

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235248</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>FRIENDSHIP VILLAGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1400 N DRAKE RD KALAMAZOO, MI 49006</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate infection control was provided per standards of practice for 7 of 8 sampled residents (Resident #101, Resident #102, Resident #103, Resident #104, Resident #107, Resident #108 and Resident #106) reviewed for infection control, resulting in the potential for cross-contamination and the development and spread of infection of the 42 residents residing in the facility. Findings include: Review of facility policy, COVID-19 General Prevention and Response revised 5/18/10, revealed, This facility will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION]. Definitions: Coronavirus is [MEDICAL CONDITION] that causes mild to severe respiratory illness. COVID-19 (short for coronavirus disease 2019) is a new respiratory disease caused by a novel (new) coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. Because it is new, much is still to be learned about [MEDICAL CONDITION]. What is currently known is that it is spread person-to-person, mainly between people who are within 6 feet of one another through respiratory droplets produced when an infected person coughs or sneezes .</p> <p>Triage-Quarantine Rooms 501 through 504, overflow rooms 509 through 512 will be ALL new admissions WITHOUT symptoms. Residents will wear surgical mask when out of room. Portable scale is utilized in resident room and cleaned properly after use. PPE Required- 1 surgical mask per staff member per shift. GOWN selection see below .Cloth gown per shift per room. Change gloves after each use followed by proper hand hygiene .Prior to admitting, resident should have a mask before entering community and unit. Therapy will continue following the same required PPE . Asymptomatic admissions will remain in Quarantine for a duration of 14 days to monitor for symptoms . Upon entering the facility on 6/3/2020 at 9:10 AM, observed Unit Clerk (UC) M instructing two (2) construction contractors to take their own temperatures with an oral thermometer but did not instruct them to disinfect it after use. Surveyors were not instructed to disinfect the shared thermometer after use either. UC M stated, Staff know to wipe thermometer after use. I usually wipe the thermometer off every 30 minutes. I don't wipe it down after each use. Surveyor did not observe signage to instruct thermometers to be disinfected after each use. During an interview on 6/3/2020 at 9:20 AM, Nursing Home Administrator (NHA) A stated, There is a designated unit on 500 hall for COVID-19 positive or presumptive resident. There is also a 4-bed 14-day triage unit there as well. During an observation and interview on 6/3/2020 at 10:40 AM, Unit Manager (UM) N walked through the designated COVID-19 14-day Triage unit on 500 hall without wearing a mask. UM N stated, All staff are to be wearing a mask while in the facility, especially in this unit. Residents in this unit are at high risk because they have been admitted in the last 14 days. The residents in the 14-day Triage unit has their vital signs (temperature, pulse, blood pressure, blood oxygenation, and respiration) taken twice a day and put on a monitor log. Staff are to wear cloth gowns they get from clean utility when entering a resident's room. The gown is to stay in the resident's room for that specific staff. All staff are to practice standard precautions while in the resident's room. Staff get gloves from the resident's bathroom to wear. When exiting the room, they take them off in the bathroom and wash their hands. It was noted no signage was outside any of the four (4) designated 14-day Triage rooms indicating standard precautions PPE was to be donned before entering room. Also noted, no PPE was available outside of resident room to don before entering room. UM N continued to state, Residents on the 14-day Triage hall use the same vital sign machine. The machine is wiped down after each use with either bleach wipes or Micro-Kill disinfectant wipes. Both are kept at all nursing stations. During an interview on 6/3/2020 at 10:55 AM, Registered Nurse (RN) J stated, Staff doesn't know if the residents in the 14-day Triage unit are positive for COVID-19 or not. The residents have therapy in their room. Therapy staff should wear a cloth gown, surgical mask, gloves before entering the room. There are gloves in each room. The residents are not identified outside their room with a sign as being on any type of precaution. Resident #101 Review of a Face Sheet revealed Resident #101 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #101's physician's orders [REDACTED].