropriate PPE and provide it to HCP (healthcare personnel) in accordance with OSHA's (Occupational Safety and Health Administration) PPE standards.</p> <p>Of Note: The facility's policy is out of date and does not reflect the current CDC guidance and recommendations for COVID-19.</p> <p>According to the CDC at https://www.cdc.gov/covid/hcp/infection-control/guidance-risk-assessment-hcp.html .</p> <p>HCP who were asymptomatic throughout their infection and are not moderately to severely immunocompromised could return to work after the following criteria have been met:</p> <ul style="list-style-type: none"> - At least 7 days have passed since the date of their first positive viral test if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7). <p>*Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later.</p> <p>HCP who are not symptomatic could return to work after the following criteria are met:</p> <ul style="list-style-type: none"> - Results are negative from at least two consecutive respiratory specimens collected 48 hours apart (total of two negative specimens) tested using an antigen test or NAAT. <p>Exposures that might require testing and/or restriction from work can occur both while at work and in the community. Higher-risk exposures generally involve exposure of HCP's eyes, nose, or mouth to material potentially containing SARS-CoV-2, particularly if these HCP were present in the room for an aerosol-generating procedure.</p> <p>Other exposures not classified as higher risk, including having body contact with the patient (e.g., rolling the patient) without gown or gloves, may impart some risk for transmission, particularly if hand hygiene is not performed and HCP then touch their eyes, nose, or mouth. When classifying potential exposures, specific factors associated with these exposures (e.g., quality of ventilation, use of PPE and source control) should be evaluated on a case-by-case basis. These factors might raise or lower the level of risk; interventions, including restriction from work, can be adjusted based on the estimated risk for transmission.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	
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 - Many</p>	<p>For the purposes of this guidance, higher-risk exposures are classified as HCP who had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection and:</p> <ul style="list-style-type: none"> - HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask) - HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask. - HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure. - Follow all recommended infection prevention and control practices, including wearing well-fitting source control, monitoring themselves for fever or symptoms consistent with COVID-19, and not reporting to work when ill or if testing positive for SARS-CoV-2 infection. <p>HCP with travel or community exposures should consult their occupational health program for guidance on need for work restrictions. In general, HCP who have had prolonged close contact with someone with SARS-CoV-2 in the community (e.g., household contacts) should be managed as described for higher-risk occupational exposures above.</p> <p>Source control is recommended for individuals in healthcare settings who:</p> <ul style="list-style-type: none"> - Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure. <p>Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, (Environmental Protection Agency) hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which AGPs (Aerosol Generating Procedure) are performed.</p> <p>Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 per the CDC, updated 9/23/22 documents in part: HCP with mild to moderate illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met: At least 7 days have passed since symptoms first appeared if a negative viral test* is obtained within 48 hours prior to returning to work (or 10 days if testing is not performed or if a positive test at day 5-7), and 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. Either a NAAT (molecular) or antigen test may be used. If using an antigen test, HCP should have a negative test obtained on day 5 and again 48 hours later.</p> <p>HCP with severe to critical illness who are not moderately to severely immunocompromised could return to work after the following criteria have been met: At least 10 days and up to 20 days have passed since symptoms first appeared, and 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. The test-based strategy as described below for moderately to severely immunocompromised HCP can be used to inform the duration of work restriction.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	
