

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2020
NAME OF PROVIDER OF SUPPLIER THE SPRINGS AT THE FOUNTAINS		STREET ADDRESS, CITY, STATE, ZIP 1451 BRONSON WAY KALAMAZOO, MI 49009	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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 interview, observation, and record review, the facility failed to adhere to standard infection control practices for hand hygiene, glove use, sanitization of shared equipment, and use of Personal Protective Equipment (PPE) for transmission based precautions, for 10 of 10 residents (Resident #100, #101, #102, #107, #103, #104, #105, #106, #108, and #109) reviewed for infection prevention, resulting in the increased potential for cross-contamination, bacterial harborage, and placing a vulnerable population at high risk for infections. Findings include: Review of the facility's policy Risk Management Coronavirus Disease 2019 Infection and Outbreak Policy (COVID 19) revealed . Definitions: Coronavirus Disease 2019 - a respiratory illness that can spread from person to person . Illness - COVID 19 illness may be mild to serve . Symptoms include fever, dry cough, and shortness of breath . Other adults and patients with comorbid conditions ([MEDICAL CONDITION], diabetes, respiratory disease, or kidney disfunction) are at increased risk for more severe illness . Transmission . spread from person to person by respiratory droplets who are in close contact with one another (about 6 feet) . Review of the label of the facility's sanitizing wipes, revealed .Oxivir Tb Wipes Virucidal (agent that destroys [MEDICAL CONDITION], such as Human [MEDICAL CONDITION] 19 or [MEDICAL CONDITION]) .Bactericidal (destroys bacteria) .Fungalcidal (destroys fungal diseases) .Tuberculocidal (destroys [MEDICAL CONDITION]) .Directions for Use: . Not for personal cleaning .For Use as a One-Step Cleaner/Disinfectant: Pre-clean heavily soiled areas . wipe hard .all surfaces must remain visibly wet for 1 minute (for virus and bacteria) . Use a 5 minute contact time for [MEDICAL CONDITION] . Use a 10 minute contact time for fungi . Allow to air dry . Review of the label of the facility's sanitizing wipes, revealed .CaviWipes Disinfecting Towelettes .Not for Use On Skin . Cleaning Instructions: Use one CaviWipes towelette to completely preclean surface of all gross debris. For use as a virucide .Use a second CaviWipes towelette thoroughly wet the surface. Repeated use of the product may be required to ensure the surface remains visibly wet for 2 minutes at room temperature . Resident #100 Review of a facility Admissions Record revealed Resident #100 was a [AGE] year-old female originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Brief Interview for Mental Status (BIMS), on 4/15/20, revealed Resident #100 was cognitively intact. Resident #101 Review of a facility Admissions Record revealed Resident #101 was a [AGE] year-old female originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Brief Interview for Mental Status (BIMS), on 5/6/20, revealed Resident #101 was moderately cognitively intact. During an observation on 6/3/20 at 9:40 AM, standing in 100 hall vital signs caddy (rolling blood pressure/temperature/pulse oximeter machine with a basket for blood pressure cuffs and sanitizing wipes) could be visualized next to the medication cart. Resident #100 and #101 were seated in their room. Certified Nursing Assistant D (CNA) was starting the 10:00 AM vital sign checks done every shift to monitor for signs and symptoms of COVID 19. CNA D entered Resident #100 and #101's room carrying a thermometer and a pulse oximeter (clips onto a finger to measure heart rate and oxygen level in the blood) against the body. No hand hygiene was observed. CNA D took #101's temperature and pulse oximetry and then took Resident #100's temperature and pulse oximetry. No hand hygiene or glove use observed and neither meters were sanitized between resident use or prior to exiting room. No hand hygiene was observed on exit of Resident #100 and #101's room. Resident #102 Review of a facility Admissions Record revealed Resident #102 was a [AGE] year-old female originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Brief Interview for Mental Status (BIMS), on 4/30/20, revealed Resident #102 was severely cognitively impaired. Resident #107 Review of a facility Admissions Record revealed Resident #107 was a [AGE] year-old female originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Brief Interview for Mental Status (BIMS), on 5/20/20, revealed Resident #107 was severely cognitively impaired. During an observation on 6/3/20 at 9:50 AM,standing in 100 hall vital signs caddy could be visualized next to the medication cart. Resident #102 and #107 were seated in their room. CNA D had exited Resident #100 and #101's room and entered Resident #102 and #107's room. No hand hygiene was observed. CNA D placed the handheld thermometer and pulse oximeter on Resident #102's over bed table on top of her personal