STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012737	A. BUILDING: _____ B. WING _____	C 09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIELDS OF WASHINGTON COUNTY (THE)	531 E WASHINGTON ST WEST BEND, WI 53095

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments An investigation into 2 complaints and an abbreviated survey was conducted on 09/09/2024 with information gathered through 09/12/2024 at The Fields of Washington County CBRF. As a result of this survey 2 deficiencies were identified with 1 complaint substantiated. Census: 25	N 000		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. This Rule is not met as evidenced by: Based on observation and staff interviews the provider did not follow infection control standards of practice and their facility policy for 2 of 3 residents who had confirmed COVID. Residents 1 and 2 did not have their doors closed during survey on 09/09/2024 as directed in their policy and in current CDC (Center for Disease Control) standards of practice. Findings include: On 09/09/2024, Surveyors entered the facility for a survey and noted signage that there was a COVID outbreak in the facility. DON (Director of Nursing) - A provided Surveyors a copy of the line list for COVID isolation affecting 8 residents which started on 08/26/2024 with the last isolation date going to be 09/13/2024. Residents 1 and 3 were noted to be off isolation at midnight on	N 439		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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N 439	Continued From page 1	N 439		

09/09/2024. Resident 2 was noted to be off isolation on 09/13/2024.

On 09/09/2024, Surveyors observed infection control signs on Residents 1 and 3's doors indicating the door should be closed. Further observation by Surveyors on 09/09/2024 from 9:30 am to approximately 10:40 am showed Resident 1's door wide open. Surveyor asked if NM (Nurse Manager) - B should close Resident 1's door and s/he did. Resident 2's door was propped wide open. Surveyor asked RA (Resident Assistant) - E if it was supposed to open. RA - E said s/he believed another staff member had just been in there. RA - E then closed the door.

On 09/09/2024 at 2:00 PM, Surveyor observed Resident 2's room door wide open. Resident 2 was in bed. Resident 1's door was half open with Resident 1 seated in a recliner next to the door.

At approximately 2:10 pm, Surveyor received a copy of the provider's COVID policy from DON - A. This policy dated 05/18/2023 stated: "14. Resident placement considerations: A. If possible, residents with confirmed SARS-CoV-2 infection should be placed in a single-person room with the door kept closed."

Current CDC standards of practice note: "Place a patient with confirmed SARS-CoV-2 infection in an individual room. The door should be kept closed."

During an exit conference on 09/09/2024 at approximately 2:30 pm, DON - A confirmed Residents 1 and 2 both had confirmed COVID and their doors should have been kept closed.

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N 668	Continued From page 2	N 668		
N 668	83.60(1) Total/openable window area Minimum size. Every habitable room shall have at least one outside window with a total window area of at least 8% of the floor area in the room. The window shall be openable from the inside without the use of tools or keys. The openable area of the window shall be not less than 4% of the floor area of the room. This Rule is not met as evidenced by: Based on observation and staff and resident interviews the provider did not ensure resident rooms had openable windows without the use of tools or keys and that they had screens. Twenty-five of 25 resident rooms required a special tool from maintenance to open the windows. There were no screens on 25 of 25 of the windows. Findings include: On 09/09/2024, Surveyors conducted a survey and complaint investigation regarding resident bedroom windows being locked and having no screens. Observation by Surveyors on 09/09/2024 from 9:30 am to 10:30 am showed residents' windows were not able to be opened and did not have screens. DM (Director of Maintenance) - C confirmed a special key, kept by maintenance, was needed to open resident room windows throughout the facility. Residents 4, 5, 6, 7, and 8 all confirmed their windows do not open and there are no screens	N 668		

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N 668	Continued From page 3 on the windows. On 09/09/2024 at approximately 10:45 am, Resident 8 stated windows in the dining area open and there is also a fan and air conditioning to help with airflow. During an exit with Surveyors on 09/09/2024 at approximately 2:30 pm, ADM (Administrator) - D confirmed all 25 of 25 residents' windows had never opened and did not have screens.	N 668		