</p> <p>During an observation and interview on 6/3/2020 at 11:25 AM, Licensed Practical Nurse (LPN) H stated, The glucometers are shared-equipment for residents that need their blood sugar tested . The brand name is Ever Care G3. Micro-Kill disinfectant wipes are used to clean them after each use. A nurse that is using the glucometer is to wipe it off and let it dry for 3-5 minutes. Observed LPN H enter Resident #101's room with glucometer and supplies to test blood sugar level. LPN H washed hands with soap and water under running water for 10 seconds and then donned gloves. After testing Resident #101's blood sugar using the glucometer, LPN H removed gloves and washed hands with soap and water for 6 seconds under running water. She then donned clean gloves and wiped the glucometer with a Micro-Kill wipe for 10 seconds and placed it on a paper towel, removed gloves, and washed hands with soap and water under running water for 4 seconds. LPN H stated, The packet (referring to package of Micro-Kill wipe) says to let dry for 3 minutes, but the facility policy says 5 minutes. I wash my hands while singing Happy Birthday. I rub my hands and get my nails clean. Usually I wet my hands, put soap on them but not under running water and vigorously wash to get dirt off, then I rinse my hands off. Resident #102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #102's Physician order [REDACTED]. TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS Three Times</p> <p>Daily Starting 3/17/2020 . On 6/3/2020 at 11:40 AM, LPN H was observed testing Resident #102's blood sugar levels. After completing the procedure, LPN H removed gloves and washed hands with soap and water for 11 seconds and stated, When I let the glucometer dry after cleaning it, I time myself by listening to the television commercials from resident rooms or I use my watch to time. Observed LPN H wiping the glucometer for 8 seconds with a Micro-Kill Bleach wipe and placing it on a tissue on top of med cart to dry. During an interview on 6/3/2020 at 1:07 PM Infection Control Preventionist (ICP) R stated, Hands should be washed for 20 seconds with soap and water. Staff should not scrub hands under running water for the 20 seconds. During an interview via telephone on 6/4/2020 at 1:27 PM with Director of Nursing (DON) B and ICP R, ICP R stated, Staff should wash their hands when visibly soiled to prevent the transmission of pathogens. Hands should be washed with soap and water; lathering for at least 20 seconds. Hands should not be washed under running water, only rinsed under running water. During an interview on 6/3/2020 at 1:07 PM ICP R stated, A glucometer is cleaned with the Micro-Kill disinfectant for a 3-minute contact time and let dry on a barrier. The glucometers are shared equipment. Review of Micro-Kill Bleach Germicidal Bleach Wipes special instructions for cleaning and decontamination date unavailable, revealed, .Hospital Disinfection .4. Apply pre-saturated towelette and wipe desired surface to be disinfected. 5. A 30-second contact time is required to kill all of the bacteria [MEDICAL CONDITION] .except a 1 minute contact time is required to kill [MEDICAL CONDITION][MEDICATION NAME] and [MEDICATION NAME] mentagrophytes and a 3 minute contact time is required to kill [MEDICAL CONDITION] (c-dif) spores. Reapply as necessary to ensure that the surface remains wet for the entire contact time. 6. Allow surface to air dry . Review of facility policy, EvenCareG3 Policy dated 11/2015, revealed, .CLEANING AND DISINFECTING . Materials Needed: .validated disinfecting wipe . Medline Micro-Kill+TM Disinfecting, Deodorizing, Cleaning Wipes with Alcohol (EPA Registration Number: -10- ) . Step 4: To clean the meter, use a moist (not wet) lint-free cloth dampened with a mild detergent. Wipe all external areas of the meter including both the front and back surfaces until</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>visibly clean. Avoid wetting the meter test strip port. Step 5: To disinfect your meter, clean the meter surface with one of the approved disinfecting wipes. Wipe all external areas of the meter including both from and back surfaces until visibly wet. Avoid wetting the meter test strip port. Allow the surface of the meter to remain wet at room temperature for: At least 30 seconds for Medline Micro-Kill+TM Bleach. At least 2 minutes for Medline Micro-Kill+TM Wipe meter dry, or allow to air dry. Review of facility policy Handwashing/Hand Hygiene revised August 2019, revealed, Policy Statement This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. 