items. CNA D took Resident #102's temperature and pulse oximetry and exited. No hand hygiene observed. CNA D went to hall and obtained the vital signs caddy and used an Oxivir wipe from the caddy to sanitize the thermometer and oximeter for approximately 15 seconds. CNA D pushed the vital signs caddy back into Resident #102 and #107's room to take Resident #107's vital signs. No hand hygiene observed upon entry. CNA D used the Oxivir wipes to cleanse palms of hands on exit. Resident #103 Review of a facility Admissions Record revealed Resident #103 was a [AGE] year-old female originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Brief Interview for Mental Status (BIMS), on 5/4/20, revealed Resident #103 was moderately cognitively impaired. Resident #104 Review of a facility Admissions Record revealed Resident #104 was an [AGE] year-old female originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Brief Interview for Mental Status (BIMS), on 5/28/20, revealed Resident #104 was moderately cognitively impaired. During an observation on 6/3/20 at 10:00 AM, Resident #103 and #104 were seated in their room. CNA D entered with the vital signs caddy and a handheld thermometer and pulse oximeter. No hand hygiene was observed. CNA D spoke with #104 with hand on wheelchair and assisted Resident #104 with unfolding a pamphlet for her to read. CNA D briefly wiped palms of hands with an Oxivir Wipe and took Resident #104's temperature and pulse oximetry. CNA D wiped the thermometer and pulse oximeter with an Oxivir Wipe for approximately 10 seconds and immediately took Resident #103's temperature and oximetry. CNA D briefly wiped own palms of hands with an Oxivir Wipe and exited room. In an interview on 6/3/20 at 12:40 PM, CNA D indicated when started vital sign checks did not use the vital signs caddy and carried the handheld thermometer and pulse oximeter room to room because the vital signs caddy was being used. CNA D indicated cleaned the meters with alcohol wipes between residents. CNA D indicated could use alcohol wipes to sanitize shared equipment. CNA D indicated used all the alcohol wipes and has none left to review the package for indications for use or disinfection times. CNA D indicated once the vital sign caddy was free to use, grabbed it to finish the vital signs checks. CNA D indicated used the wipes (Oxivir) on the vital signs caddy to clean the handheld thermometer and pulse oximeter. CNA D indicated there was no contact time or dry time when you use the Oxivir wipes because the wipes cleaned the equipment immediately. CNA D indicated it was ok to use the Oxivir wipes to clean your hands in place of hand washing or hand sanitizer because they are a disinfectant. Resident #105 Review of a facility Admissions Record revealed Resident #105 was a [AGE] year-old male originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Brief Interview for Mental Status (BIMS), on 4/23/20, revealed Resident #105 was cognitively intact. During an observation on 6/3/20 at 10:30 AM, Resident #105 was resting in his room in bed. CNA I and CNA F entered Resident #105's room with a mechanical lift to transfer Resident #105 from bed to wheelchair. No hand hygiene or donning of gloves was observed. CNA I placed a mechanical lift sling under Resident #105's body and both CNAs aided in the transfer from bed to wheelchair. CNA F held the wheelchair stable and adjusted Resident #105's head. CNA I lifted his legs and adjusted his footrest for comfort. CNA F wiped the mechanical lift with one CaviWipes towelette for approximately 30 seconds. Resident #106 Review of a facility Admissions Record revealed Resident #106 was an [AGE] year-old female originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Brief Interview for Mental Status (BIMS), on 5/28/20, revealed Resident #106 was moderately cognitively impaired. In an observation and interview on 6/3/20 at 11:50 AM, CNA I was standing outside Resident</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>#106's room with her lunch tray. CNA I pointed to the sign on her door See Nurse Before Entering and indicated Resident #106 just returned from a doctor's appointment and now was in droplet precautions for 14 days. CNA I removed gown and gloves from the PPE box located outside Resident #106's door and severed her lunch. No eye wear was observed. During an observation on 6/3/20 at 1:40 PM, Resident #106 was in her room standing at the window with Activities Aide H (AA). AA H was not wearing a gown, gloves, or protective eyewear in Resident #106's room. In an interview of 6/3/20 at 2:50 PM, AA H was not aware that Resident #106 was in droplet precautions when entered her room. AA H indicated should have worn a gown, gloves, and eyewear when entered Resident #106's room and just now realized there was a PPE box and sign outside her room. In an interview o 6/3/20 at 2:00 PM, Assistant Director of Nursing C (ADON) and infection preventionist indicated staff should sanitize all shared equipment (thermometer and pulse oximeter) with CaviWipes towelettes or Oxivir wipes and both products have specific contact times, 2 minutes and 1 minute, respectively. ADON C indicated Oxivir or CaviWipes towelettes should not be used in place of hand hygiene. ADON C indicated staff should perform hand hygiene when entering and exiting residents' rooms and after doffing gloves. ADON C indicated have two residents in droplet precautions due to exposure to the hospital and staff should don gloves, gowns, eyewear, and masks when entering their rooms.