

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER NEWAYGO CO MEDICAL CARE FACILI		STREET ADDRESS, CITY, STATE, ZIP 4465 W 48TH ST FREMONT, MI 49412	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to maintain appropriate infection control procedures on 2 of 6 halls (Clover Lane and Sunflower), potentially affecting 45 of 75 facility residents, resulting in the potential for the spread of COVID-19 and other respiratory illnesses. Findings include: A review of Resident #4's Admission Record, dated 7/22/20, revealed Resident #4 was an [AGE] year-old resident admitted to the facility on [DATE], Resident #4's Admission Record revealed Resident #4 had multiple [DIAGNOSES REDACTED]. In addition, Resident #4's Admission Record, revealed Resident #4 was diagnosed with [REDACTED]. During an interview on 7/21/20 at 8:30 AM, Director of Compliance and Quality (DCQ) A stated the facility had 2 employees who tested positive for COVID-19 and no residents who tested positive. She stated the 2 employees that tested positive were both asymptomatic (displaying no symptoms of COVID-19) and were found during weekly testing of their staff. The first staff member to test positive was on 7/7/20. During an interview on 7/21/20 at 9:30 AM, certified nursing assistant (CNA) B stated since the COVID-19 pandemic they (facility staff) have been wearing face masks. She stated staff have to wear face masks the whole time they are in the facility, except to eat and/or drink. CNA B stated the units are basically run as self-contained areas with staff assigned to those areas spending their whole shift there. She stated there are designated staff break/eating areas on each unit. That way staff do not have to leave their units to eat or take breaks. During an interview on 7/21/20 at 9:50 AM, environmental services employee (ES) C stated staff have to wear masks all the time while in the facility, except when they are eating or drinking. During an observation on 7/21/20 at 1:45 PM, hospice aide (HA) F was observed walking on the Clover Lane hall with a mask on below her nose and only over her mouth. HA F exchanged pleasantries with me and then used hand sanitizer and went into Resident #2's room to provide care (could hear bits of conversation from outside the room from 1:45 PM to 2:00 PM) without adjusting her mask. During an observation on 7/21/20 at 2:00 PM, HA F exited Resident #2's room with her mask properly on (covering her nose and mouth). During an interview on 7/21/20 at 2:00 PM, HA F stated she comes to the facility twice a week on Tuesdays and Thursdays. She stated she always sees staff wearing face masks. During a second interview on 7/22/20 at 8:20 AM, DCQ A stated the hospital lab notified them this morning that one of their residents, (name of Resident #4), tested positive for COVID-19. She stated it was found when they did a house-wide testing of their residents. DCQ A stated Resident #4 was moved to the COVID unit (Apple Blossom hall) immediately after she was notified of the positive test result. A review of Resident #4's electronic medical record revealed Resident #4 had been a resident on the Sunflower hall prior to being transferred to the COVID unit. During an observation on 7/22/20 at 2:00 PM, Licensed Practical Nurse (LPN) I was observed sitting at the Sunflower nurse's station talking with another employee. Her mask was under her chin and around her neck. Her mouth and nose were not covered. When I approached the nurse's station, she turned away from me and quickly put her mask back on. During an interview at the Sunflower nurse's station on 7/22/20 at 2:00 PM, LPN I stated, I wasn't wearing my mask when you came up because I was drinking. If we're eating or drinking, we don't have to wear a mask. Otherwise we have to wear our masks. When LPN I was asked if she had been drinking from a bottle of water that she threw away as I came around the nurse's station (I had not observed her drinking or the container she had been drinking from) to talk with her or from a Styrofoam cup, she stated she had been drinking from a Styrofoam cup and moved her chair to show me the cup that she had drinking from placed behind her at the nurse's station. During the interview, LPN I had been deliberately placing her chair to block the cup from my view (she would move her chair from side-to-side when I shifted positions during the interview). During an interview on 7/22/20 at 2:10 PM, LPN J stated staff have to wear face masks at all times. The only time they do not have to wear their masks are when they are in designated areas on each unit that are set aside for eating and breaks. She stated while they are in these designated areas, they have to stay 6 feet apart from other employees, if there are other employees in the area at the same time. She stated that they can not eat or drink at the nurse's stations, in the hallways, or at their medication carts. LPN J stated as far as she knew, they never could have done that even before the COVID-19 pandemic. During a third interview on 7/22/20 at 4:30 PM, DCQ A stated staff have to wear face masks at all times while they are in the facility. The only exception is when they are in designated areas where they can eat. DCQ A stated staff cannot eat or drink at the nurse's station. She stated they cannot take their face masks off at the nurse's stations to eat, drink, or hold conversations with other staff members. During a second interview on 7/23/20 at 8:15 AM, LPN I stated the authorized area where staff eat and drink is in the room that was designated for staff on the Sunflower unit. She indicated that was the only place on the Sunflower unit that staff could eat and drink. A review of the facility's mandatory education training, dated 6/16/20 and 6/17/20, revealed the following: - Staff members must continue to wear cloth masks covering their nose and mouth while in the facility. Masks can only be removed to eat and staff members must eat their lunch in the assigned locations and remain at least 6 feet away from other employees while their mask is removed. If you are unsure where your department is assigned to eat please see your department head. - LPN I signed that she received the education on 6/16/20 on the staff sign-in sheet. A review of the facility's Personal Protective Equipment (PPE): Donning and Doffing policy and procedure, dated 3/31/20, revealed when staff don (put on) a face mask or respirator, they are to a. Secure ties or elastic bands at middle of head and neck. If Mask has elastic type ear straps, secure them around the ears. b. Fit flexible band to bridge of nose. c. Fit snug to face and below chin. A review of the Centers for Disease Control and Prevention (CDC) Use of Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 policy and procedure, undated, revealed, Respirator/facemask should be extended under chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.