

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235543</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LINCOLN HAVEN NURSING &amp; REHAB COMMUNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>950 BARLOW RD LINCOLN, MI 48742</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to ensure appropriate cleaning procedures were followed during the cleaning of Resident #101 and #102's room (contact isolation rooms) during a focused COVID-19 Infection Control Survey. This deficient practice resulted in the potential transmission of infectious agents which had the ability to effect all 28 residents residing in the facility. Findings include: On 04/21/20 at 9:56 a.m., Housekeeping Staff B was observed coming out of Resident #101's room and walking to the nurse's station. Staff B was wearing a face shield over a baseball cap. A gap of approximately one inch was observed between the face shield and Staff B's face. A surgical face mask was worn. Staff B was wearing gloves and plastic sleeves on their arms. A contact gown was not worn. The signs on Resident #101's door indicated contact and droplet precautions with instructions regarding which personal protective equipment (PPE) was required when entering Resident #101's room. Required PPE was listed on the sign as contact gown, face shield, gloves, and a surgical face mask. Staff B was observed taking the portable telephone into Resident #101's room and assisting Resident #101 with making a telephone call. Staff B then left Resident #101's room, went into Resident #102's room and removed the garbage. The garbage was contained in a clear plastic bag and did not have any information on it that identified it as biohazard material. Staff B placed the garbage in the large garbage bag on the cleaning cart. Staff B then removed a cleaning cloth and an unlabeled spray bottle containing a clear liquid from the cleaning cart and returned to Resident #102's room. Staff B sprayed the liquid onto the cleaning cloth and wiped down the window sill, Resident #102's bed rails, wheelchair, and the blood pressure machine. Staff B returned the spray bottle to the cleaning cart then removed the dust mop and returned to Resident #102's room. Staff B dust mopped Resident #102's room then returned the dust mop to the cleaning cart without removing the dust mop head prior to leaving Resident #102's room. The debris swept up by by Staff B remained on the floor and was not put into any waste receptacle. Staff B did not remove gloves or wash their hands during this entire observation. Two signs on Resident #102's door revealed Resident #102 was in contact and droplet precautions with instructions regarding which PPE was required prior to entering the room. Required PPE was listed as contact gown, face shield, gloves, and a surgical face mask. On 04/21/20 at 10:10 a.m., Licensed Practical Nurse (LPN) D was asked what type of PPE was needed when entering Resident #101 and Resident #102's rooms. LPN D reported a gown, gloves, facial mask, and face shield were required. LPN D clarified housekeeping staff should be donning PPE when cleaning Resident #101 and Resident #102's rooms. On 04/21/20 at 10:10 a.m., Staff B was observed in Resident #101's room wearing a contact gown, gloves, surgical face mask, and face shield. Staff B was seen leaving Resident #101's room while still wearing the contact gown, gloves, surgical face mask and face shield. Staff B went to the cleaning cart and removed the unlabeled spray bottle of clear liquid and a cleaning cloth. Staff B returned to Resident #101's room and wiped down the over the bed table and window sills. Staff B then returned the spray bottle to the cleaning cart while remaining in the contact gown, surgical mask, face shield and gloves. Staff B then proceeded to remove the dust mop, broom, and dust pan from the cleaning cart and then swept Resident #101's floor. Staff B returned the dust mop, broom and dust pan to the cleaning cart without wiping down the handles or removing the dust mop head from the dust mop. Staff B then took the mop into Resident #101's room and mopped the floor. The mop was returned to the mop bucket with the soiled mop head intact. The mop water was not observed to be changed. Staff B remained in the contact gown, gloves, face shield, and surgical face mask during this observation period. Hand washing was not observed and cleaning equipment was not disinfected prior to being returned to the cleaning cart. A review of Resident #101's Electronic Medical Record (EMR) revealed an admission date of [DATE]. Resident #101 had medical [DIAGNOSES REDACTED]. A progress note written on 04/19/20 at 13:21 (1:21 p.m.) by LPN D revealed the following information, Residents [MEDICAL TREATMENT] clinic called the facility to notify that the resident had come in contact with another resident at a different facility that has tested positive for COVID-19 today. The resident was explained the situation and (Resident #101) was moved to an isolation room and was put under contact and droplet precautions. The resident is being assessed every 4 hours for signs and symptoms of COVID-19. A review of Resident #102's EMR revealed an admission date of [DATE]. Resident #102 had medical [DIAGNOSES REDACTED]. On 4/21/20 at 11:08 a.m., Staff B was asked which type of PPE was required when cleaning isolation rooms. Staff B stated they would check with someone if they did not know. Staff B reported the facility had provided inservices and training pertaining to PPE use. When asked about the use of contact gowns when cleaning isolation rooms, Staff B stated they should have had a gown on when in Resident #101 and Resident #102's rooms but they were in a hurry and did not put one on. Staff B was asked if items coming out of isolation rooms were considered contaminated. Staff B reported they were contaminated. When asked if the cleaning materials (the spray bottle, broom, dust pan, and dust mop) would have been contaminated, Staff B replied yes and confirmed the contaminated items should not have been placed in the cleaning cart. Staff B reported they had not been educated on the need to remove PPE prior to leaving an isolation room. Staff B reported the garbage bags in isolation rooms should be red but today they were clear. Staff B confirmed they had not removed the dust head mop prior to leaving the isolation room and had not changed the mop water after mopping an isolation room floor. During an interview with the Infection Preventionist/Registered Nurse (RN) A on 04/21/20 at 2:47 p.m., RN A clarified Resident #102 