STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525630	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Glarus Home	600 2nd Ave New Glarus, WI 53574

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30992 Based on observation, interview, and record review, the facility does not have an effective infection control program to control the spread of infectious disease, in this case COVID-19; this has the potential to affect all 87 residents residing at the facility. The facility is experiencing an extensive COVID outbreak that started on 12/30/24 when three (3) residents and one (1) staff member tested COVID positive. The outbreak has affected 6 of 6 units. As of 1/15/25, 38 residents and 18 staff members (total of 56) tested COVID positive during this ongoing outbreak. The facility failed to do the following: Staff were observed exiting COVID positive room with PPE on and doffing PPE in the hallway. While removing PPE in the hallway, staff contaminated clean PPE with dirty PPE. The facility is not documenting COVID positive residents' signs and symptoms on the line list or elsewhere. The facility is not fit testing agency staff for N95s. On 12/30/24, the facility identified they were in a COVID outbreak when three (3) residents tested COVID positive. On 12/30/24, LPN/IP C stated two additional residents, R16 and R19, had nasal symptoms. The facility did not test R16 and R19 for COVID until 12/31/24 (1 day later). On 12/31/24, R16 and R19 both testing COVID positive. Evidenced by: The facility's policy, Coronavirus Surveillance Policy, dated 2/13/23, indicates, in part, as follows: The facility will implement heightened surveillance activities for coronavirus illness during periods of transmission in the community and/or during a declared public health emergency for the illness. Definitions: Coronavirus is a virus that causes mild to severe respiratory illness. COVID-19 is a respiratory disease caused by SARS-CoV-2, a coronavirus discovered in 2019. The virus spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525630	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Glarus Home	600 2nd Ave New Glarus, WI 53574

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procedure: 1. The Infection Preventionist will monitor the status of COVID-19 outbreak through the CDC (Centers for Disease Control) website, and will monitor for changes in prevention, treatment, isolation, or other recommendations. 2. Heightened surveillance activities will be implemented to limit the transmission of COVID-19. These include, but are not limited to, screening visitors, staff, and residents. 3. Screening for visitors and staff: a. Symptoms of COVID-19; b. Close contact with someone with SARS-coV-2 (for visitors) or a higher-risk exposure (for healthcare personnel). 7. New Admissions and Residents with known exposure to Covid will be monitored for signs and symptoms of coronavirus illness: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell, fatigue, congestion or runny nose, nausea or vomiting, diarrhea. The physician will be notified immediately, if evident. Staff shall follow established procedures when COVID-19 is suspected. 8. The Infection Preventionist, or designee, will track the following information: a. The number of residents and staff who have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19. e. Employee compliance with hand hygiene f. Employee compliance with standard and transmission-based precautions h. Supply of personal protective equipment, cleaning/disinfection supplies, alcohol-based hand rub, and other relevant supplies. 9. Surveillance data will be used for reporting to local health departments, CDC, staff, residents, and resident representatives. a. The local health department will be notified of resident or staff with suspected or confirmed COVID-19, residents with severe respiratory infection resulting in hospitalization or death, or > or equal to 3 residents or staff with new-onset respiratory symptoms within 72 hours of each other. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic | CDC Archive 2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525630	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Glarus Home	600 2nd Ave New Glarus, WI 53574