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 - Many</p>	<p>Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic per the CDC, updated May 8, 2023, documents in part: Implement Source Control Measures: Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. Masks and respirators also offer varying levels of protection to the wearer. Further information about types of masks and respirators, including those that meet standards and the degree of protection offered to the wearer, is available at: Masks and Respirators. People, particularly those at high risk for severe illness, should wear the most protective mask or respirator they can that fits well and that they will wear consistently.</p> <p>Source control options for HCP include:</p> <ul style="list-style-type: none"> - A NIOSH Approved(R) particulate respirator with N95(R) filters or higher. - A respirator approved under standards used in other countries that are similar to NIOSH Approved N95 filtering facepiece respirators (Note: These should not be used instead of a NIOSH Approved respirator when respiratory protection is indicated). - A barrier face covering that meets ASTM F3502-21 requirements including Workplace Performance and Workplace Performance Plus masks, OR - A well-fitting facemask. <p>When used solely for source control, any of the options listed above could be used for an entire shift unless they become soiled, damaged, or hard to breathe through. If they are used during the care of patient for which a NIOSH Approved respirator or facemask is indicated for personal protective equipment (PPE) (e.g., NIOSH Approved particulate respirators with N95 filters or higher during the care of a patient with SARS-CoV-2 infection, facemask during a surgical procedure or during care of a patient on Droplet Precautions), they should be removed and discarded after the patient care encounter and a new one should be donned</p> <p>Source control is recommended for individuals in healthcare settings who:</p> <ul style="list-style-type: none"> - Have suspected or confirmed SARS-CoV-2 infection or other respiratory infection (e.g., those with runny nose, cough, sneeze); or - Had close contact (patients and visitors) or a higher-risk exposure (HCP) with someone with SARS-CoV-2 infection, for 10 days after their exposure <p>Source control is recommended more broadly as described in CDC's Core IPC Practices in the following circumstances:</p> <ul style="list-style-type: none"> - By those residing or working on a unit or area of the facility experiencing a SARS-CoV-2 or other outbreak of respiratory infection; universal use of source control could be discontinued as a mitigation measure once the outbreak is over (e.g., no new cases of SARS-CoV-2 infection have been identified for 14 days); or <p>NIOSH Approved particulate respirators with N95 filters or higher used for:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	
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 - Many</p>	<p>o All aerosol-generating procedures.</p> <p>o All surgical procedures that might pose higher risk for transmission if the patient has SARS-CoV-2 infection (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract).</p> <p>o NIOSH Approved particulate respirators with N95 filters or higher can also be used by HCP working in other situations where additional risk factors for transmission are present, such as when the patient is unable to use source control and the area is poorly ventilated. They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCP working in affected areas is not already in place.</p> <p>- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) worn during all patient care encounters.</p> <p>Environmental Infection Control</p> <p>- Dedicated medical equipment should be used when caring for a patient with suspected or confirmed SARS-CoV-2 infection.</p> <p>o All non-dedicated, non-disposable medical equipment used for that patient should be cleaned and disinfected according to manufacturer's instructions and facility policies before use on another patient.</p> <p>Example 1:</p> <p>Facility line listings were not completed contemporaneously and there were no line lists for residents or staff from July 2023.</p> <p>On 7/31/24 at 1:30 PM, ADON/IP C (Assistant Director of Nursing/Infection Preventionist) approached Surveyor with line listing for staff and residents. ADON/IP C stated, R4 was the only resident that had any symptoms of COVID-19 and tested negative. R4 ended up having bilateral pleural effusions. R5 was diagnosed with pneumonia but no symptoms are listed on the line list and line list does not indicate if R5 was ever tested for COVID-19.</p> <p>On 7/31/24 at 3:30 PM, Surveyor interviewed ADON/IP C via phone. Surveyor asked ADON/IP C if infection control line lists should be updated daily. ADON/IP C stated, infection control should be conducted daily for tracking. Surveyor asked ADON/IP C if line listings should be completed contemporaneously. ADON/IP C stated, yes, I was just following what the following IP was doing before she left.</p> <p>Of Note: During chart review surveyors noted at least two residents that were not placed on the line list who were experiencing symptoms. One of those residents was tested and tested negative but was never added to the line list.</p> <p>Example 2:</p> <p>During the survey, staff were observed throughout the facility not wearing any type of PPE.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	