had been placed in contact precautions due to [MEDICAL CONDITION] in their hip and droplet precautions as a safety precaution due to a recent hospital admission. Concerns regarding Staff B's use of PPE, handwashing practices and the return of contaminated items to the cleaning cart were shared with RN A. RN A stated Staff B had been educated several times on the PPE, wiping things down and not putting dirty things on the cart, and handwashing. RN A stated those were all definitely concerns. A copy of the facility's Occupied Isolation Room Cleaning Protocol dated 06/2015 revealed the following information. Place on personal protective equipment PPE when cleaning and disinfecting isolation room. Wash hands with soap and water and then put on PPE prior to entering room. Gather all equipment and cleaning supplies required and leave supply cart outside of door of resident room to avoid contamination. Place all trash into a plastic garbage bag. This bag is to have some form of an indicator (Red bag or plastic bag/biohazard sticker) present which allows staff to recognize that the contents are Biohazard. Once all items have been collected, the bags will be sealed and removed from room only once cleaning has been completed and you are ready to exit the room. on exiting room all biohazard items are to be placed in the designated Biohazard storage area pending pick up. Remove mop head and place in plastic bag pending transport to soiled linen room. Prior to exiting, inspect the room. Then disinfect any cleaning equipment before exiting the room and prior to return to the cleaning cart. Remove PPE and place in trash or laundry bag prior to leaving room. Wash your hands with soap and water. On 4/21/20 at 10:20 a.m., Staff B was observed cleaning Resident #101's isolation room on the (resident) hall. Two signs on the door to Resident #101's room read, Contact Precautions, and Droplet Precautions. It was noted Resident #102's room (across the hall) also had these two same signs on their door. Staff B was observed coming in and out of Resident #101's room, wearing a protective plastic blue gown, along with gloves, a mask, and face shield. Resident #101 did not remove or replace the contaminated gown, before entering the facility resident hallway when they accessed the yellow housekeeping</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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<p>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Many</p>	<p>(continued... from page 1)</p> <p>cart. Staff B was observed reentering Resident #101's isolation room several times, and going back to the cart. On 4/21/20 at 10:45 a.m., an unoccupied yellow housekeeping cleaning cart was observed in the hallway, near room [ROOM NUMBER]. This cart contained a bucket of dirty mop water, trash/debris in the dustpan vertically anchored to the outside of the cart, bagged cleaning rags, and a garbage container. There was a 'Wet Floor' large yellow and red plastic floor sign, positioned vertically at the top of the garbage container, protruding out. In addition, there were three containers located on the top of the cart, a bottle filled with glass cleaner (handwritten on the bottle), and two air freshener containers. It was noted the debris in the dustpan and the dirty mop water were at wheelchair height. This Surveyor was unable to locate the housekeeping staff. At 10:57 a.m. Resident #103 wheeled up to the cart and grabbed a bag of clean washcloths from the front of the cart. At this time, LPN D redirected Resident #103 back to their room. Another staff member was also in the resident hallway at that time, and neither staff removed the cart. During an interview on 4/21/20 at 11:15 a.m., Staff B acknowledged they left the housekeeping cart to get some sanitizer. Staff B acknowledged they should have put the cart in the locked supply closet, which was 'about 4 doors down'. Staff B reported they received training which included not leaving the housekeeping cart unattended in a resident area. Staff B also acknowledged the dirty mop water on the cart was the same water used to clean Resident #101's isolation room earlier. During an interview on 4/21/20 at 2:44 p.m., the infection preventionist nurse, RN A, was asked about the housekeeping staff leaving the housekeeping cart unattended. RN A acknowledged this concern and reported they will do further education with Staff B. A review of the CENA (Competency-Evaluated Nursing Assistant) Care Sheets, received on 4/21/20 at 1:45 p.m., from RN A, revealed both Resident #101 and Resident #102 were noted to be on contact precautions. There was no mention of droplet precautions for either resident, as observed (from signage) on their room doors. It was noted residents on droplet precautions would require additional staff precautions and Personal Protective Equipment (PPE), beyond the requirements for contact precautions. During an interview on 4/21/20 at 2:42 p.m., RN A was shown the discrepancy, and asked if the CENA Care Sheets, last updated 4/20/20, should have listed droplet precautions in the comments section of this document for Residents #101 and #102. RN A acknowledged these care sheets should have included droplet precautions, in addition to contact precautions, for each resident. A review of the facility policy, Cleaning and Disinfecting Resident's room, provided by the DON, dated 12/2015, reviewed (all policies) 1/23/20, revealed, .5. If disinfecting (or detergent) solutions are mixed for resident room cleaning and placed in pails on housekeeping carts, solutions are to be changed/replaced with every three rooms. Isolation rooms .should have solutions changed immediately afterwards (after the cleaning of one room) . A review of the facility policy, Isolation-Categories of Transmission-Based Precautions, provided by the Director of Nursing, dated 3/2018, reviewed 1/23/20, revealed, .Contact-Based Precautions .2. Gloves and handwashing: In addition to wearing gloves as outlined under Standard Precautions, Donning (sic) gloves (clean, non-sterile) prior to entering the resident's room .3. Gown: Wear a disposable gown upon entering the Contact Precautions room. Gown is to be donned prior to entering the resident's room and removed prior to exiting .Droplet Precautions: In addition to Standard Precautions, implement Droplet Precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets .maintain 6' of space between the infected resident and other residents and visitors .2. Masks: In addition to Standard Precautions, put on a mask when entering the room .</p>		