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The IPC recommendations described below (e.g., patient placement, recommended PPE) also apply to patients with symptoms of COVID-19 (even before results of diagnostic testing) and asymptomatic patients who have met the criteria for empiric Transmission-Based Precautions based on close contact with someone with SARS-CoV-2 infection. However, these patients should NOT be cohorted with patients with confirmed SARS-CoV-2 infection unless they are confirmed to have SARS-CoV-2 infection through testing. Duration of Empiric Transmission-Based Precautions for Symptomatic Patients being Evaluated for SARS-CoV-2 infection. The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current SARS-CoV-2 infection for a patient with symptoms of COVID-19 can be made based upon having negative results from at least one viral test. If using NAAT (molecular), a single negative test is sufficient in most circumstances. If a higher level of clinical suspicion for SARS-CoV-2 infection exists, consider maintaining Transmission-Based Precautions and confirming with a second negative NAAT. If using an antigen test, a negative result should be confirmed by either a negative NAAT (molecular) or second negative antigen test taken 48 hours after the first negative test. HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH Approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face). Respirators should be used in the context of a comprehensive respiratory protection program, which includes medical evaluations, fit testing and training in accordance with the Occupational Safety and Health Administration's (OSHA) Respiratory Protection standard (29 CFR 1910.134) Duration of Transmission-Based Precautions for Patients with SARS-CoV-2 Infection The following are criteria to determine when Transmission-Based Precautions could be discontinued for patients with SARS-CoV-2 infection and are influenced by severity of symptoms and presence of immunocompromising conditions. Patients should self-monitor and seek re-evaluation if symptoms recur or worsen. If symptoms recur (e.g., rebound), these patients should be placed back into isolation until they again meet the healthcare criteria below to discontinue Transmission-Based Precautions for SARS-CoV-2 infection unless an alternative diagnosis is identified. In general, patients who are hospitalized for SARS-CoV-2 infection should be maintained in Transmission-Based Precautions for the time period described for patients with severe to critical illness. In general, patients should continue to wear source control until symptoms resolve or, for those who never developed symptoms, until they meet the criteria to end isolation below. Then they should revert to usual facility source control policies for patients. Patients with mild to moderate illness who are not moderately to severely immunocompromised: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525630	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Glarus Home	600 2nd Ave New Glarus, WI 53574

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	At least 10 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 Patients who were asymptomatic throughout their infection and are not moderately to severely immunocompromised: At least 10 days have passed since the date of their first positive viral test. Patients with severe to critical illness and who are not moderately to severely immunocompromised: 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 for moderately to severely immunocompromised patients below can be used to inform the duration of isolation. The facility has not documented COVID signs/symptom monitoring on the COVID line list or elsewhere for any residents that tested COVID positive. The facility does not complete N95 mask fit testing for any agency staff. On 1/15/25 at 2:40 PM, Surveyor spoke with LPN/IP C (Licensed Practical Nurse/Infection Preventionist). LPN/IP C stated she just took over the IP role on 12/31/24, LPN/IC C completed the Centers for Disease Control and Prevention (CDC) Nursing Home Infection Preventionist Training Course on 11/18/24. Surveyor asked LPN/IP C, what standard of practice the facility follows for COVID. LPN/IP C stated, CDC (The Centers for Disease Control) many residents had no symptoms until 2-3 days after testing COVID positive. R16 and R19 had stuffy noses the day before we tested but, nothing on the day we tested . Surveyor asked LPN/IP C, were R16 and R19 tested on the day, 12/30/24, they had stuffy noses. LPN/IP C stated, no. Note, the facility recognized they were in a COVID outbreak on 12/30/24. R16 and R19 should have been tested on [DATE] when they were symptomatic. LPN/IP C stated, R16 had a bunch of family come in to visit before he tested COVID positive on 12/31/24. LPN/IP C stated, R16 visits R1 and R19. R12 propels around the 100, 200, and 300 halls. LPN/IP C stated, R18 and R16 probably passed COVID around. Surveyor asked LPN/IP C, who is responsible for N95 fit testing. LPN/IP C stated, the prior IP. Surveyor asked LPN/IP C, when were staff and agency/contracted staff last fit tested . LPN/IP C stated, she is going to check. Surveyor asked LPN/IP C, have you educated staff regarding PPE (Personal Protective Equipment). LPN/IP C stated, as a group, no. LPN/IP C stated, if she sees any staff member in need of help, she will go educate them. LPN/IP C stated. the facility is completing broad-based testing and was able to complete some contact tracing (see above). Surveyor asked LPN/IP C, are COVID positive residents' symptoms being documented and monitored. LPN/IP C stated, no, she was not aware she needed to document symptoms on her line list and will implement this immediately. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525630	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Glarus Home	600 2nd Ave New Glarus, WI 53574