8. Hand hygiene is the final step after removing and disposing of personal protective equipment. 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. 10. Single-use disposable gloves should be used: Before aseptic procedures When anticipating contact with blood or body fluids; and When in contact with a resident, or the equipment or environment of a resident, who is on contact precautions. Washing Hands 1. Wet hands first with water, then apply an amount of product recommended by the manufacturer to hands. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Applying and Removing Gloves 1. Perform hand hygiene before applying non-sterile gloves. 3. When removing gloves. 5. Perform hand hygiene. Resident #103 Review of a Face Sheet revealed Resident #103 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Further review of the Face Sheet revealed Resident #103 was a resident on the 14-day Triage unit. On 6/3/2020 at 12:10 PM, Certified Nursing Assistant (CNA) F entered Resident #103's room to perform peri-care (cleaning the private areas of a patient). CNA F was wearing a surgical mask and cloth gown before entering the room. Upon entering the room, CNA F entered the bathroom to don gloves without performing hand hygiene. After completing peri-care, CNA F removed gown and gloves and exited room to gather additional equipment. Upon re-entering Resident #103's room, CNA F did not don gown or glove, nor was hand hygiene performed. CNA F covered resident with a blanket, placed a pillowcase on pillow, donned gloves without performing hand hygiene and placed the pillow under the resident's feet. Then, CNA F moved bedside table nest to resident's bed, placed call-bell on table, and used the bed controller to adjust head-of-bed for resident comfort. After gathering bag of dirty linen, CNA F removed gloves and exited room without performing hand hygiene. CNA F stated, The only precautions staff should have when entering (Resident #103) room is to wear a surgical mask. If any resident were positive for COVID-19 then staff would wear a N95 mask (type of respirator). Staff treat every resident as if they were COVID-19 positive. Residents on the 14-day Triage unit have their temperatures taken every day as well as monitored for signs and symptoms of COVID-19. A gown should be worn when entering a room with hands washed with soap and water for 20 seconds. On 6/3/2020 at 12:15 PM, UM I was observed wearing a cloth face covering while working on the 14-day Triage Unit on the 500 hall. Upon entering Resident #103's room, UM I stated, I should be wearing a surgical mask while working on the 14-day Triage Unit, but I'm just going in to (Resident #103) room to help the aide with perineal care. I am wearing a cloth face covering. UM I was wearing a cloth gown as she entered resident's room and went into the bathroom to don gloves without performing hand hygiene. Resident #104 Review of a Face Sheet revealed Resident #104 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. During an observation and interview on 6/3/2020 at 2:00 PM, CNA E and CNA C prepared to perform peri-care for Resident #104. Upon entering resident room, CNA C washed hands with soap and water for 13 seconds before donning gloves. CNA C moved a trash can closer to resident bed, removed gloves and washed hands with soap and water for 6 seconds before donning clean gloves. CNA E left the room to retrieve a gait belt and upon returning washed hands with soap and water for 4 seconds. When CNA C finished setting up basin and towels, she removed gloves and washed hands with soap and water for 5 seconds. CNA E and CNA C completed transfer from chair to wheelchair to bed using hand sanitizer when changing gloves. During peri-care it was observed both CNA E and CNA C washed hands after going from dirty area to clean area for 20 seconds. During an interview via telephone on 6/4/2020 at 1:27 PM, ICP R stated, Surgical masks are to be worn in the designated 14-day COVID-19 triage unit. Wearing the surgical mask offers better protection than the cloth face coverings for staff and residents from unknown