

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2020
NAME OF PROVIDER OF SUPPLIER THE OAKS AT NORTHPOINTE WOODS		STREET ADDRESS, CITY, STATE, ZIP 706 NORTH AVENUE BATTLE CREEK, MI 49017	
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 ensure respirator (N95) masks were used by staff per Centers for Disease (CDC) recommendations and monitor temperature in laboratory refrigerator in a current facility census of 66 residents. Findings include: On 08/13/20 at 7:30 AM paper sacks with names written on them, were observed sitting on a table, at the entrance of the building. An open paper sack was observed with a respirator-type mask, a medical mask, and a name badge inside. During an interview with Director of Nursing (DON) B on 08/13/20 at 9:15 AM she stated when staff come in the front door, they don a respirator mask, that were stored in the paper sack. DON B stated during the same interview that staff let them know when they need another mask and was probably used a month before they were replaced. DON B stated in the same interview, gloves were not required to don the previously worn mask. During the same interview with DON B, she stated COVID-19 specimens were placed in the laboratory (lab) refrigerator until transport to shipping location. In review of the Centers for Disease Control website at https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html; N95 respirators are intended to be used once and then properly disposed of and replaced with a new N95 respirator; When [MEDICATION NAME] extended use of N95 respirators, the maximum recommended extended use period is 8-12 hours. Respirators should not be worn for multiple work shifts and should not be reused after extended use. On 08/13/20 at 11:00 AM, the laboratory refrigerator was observed in the soiled utility room with a non-working digital thermometer. An empty page protector was taped to the front of the refrigerator. A urine specimen was observed inside the refrigerator and did not have a name or date written on it. DON B was interviewed just after the observation and stated she did not know where the temperature log was for the lab refrigerator. On 08/13/20 at 11:15 AM, Registered Nurse L and Licensed Practical Nurse (LPN) M were interviewed, and stated they did not know where the temperature log was for the laboratory refrigerator. RN L stated in the same interview, she was not aware who the urine specimen was from.</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.