

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235345	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2020
NAME OF PROVIDER OF SUPPLIER FROH COMMUNITY HOME		STREET ADDRESS, CITY, STATE, ZIP 307 N FRANKS AVENUE STURGIS, MI 49091	
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	<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 comprehensively screen visitors and staff for signs and symptoms of COVID-19 and failed to ensure disinfectants were utilized according to national standards for reusable resident equipment, resulting in the potential for signs and symptoms of COVID-19 to go unrecognized and the potential for cross-contamination and inadvertent transmission of COVID-19 to everyone in the facility. Findings include: According to https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html, .Preparing for COVID-19 in Nursing Homes .Screen all HCP (Healthcare Personnel) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature* and document absence of symptoms consistent with COVID-19 . According to https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html, .People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea This list does not include all possible symptoms . Upon arrival to the facility on [DATE] at approximately 12:45 PM, a screening table and hand sanitizer station were observed near the designated entrance to the facility. A facility staff member conducted a temperature check of the surveyor with a no-touch thermometer. A Coronavirus Visitor Screening Form reflected the following Yes/No response questions: -Have you traveled to or from the following countries in the past 14 days? China, Iran, South Korea, Italy, Japan -Do you have a fever? (For staff, record temperature here: _____) -Do you have a new, or change in a cough? -Do you have a sore throat? -Are you experiencing shortness of breath? -In the past 14 days, have you had contact with someone with/under investigation for COVID-19, or are ill with respiratory illness? -Do you live in a community in which COVID-19 is spreading? Review of the EMPLOYEE COVID-19 SCREEN form reflected the following columns: -NAME -DATE/TIME -TEMPERATURE -CONTACT WITH COVID POSITIVE PERSON IN PAST 14 DAYS (Y/N) -NEW/CHANGE IN COUGH (Y/N) -SHORTNESS OF BREATH (Y/N) -SORE THROAT (Y/N) Review of the Employee COVID-19 Screen forms for 7/17/2020 to 8/10/2020 reflected that on 7/31/2020, Licensed Practical Nurse (LPN) Q did not record their temperature. On 8/5/2020, LPN R did not record their temperature. On 8/7/2020, Certified Nurse Aide (CNA) S did not record their temperature. Review of a document provided by the facility reflected that a total of seven staff members had tested positive for COVID-19 between 6/23/2020 and 8/31/2020. Of those staff members, some had developed symptoms that the facility had not been screening for, including loss of taste and smell, runny nose, body aches and fatigue. During a phone interview on 9/18/2020 at 11:45 AM, Director of Nursing (DON) B reported that there was a list of additional COVID-19 symptoms posted above where staff signed in. DON B reported that staff recognized those symptoms on their own. A copy of the posting was requested during the interview. Review of the POS [REDACTED]. During an interview on 9/15/2020 at 1:47 PM, CNA J reported they used alcohol wipes to wipe mechanical lifts before and after entering resident rooms. CNA J reported they also used the alcohol wipes to wipe the mechanical lifts between each resident, even if they were in the same room. CNA J reported that the wipes were in little packets, and that some were kept in a plastic bag, attached to the lift. According to CNA J, the alcohol wipes had an instant contact time (for disinfection). CNA J stated when the lifts were cleaned daily, AC-Peroxy spray was used with a two minute contact time (for disinfection). During an interview on 9/15/2020 at 2:57 PM, LPN I reported that when there was a COVID-19 positive resident, they cleaned the face shield after use with that resident. LPN I believe they used Clorox wipes on the face shield. When asked what the contact time was for disinfection, LPN I guessed 30 seconds, like everything else. LPN I reported that mechanical lifts were cleaned with alcohol wipes between residents for a contact time of probably 30 seconds again. According to LPN I, the mechanical lifts were sprayed down daily in the shower room by housekeeping, using AC-Peroxy, for a contact time of two minutes. During a phone interview on 9/17/2020 at 9:25 AM, housekeeping staff N reported that AC-Peroxy was used on mechanical lifts twice daily, for a contact of two minutes (for disinfection). Review of the product label for AC-Peroxy reflected an EPA (Environmental Protection Agency) number of -214-5747. According to the EPA List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (COVID-19), the contact time was 5 minutes. Review of the Clorox Healthcare Bleach Germicidal Wipes label reflected an EPA number of -12. According to N-List, the contact time was one minute. Review of a Safety Data Sheet and product label for Pharma-C-Wipes with 70% [MEDICATION NAME] Alcohol did not reflect an EPA number.</p> <p>According to the Environmental Protection Agency (EPA) document titled, List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (COVID-19), found online at: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2-covid-19, All products on this list meet the EPA's criteria for use against [DIAGNOSES REDACTED]-CoV-2, [MEDICAL CONDITION] that causes COVID-19. When using an EPA-registered disinfectant, follow the label directions for safe, effective use. Make sure to follow the contact time, which is the amount of time the surface should be visibly wet. According to the N-List, only one listing for 70% [MEDICATION NAME] alcohol ([MEDICATION NAME]) was listed under a different brand name. This product was listed for a five-minute contact time and was deemed effective against emerging pathogens (Coronavirus). The Pharm-C 70% [MEDICATION NAME] wipes were not on the N-list.</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.