cases of COVID-19 that may be coming in from the community. New admissions from the community could bring COVID-19 into the facility. It is policy that staff wear the surgical masks while on the designated 500 hall unit that we call Triage. Resident #107 Review of a Face Sheet revealed Resident #107 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Further review of the Face Sheet revealed, Resident #107 was a resident in the 14-day Triage unit. Review of Resident #107's physician's orders [REDACTED]. On 6/3/2020 at 12:30 PM, observed Occupational Therapy Aide (OTA) S in Resident #107's room located on the 14-day Triage unit. While in room performing therapy using rings and sticks, OTA S was wearing a cloth face covering but no gown nor gloves. OTA S was within 6 feet of Resident #107 touching her arms and upper torso. OTA S stated, I was not doing direct patient care like showering or toileting. I was just doing a regular PT (physical therapy) session. There is no need for me to wear anything else. It was noted OTA S did not perform hand hygiene nor was the equipment used by Resident #107 disinfected before OTA S carried it out of the resident room or the 14-day Triage unit. During an observation and interview on 6/3/2020 at 12:40 AM, Dietary Cook T entered Resident #107's without performing hand hygiene or wearing a gown. After Dietary Cook T spoke with Resident #107/she exited the room without performing hand hygiene. Dietary Cook T stated, Staff are to wear surgical masks when entering the 14-day Triage rooms because we don't know the rooms as anything but rehab rooms. I didn't clean my hands before going in or coming out. It was noted Dietary Cook T was wearing a surgical mask. During an interview on 6/3/2020 at 2:25 PM, Therapy Director (TD) AA stated, Therapy staff should be following the facility's policy and procedure regarding wearing PPE. When therapy staff goes into the designated 500 rooms (14-day Triage unit) they should be wearing cloth gowns and surgical masks. If therapy staff shower or toilet a resident, they should wear gloves. Hand hygiene should be done entering and exiting a room. All equipment used by therapy should be cleaned before and after use with a resident and in the 14-day triage rooms therapy staff should use the Quat disinfectant before leaving the area is available. During an interview on 6/3/2020 at 2:35 PM, ICP R and Staff Development (SD) O stated, In the 14-day Triage unit, staff is to wear PPE, cloth gown, surgical mask, and gloves. This is the facility's protocol. No one knows what is going to happen when you enter a resident's room. Hands should be washed for soap and water for 20 seconds. Anytime equipment is used in a resident's room on that unit it should be wiped down and disinfected. SD O stated, Staff has been educated many, many times on how to wash hands. Staff is not to wash hands under running water. Resident #108 Review of a Face Sheet revealed Resident #108 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #108's Physician order [REDACTED]. Cleanse area with sterile saline then apply barrier cream then Cutimed Sorbact to wound beds on RLE one time weekly starting 6/2/20. Review of facility policy, Dressings, Dry/Clean revised September 2010, revealed, Purpose The purpose of this procedure is to provide guidelines for the application of dry, clean dressings. Steps in the Procedure .5. Wash and dry your hands thoroughly. 6. Put on clean gloves. Loosen tape and remove soiled dressing. 7. Pull glove over dressing and discard into plastic or biohazard bag. 8. Wash and dry your hands thoroughly. During an observation and interview on 6/3/2020 at 3:30 PM, UM P and CNA G prepared to do a wound dressing change on Resident #108's left lower leg. Resident #108 was in the shower room after just having a shower. UM P washed hands for 9 seconds, removed bandages from resident's left lower leg. The bandage was soiled with yellow drainage. After removing the bandage, UM P washed her hands with soap and water for 8 seconds and donned clean gloves. At this time, it was noted Resident #108 left heel was touching the wet floor with no barrier underneath it. UM P measured the leg wound, removed gloves, and rinsed off her hands without washing them with soap and water before donning clean gloves. Using a normal saline wipe, UM P wiped over the wound multiple times. Without changing into clean gloves, UM P applied prescribed medication to leg wound then removed gloves and washed hands with