</p> <p>Resident #108: Review of an Admission Record revealed Resident #108 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of current Care Plan: for Resident #108, revised on 4/16/20, revealed the focus. .An ADL (Activities of Daily Living) self-care performance deficit and impaired mobility related to Alzheimer's, dementia, decreased vision, decreased ROM (range of motion) in legs, cognitive status, poor safety awareness, impulsive behavior . with the intervention .(Resident) does not use her call light. Staff to look in on her frequently when in her room .uses a wheelchair for mobility, does fatigue easily and needs assistance as needed .requires extensive assist (1) with turning and repositioning in bed . Review of Coronavirus Safety Precautions for All Associates policy reviewed/revised on 3/3/2020, revealed. .B. Procedure: I. Use Standard Precautions for every interaction every time. This includes hand hygiene (hand sanitizer or soap/water wash for 20 seconds) and use of personal protective equipment (PPE) if you may have contact with someone else's respiratory droplets or stool . During an observation on 6/3/2020 at 10:17 AM, Certified Nursing Assistant (CNA) L entered Resident #108's room and did not perform hand hygiene prior. CNA L was observed touching resident's remote to the television, call light when she clipped it to the resident's wheelchair, touched resident's wheelchair handles, touched resident's rolling bed side table, and looked through magazines and provided one to the resident. In an interview on 6/3/2020 at 10:25 AM, Certified Nursing Assistant (CNA) L reported she did not perform hand hygiene prior to entering Resident #108's room. In an interview on 6/3/2020 at 02:19 PM, Director of Nursing (DON) B and Assistant Director of Nursing (ADON) C reported staff members are to perform hand hygiene before they walk into a room and after they exit a room. Resident #109: Review of an Admission Record revealed Resident #109 was an [AGE] year-old female, readmitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. pipe), anxiety, and [MEDICAL CONDITION]. Review of current Care Plan: for Resident #109, revised on 6/1/2020, revealed the focus. .(Resident) has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) decreased mobility, NWB (non-weight bearing) bil (bilateral) legs, Decreased ROM (range of motion) to bil legs, s/p (status [REDACTED]). with the intervention .(Resident) requires extensive assistance by one staff with personal hygiene and oral care, bathing/showering, to dress, and eating meals .Requires extensive assistance by two staff to turn and reposition in bed and for toileting, requires hoyer lift with 2 persons for all transfers . Review of Infection Control Procedures policy reviewed/revised on 9/3/2019, revealed. . Droplet precautions will be utilized when the Resident has an active organism that would be transmitted by droplet such as sneezing, coughing, and talking. This precaution includes gloves, gowns, masks and goggles prior to entering the room . In an interview on 6/3/2020 at 02:20 PM, Director of Nursing (DON) B reported when a resident comes into the facility from the hospital they are placed on droplet precautions for 14 days. During an observation on 6/3/2020 at 01:10 PM, Certified Nursing Assistant (CNA) D did not perform hand hygiene prior to donning of personal protective equipment (PPE). CNA D did not don gloves prior to entrance into Resident #109's room. CNA D entered Resident #109's room with no hand hygiene performed prior to entering room. CNA D did not don goggles prior to entry into the room. In an interview on 6/4/2020 at 02:28 PM, Certified Nursing Assistant (CNA) D reported if a resident is in isolation due to coming into the facility from outside (hospital) staff are to don personal protective equipment (PPE) such as a gown, gloves, and a mask prior to entering the resident's room. CNA D reported they are to perform hand hygiene prior to donning PPE. In an interview on 6/3/2020 at 02:19 PM, Director of Nursing (DON) B and Assistant Director of Nursing (ADON) C reported staff members are to perform hand hygiene before they walk into a room and after they exit a room. Shared Equipment: During an observation on 6/3/2020 at 02:50 PM, Certified Nursing Assistant (CNA) M was observed completing taking the vitals of a resident, exiting the room, walking down the hall and handing off the shared equipment to CNA N without performing proper cleaning of shared equipment.</p>		