

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235492	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER SHEFFIELD MANOR NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 15311 SCHAEFER RD DETROIT, MI 48227	
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 properly maintain infection control practices during a COVID-19 Infection Control Survey by failing to: 1. Ensure adequate handwashing supplies were consistently available; 2. Ensure hand hygiene was performed for two (#301, #304) residents prior to eating; and, 3. Ensure staff's bare hands were not used on two (#302, #303) residents' ready-to-eat food. These deficient practices resulted in the potential for spreading harmful pathogens among residents that reside on the second floor. Findings include: On 5/12/2020 at 10:55 AM, Certified Nurse Aide (CNA) C was queried about availability of alcohol-based hand rub as none was visibly available in the resident hallway, at the nurse's station, or on the nurse's medication cart. CNA C said, I go into a resident's bathroom to wash my hands. On 5/12/2020 at 11:20 AM, when observations of handwashing facilities in the second-floor resident's bathrooms were conducted with Nurse D the following was observed: --in room [ROOM NUMBER] no disposable hand towels were available. --in room [ROOM NUMBER] the soap dispenser was broken. When Nurse D was queried if the soap dispenser was usable, she said, You can't use it. It needs to be fixed. On 5/12/2020 at 12:00 PM, the following was observed in the second-floor dining room: --Resident #301 (R301) and Resident #304 (R304) were observed entering the dining room using their hands on the tires of their wheelchair to self-propel. Prior to eating, hand hygiene was not offered or performed for R301 or R304. --CNA E was observed assisting Resident #302 (R302) with his meal. CNA E was observed using her bare hands as she applied a condiment to R302's bread. --CNA F was observed assisting Resident #303 (R303) with his meal. CNA F was observed using her bare hands as she applied a condiment to R303's bread. The clinical record for R301 revealed an admission date of [DATE] and readmission date of [DATE]. A Minimum Data Set (MDS) dated [DATE] documented intact cognition and independence using his wheelchair. The clinical record for R302 revealed an admission date of [DATE] and readmission date of [DATE]. A MDS dated [DATE] documented intact cognition and one person physical assistance with eating. The clinical record for R303 revealed an admission date of [DATE]. A MDS dated [DATE] documented moderate cognitive impairment and the resident required supervision and set-up assistance with eating. The clinical record for R304 revealed an admission date of [DATE]. A MDS dated [DATE] documented severe cognitive impairment and supervision while using his wheelchair. On 5/13/2020 at 1:05 PM, the Director of Nursing (DON) was interviewed about ensuring adequate hand hygiene practices in the facility. When queried if soap and disposable hand towels should be available next to the handwashing sink in the residents' bathrooms, the DON said, Yes to allow for proper hand hygiene. When the DON was queried should hand hygiene be performed prior to eating for residents that independently use a wheelchair for mobility, she said, Yes, because their hands are on the tires of their wheelchairs. They should have hand hygiene prior to eating. When queried if staff should use their bare hands to touch resident's ready-to-eat food, the DON said, No, to avoid cross contamination. The facility policy titled, Hand Hygiene, revised June 2016, was reviewed and revealed the following: -Purpose: to decrease the risk of transmission of infection by appropriate hand hygiene -Policy: Hand washing/hand hygiene is generally considered the most important single procedure for preventing healthcare-associated infections -Handwashing: .after going to the restroom, and before eating, perform hand hygiene with either a non-antimicrobial soap and water or an antimicrobial soap and water Steps included: moisten hands with soap and water ; dry hand with a clean paper towel.</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.