soap and water for 6 seconds. After pulling up Resident #108's jeans, UM P donned a glove to her left hand and applied wound dressing to wounds then covered them with rolled gauze. UM P removed glove and washed hands with soap and water for 4 seconds. UM P stated, Hands should be washed with soap and water for 20 seconds. The resident's foot should not have touched the floor without having a barrier. During an interview via telephone on 6/4/2020 at 1:27 PM, ICP R stated, When a wound dressing is being changed, a barrier should be placed under it to prevent germs from traveling from the dirty area into the wound. The resident's foot should not have been resting on the shower floor without a barrier while the dressing on the leg was changed.</p> <p>Resident #106 Review of a facility document, Strategies for Extended Use and Limited Reuse of PPE (personal protective equipment) revealed, . REHAB UNIT, Effective 4-30-2020 All staff working in the Rehab Unit wear surgical masks. Proactive safeguarding vulnerable older adults in our facility, Homemade/cloth facemasks are not considered PPE. Continued community</p>		

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 2)</p> <p>transmission has increased the number of individuals potentially exposed to and infectious with COVID-19. As part of aggressive source control measures we have added wearing surgical mask wearing for HCP (healthcare personnel) in Rehab Unit, and new admissions may be introduced into the unit asymptomatic . All residents in the Rehab are considered quarantine which require . on-going monitoring of COVID-19 symptoms. Effective 5-22-20 all staff members in the Rehab work area will wear one surgical mask per day and direct care staff members will wear a protective cloth gown . Review of a Face Sheet revealed Resident #106 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #106, with a reference date of 5/25/20 revealed a Brief Interview for Mental Status (BIMS) score of 10, out of a total possible score of 15, which indicated Resident #106 was moderately cognitively impaired. In an interview on 6/3/20 at 10:05 A.M., Nursing Home Administrator (NHA) A indicated that 4 resident rooms (room numbers omitted) on the Rehab Unit are considered designated triage rooms and that 4 additional rooms (room numbers omitted) on the Rehab Unit are considered designated overflow triage rooms. NHA A further indicated the designated triage rooms are used to house newly-admitted residents and readmitted residents (whose COVID-19 status is unknown) for 14 days to prevent potential spread of infectious disease to other residents. In an observation/interview on 6/3/20 at 10:50 A.M., noted Housekeeping Aide (HA) U to exit Resident 106's room, a designated triage room. HA U reported just cleaned resident room. HA U was noted to be wearing a cloth face cover and gloves. HA U indicated the personal protective equipment (PPE) HA's should wear when cleaning a resident room in the designated triage rooms includes a cloth face cover and gloves because HA's do not have personal contact with residents. HA U further indicated the infection control nurse would notify housekeeping staff if different PPE should be worn for special precautions but that there were no special precautions needed to be taken for any of the designated triage rooms. In an interview on 6/3/20 at 12:04 P.M., Infection Control Nurse (IC) R reported the required personal protective equipment (PPE) to be worn by nursing staff working with residents housed in the designated triage rooms includes a cloth gown, a surgical mask, gloves, and either goggles or a face shield. IC R reported the required PPE to be worn by housekeeping staff who clean the designated triage rooms includes a surgical mask and gloves. In an interview on 6/3/20 at 1:32 P.M., Infection Control Nurse (IC) R indicated that all staff who work on the Rehab Unit with the designated triage rooms have been trained on personal protective equipment (PPE) requirements. IC R further indicated there is a higher risk for spread of infection on that unit because the COVID-19 status of the residents is unknown for the 14 days they are being monitored, so a surgical mask provides better protection than a cloth face cover for both the residents and staff. During this interview (in contrast to the interview at 12:04 P.M.) IC R stated the goggles/face shield requirement for nursing staff is only if residents are coughing or sneezing because of the risk of splashing.</p>		