

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEDILODGE OF TAYLOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>23600 NORTHLINE RD TAYLOR, MI 48180</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 - Few</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 properly maintain infection control practices during a COVID-19 Infection Control Survey affecting five (5) resident rooms from a total of 11 resident rooms. The deficient practice came when observation was made of Personal Protective Equipment (PPE-Isolation gowns-used to protect clothing) was noted worn and stored hanging in doorways of five (5) confirmed and presumptive positive COVID-19 resident isolation rooms (to extend use of the isolation gown to multiple healthcare providers) resulting multiple healthcare providers using the same isolation gown contrary to CDC (Centers for Disease Control) guidelines. Findings include: On 4/15/20 at 12:15 p.m., the 100 nursing unit was observed with isolation gowns (personal protective equipment-PPE-used to protect clothing) hanging on hooks at the entrance doorways of five (5) residents in respiratory isolation (isolation used to prevent the spread of diseases that are transmitted through particles exhaled. Those having contact with or exposure to are required to wear a mask, gown and gloves per standard precautions) for COVID-19 or presumptive COVID-19 symptoms. There was a sign taped on the door, or doorway indicating that those having contact with or exposure to these residents are required to wear a mask, gown and gloves per standard precautions) for COVID-19 or presumptive COVID-19 symptoms. At 12:18 a.m., Nurse B was asked about the hanging gowns and said that they (facility staff) were told when they go into the room of a resident on (respiratory) precautions they were to put on the gown hanging on the door to render care. The Nurse said that after resident care was provided the staff were told to remove the gown and re-hang (the gown) for the next staff member to use. Nurse B went on to say that she did not know how long the gowns had been hanging there because I don't use them. I'm not putting on a gown that someone else has worn. At 12:25 p.m., Certified Nurse Assistant (CENA) C was asked about her understanding of the use of the hanging gowns on the doorway of residents in respiratory isolation. CENA C said that they (facility staff) were told to use the same gown until the gown becomes soiled or ripped. At 12:30 p.m., Infection Control Nurse D entered the isolation unit and donned a isolation gown that had another staff members name on it. When queried, Nurse D said that there was a limited amount of PPE (personal protective equipment). At 12:40 p.m., CENA C was observed removing the previously worn isolation gown that was hanging on the door hook to a room of a resident with COVID-19. The CENA then put the gown on and subsequently entered the room to render resident care. Upon further observation, when CENA C exited the room she removed the gown and hung it back up onto the door. None of the gown on the unit were identified as being assigned to a particular staff member or healthcare provider (nurse, CENA, therapist, etc.). At 1:20 p.m., during an interview with the Acting Director of Nursing (DON) he said that education was provided to the staff to preserve the supply of isolation gowns the staff were inservice to use the same gown by the same health care provider. I will provided additional one to one inservice to the CENA. At 1:45 p.m., the Administrator indicated that the facility had PPE such as boxes of plastic and cloth type isolation gowns, hospital gowns, long sleeve gowns and lab coats available for staff use. Review of the facility provided CDC information titled, Coronavirus 2019 (COVID-19). Strategies for Optimizing the Supply of Isolation Gowns dated 3/17/20 documented, Extended use of isolation gowns. Consideration can be made to extend the use of isolation gowns (disposable or cloth) such that the same gown is worn by the same health care provider when interacting with more than one patient known to be infected with the same infectious disease when these patients housed in the same location. This can be considered only if there are are no additional co-infectious [DIAGNOSES REDACTED].</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.