

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIVERSIDE HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1149 WEST MONROE RD SAINT LOUIS, MI 48880</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</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<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 disinfect meal delivery carts, resulting in the potential for transmission of COVID-19 to all 31 residents living in the facility. Findings include: On 4/27/2020 at 10:45 AM, the Nursing Home Administrator (NHA) reported having confirmed COVID-19 infections for one staff member and two residents. On 4/27/20 at 11:48 AM, meal delivery service was observed. Meal carts contained lunches on reusable meal trays, all food was in Styrofoam containers with plastic cutlery. When delivered to each resident room, Staff left the trays in the resident rooms, on over-bed tables. The tables were not sanitized prior to the meal service. When residents were done eating lunch, staff retrieved the trays and placed them into the meal carts. Staff then returned the meal carts to the kitchen where staff sanitized the trays in the dish machine. According to the Dietary Manager (DM) G, on 4/27/2020 at 1:32 PM, staff sanitize the meal carts after each meal with a multi-quat (multi-quatenary) sanitizer (disinfectant commonly used on facility surfaces) and left to air dry. At 1:40 PM, Dietary staff J verified the Environmental Protection Agency (EPA) registration number for the multi-quat sanitizer used to sanitize the meal carts and meal preparation surface areas. According to the EPA List N: Disinfectant for use Against [DIAGNOSES REDACTED]-CoV-2 ([MEDICAL CONDITION] that causes COVID-19), updated 4/23/2020, the registration number was not an approved disinfectant for use against COVID-19. This indicated the carts were not adequately sanitized between each use and could become contaminated when clean trays come into contact with the contaminated meal carts and then taken into a resident room. During a follow up interview on 4/28/2020 at 9:06 AM, DM G reported she had talked with the supply company about that same sanitizer on 4/27/2020 and that she had ordered a peroxide solution that would be effective against COVID-19. She planned to follow up today and verify delivery date of this product. DM G stated she would use a bleach solution to sanitize the meal cart until the new sanitizer arrived.</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.