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 1/15/25 at 4:55 PM, Surveyor spoke with DON B (Director of Nursing). DON B stated, she followed up with the previous IP (Infection Preventionist). The previous IP stated, the facility fit tests their own employees annually and provided documentation. The previous IP stated, the facility does not fit test any agency/contracted staff. DON B stated, the facility should be COVID testing all residents upon symptom onset in addition to the broad-based testing they are doing. DON B stated, R16 and R19 should have been tested on [DATE] when they each presented with a stuffy nose. DON B stated, the facility did not provide LPN/IP C with the training she should have had before beginning her IP role. DON B stated, LPN/IP C is doing a very good job considering she is new to this role. DON B stated, she will work with LPN/IP C regarding infection control. 50228 On 1/15/24 at 9:28 AM, Surveyor observed DoA D and LEC E exiting the shared room of R14 and R15 wearing gown, gloves, N95 mask, and face shield. DoA D and LEC E closed the door and stood next to the isolation cart in the hall outside the resident room. Signage on the door to the room stated contact/airborne precautions (a set of practices used to prevent the spread of infectious illness). DoA D and LEC E removed their used gown and gloves and set it on top of the isolation cart next to bags containing N95 masks and a container of disinfectant. LEC E removed her N95 mask and placed it under her upper arm, against her shirt. LEC E took a new surgical mask from the isolation cart and applied it to her face. Surveyor asked DoA D and LEC E if they had just exited the room of a COVID positive resident. DoA D and LEC E stated yes. Surveyor asked if PPE was to be worn into the hallway. DoA D stated no, it is to be removed inside the resident room. Surveyor asked if used PPE should be placed on the isolation cart. DoA D stated no, it should have been disposed of in the garbage inside the resident room. Surveyor asked if the isolation cart was contaminated by the used PPE. DoA D stated yes. Surveyor asked if a used N95 mask should be held against a staff member's clothing. LEC E stated no. Surveyor asked if hand hygiene had been performed prior to application of a new surgical mask. LEC E stated no. Surveyor asked if hand hygiene should have been completed. LEC E stated yes. On 1/15/25 at 2:02 PM, Surveyor interviewed IP C and asked where PPE should be removed when exiting the room of a COVID positive resident. IP C indicated that gown and gloves should be removed prior to leaving the resident room and hand hygiene should be performed. Face shield and mask should be removed at doorway, where face shield should be disinfected and placed into a bag and N95 mask should be placed into a bag, followed by hand hygiene, prior to application of a new surgical mask. Surveyor asked if PPE should be removed prior to leaving the room of R14 and R15. IP C stated yes. Surveyor asked if placing used PPE on top of the isolation cart would be considered contamination / a breach in infection control. IP C stated yes. Surveyor asked if holding a used N95 mask under your arm against your shirt would be considered contamination. IP C stated yes. Surveyor asked if hand hygiene should be performed after removal of PPE, prior to applying a new surgical mask. IP C stated yes. On 1/15/25 at 2:11 PM, Surveyor interviewed DON B and asked where PPE should be removed when leaving the room of a COVID positive resident. DON B stated PPE should be removed in the resident room and hand hygiene should be performed. Surveyor asked if facility would expect staff to remove PPE prior to leaving the room of R14 and R15. DON B stated yes. Surveyor asked if placing used PPE on top of the isolation cart would be considered contamination / a breach in infection control. DON B stated yes. Surveyor asked if holding a used N95 mask under your arm against your shirt would be considered contamination. DON B stated yes. Surveyor asked if hand hygiene should be performed after removal of PPE, prior to applying a new surgical mask. DON B stated yes.