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 - Many</p>	<p>On 7/31/24 at 12:25 PM, Surveyor interviewed ADON/IP C. Surveyor asked ADON/IP C if facility staff should be wearing PPE or utilizing source control during an outbreak. ADON/IP C stated, yes staff should be wearing masks if we are in an outbreak.</p> <p>Example 3:</p> <p>The facility did not track community transmission rates and hospital admission rates.</p> <p>On 7/31/24 at 11:10 AM, Surveyor interviewed ADON/IP C. Surveyor asked ADON/IP C if she was aware of what the community transmission rate was. ADON/IP C stated, the local health department advised to use the state transmission rates and those are below baseline. ADON/IP indicates she does not track hospital rates.</p> <p>Note: Surveyor reviewed current transmission rates in the region and state. Surveyor notes that the entire state is listed in as growing number of COVID-19 hospitalization across the State. Wastewater and hospital admission rates growing for the Western part of the State where the facility is located.</p> <p>Example 4:</p> <p>The facility failed to identify the outbreak and implement their COVID-19 policies and procedures.</p> <p>On 7/31/24 at 11:10 AM, Surveyor interviewed ADON/IP C. Surveyor asked ADON/IP C if the facility was currently in a COVID-19 outbreak as the facility had a positive staff member. ADON/IP C stated no. Surveyor asked ADON/IP C how many staff or residents need to positive to facilitate an outbreak. ADON/IP C stated, three. Surveyor showed ADON/IP C current guidance. Surveyor asked ADON/IP C based on current guidance would the facility be in an outbreak? ADON/IP C stated, yes.</p> <p>Example 5:</p> <p>The facility did not ensure they screened all residents for signs and symptoms of COVID-19 once a staff member tested positive.</p> <p>On 7/31/24 at 11:10 AM, Surveyor interviewed ADON/IP C. Surveyor asked ADON/IP C if the facility was screening residents for signs and symptoms of COVID-19. ADON/IP C stated not at this time as we did not believe we were in an outbreak.</p> <p>Example 6:</p> <p>The facility failed to ensure that staff who tested positive for COVID-19 did not work.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	
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 - Many</p>	<p>On 7/31/24 at 11:10 AM, Surveyor interviewed ADON/IP C. Surveyor asked ADON C when the DON B (Director of Nursing) tested positive for COVID-19. ADON/IP C stated, last Thursday (7/25/24). Surveyor asked ADON/IP C when the last time DON B worked prior to testing positive. ADON/IP C stated DON B worked Thursday morning from 2:00 AM to 6:00 AM on the floor. DON B tested at 6:00 AM prior to leaving from her shift and was positive at that time. Surveyor asked if DON B had worked since testing positive. ADON/IP C stated DON B worked on Sunday (7/28/24) after testing positive due to Med Tech working and needing an RN (Registered Nurse) in the building. ADON/IP C states DON B worked from her office and did not come out on the floor. Surveyor asked ADON/IP C if an RN needed to be in the building with the Med Tech. ADON/IP C stated according to the facility policy an RN needs to be in the building. ADON/IP C pulled out policy and read, Med Tech to be supervised in the building by an LPN or RN. ADON/IP C stated, I guess she didn't need to be.</p> <p>Example 7:</p> <p>Facility policies and procedures have not been reviewed or updated.</p> <p>Surveyor reviewed facility policies provided which are undated and do not reflect current guidance from the CDC.</p> <p>On 7/31/24 at 11:50 AM, Surveyor interviewed ADON/IP C. Surveyor asked ADON/IP C how often policies should be reviewed and updated. ADON/IP C stated, policies should be reviewed yearly at a minimum. Surveyor asked ADON/IP C should the infection control policies and procedures be up to date. ADON/IP C stated she is new to the role and was going by what was done previously.</p> <p>Example 8:</p> <p>The facility failed to test residents and staff once there was a confirmed case of COVID-19.</p> <p>On 7/31/24 at 11:10 AM, Surveyor interviewed ADON/IP C. Surveyor asked ADON/IP C if the facility is currently doing any testing of resident or staff. ADON/IP C stated, we are not testing widespread just staff and residents who would show signs and symptoms.</p> <p>Note: Facility began testing residents and staff prior to survey team's exit with no positive residents or staff identified.</p> <p>Example 9:</p> <p>The facility Medical Director was not notified of outbreak of COVID-19.</p> <p>On 7/31/24 at 11:10 AM, Surveyor interviewed ADON/IP C. Surveyor asked ADON/IP C if there has been any contact with the Medical Director regarding the outbreak. ADON/IP C stated, no contact has been made to anyone as we did not believe we were in an outbreak.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525562	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2024
NAME OF PROVIDER OR SUPPLIER Vernon Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 310 Fairlane Dr Viroqua, WI 54665	
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 - Many</p>	<p>The facility failed to complete screening of residents for signs and symptoms of COVID-19 during the current outbreak, line listings did not include residents with symptoms and was not completed contemporaneously. Staff were not wearing the appropriate PPE. The facility did not ensure staff who were COVID-19 positive did not work. The facility does not track community transmission rates and hospital rates. The facility did not ensure policies and procedures were up to date and reflect the current CDC recommendations.</p>		