

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235532</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ASHLEY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>103 EAST WALLACE STREET ASHLEY, MI 48806</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</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 implement their surveillance plan for identifying (i.e. screening), monitoring for respiratory illness, and/or other signs or symptoms of COVID-19 in staff, resulting in the potential for transmission of infectious illnesses for all 47 residents residing in the facility. Findings include: A review of the facility's Novel Coronavirus Prevention and Response Policy, dated 3/16/20, and reviewed/revised by (name of Infection Control Nurse (ICN) A), revealed, 5. Interventions to prevent the spread of respiratory germs within the facility: . b. Monitor residents and employees for fever or respiratory symptoms. A review of the facility's Interim COVID-19 Visitation Policy, dated 3/16/20, and reviewed/revised by (name of ICN A), revealed, 5. Interventions when limiting visitation: a. Visitors will be screened for fever or respiratory illness prior to entry. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) will not be permitted to enter . 6. Special considerations . b. Surveyors: Screening for fever and respiratory symptoms along with requesting hand hygiene apply. A review of the facility's Coronavirus Surveillance Policy, dated 3/16/20, and reviewed/revised by (name of ICN A), revealed, 3. Screening for visitors and staff: a. signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat. b. In the last 14 days, has had contact with someone with a confirmed [DIAGNOSES REDACTED]. c. International travel within the last 14 days to countries with sustained community transmission (i.e. China, Iran, South Korea, Italy, and Japan). Others will be added as identified from the CDC's website. d. Residing in a community where community-based spread of COVID-19 is occurring. A random review of the facility's employee screening tools (as identified by ICN A), dated 3/21/20, 4/13/20, and 4/16/20, revealed a list of employees with only temperatures listed. There were not any other columns, or areas, on the employee screening tool that addressed respiratory illness (e.g. cough, shortness of breath) and/or other signs or symptoms of COVID-19 infection or potential infection (e.g. recent travel to areas of COVID-19 prevalence in the last 14 days, contact with someone diagnosed with [REDACTED]). During an interview on 4/20/20 at 3:30 PM, ICN A stated staff are being screened for temperatures prior to their shift. ICN A stated staff have to wash their hands prior to their shifts and during their shift as instructed in their COVID-19 infection prevention training. ICN A also stated staff are instructed to wear cloth masks at all times while working. When ICN A was notified of the results of the review of the randomly audited employee screening tools, ICN A stated the employee screening tools have only temperatures on them and the tool for each day covers the entire 24-hour period (versus shift-by-shift). ICN A stated, We don't ask staff if they have signs or symptoms of respiratory illness, if they've been around someone with COVID, if they've had a temperature, or if they've traveled recently. They got all of that in their in-services (COVID-19 infection prevention training). It's their responsibility to let us know (if they have had respiratory illness or COVID-19 signs or symptoms or been around those who have). Following the interview, ICN A's statement was repeated back to her verbatim (as quoted above) and ICN A verbally confirmed that it was correct. On 4/20/20 at 11:15 AM, the Director of Nursing (DON) reported that all staff enter the facility using the service hall entrance door located by the time clock. The DON stated that staff would then enter the facility by proceeding through closed double doors leading from the service hall into the facility and near the dining room. Staff then would have their temperatures monitored at the nurse's station. A review of the Center for Medicare and Medicaid Services (CMS) memorandum, titled Prioritization of Survey Activities and dated 3/23/20, revealed, CMS is providing the following expanded guidance to prevent the spread of COVID-19: a) Visitors should receive the same screening as patients, including whether they have had: o Fever or symptoms of a respiratory infection, such as a cough and sore throat. o International travel within the last 14 days to CDC Level 3 risk countries. For updated information on restricted countries visit: <a href="https://www.cdc.gov/coronavirus/2019-ncov/[MEDICATION NAME]/index.html">https://www.cdc.gov/coronavirus/2019-ncov/[MEDICATION NAME]/index.html</a> . o Contact with someone with known or suspected COVID-19. b) Health care facilities should set limitations on visitation. For example, limitations may include restricting the number of visitors per patient, or limiting visitors to only those that provide assistance to the patient, or limiting visitors under a certain age. c) Health care facilities should provide signage at entrances for screening individuals, provide temperature checks/ ask about fever, and encourage frequent hand washing and use of hand sanitizer before entering the facility and before and after entering patient rooms. d) If visiting and not seeking medical treatment themselves, individuals with fevers, cough, sore throat, body aches or runny nose or not following infection control guidance should be restricted from entry. e) Facilities should screen and limit visitors for any recent trips (within the last 30 days) on cruise ships as well as close contact with a suspect or laboratory-confirmed COVID-19 patient within the last 14 days, or overseas travel from certain countries. (Center for Clinical Standards and Quality/Quality, Safety &amp; Oversight (QSO) Group Memorandum, Ref: QSO-20-20-All, p.7).</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.