

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235577	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/26/2020
NAME OF PROVIDER OF SUPPLIER MCLAREN LAPEER REGION		STREET ADDRESS, CITY, STATE, ZIP 1375 N MAIN ST LAPEER, MI 48446	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to develop Infection Prevention and Control Program Policies and the Infection Prevention and Control Program Plan specific to the facility to ensure that Infection Surveillance activities were targeted to the facility's resident and staff populations, so as to most accurately capture illnesses, which resulted in the potential for the spread of infection to all 56 residents in the facility. Findings include: On 5/20/20 at 3:32 PM, Infection Control (IC) Nurse A and the Director of Nursing (DON) were interviewed about the facilities Infection Prevention and Control Program and policies. They said the adjoining hospital's Infection Control policies were used in the facility. When queried if the policies were specific to the Long Term Care facility, they said No. The DON and IC Nurse were asked if there was a yearly Infection Control Program Plan and Surveillance Plan and they said the hospital had one, but there weren't Plans specific to the Long Term Care facility. The IC policies, Program Plan and Surveillance Plans were requested. A review of the facility policy titled, Infection Control in TCU (Transitional Care Unit), dated effective February 2019, did not mention surveillance of infections in the Long-Term Care facility or a Program Plan. A review of a hospital document titled, Infection Prevention & Control Annual Plan and Scope of Service, 2020 created by Hospital IC Nurse B referenced specific hospital focused measures, interventions, education and yearly goals with a detailed Surveillance Plan based on hospital identified Infection data. There was no mention of the TCU Long Term Care facility, their population, identified risks or goals. On 5/21/20 at 1:40 PM, during an interview with Long Term Care IC Nurse A the TCU IC policy and Hospital IC Program Plan were reviewed. IC Nurse A was asked if she contributed to the TCU IC policy and she said No, that it was developed by the hospital IC Nurse. The hospital IC Program Plan was reviewed with IC Nurse A. when asked why it did not reference the TCU Long Term Care facility, she said it was created for the hospital. On 5/26/20 at 10:46 AM, during an interview with Hospital IC Nurse B, IC Nurse A, the DON and Administrator, the IC Nurse B was asked why there was no mention of the Long Term Care facility in the annual IC Program Plan and she said the document was specific to the hospital. When asked if an annual IC Program Plan was created separately for the Long-Term Care facility, she said it had not been. IC Nurse B was asked about the policy titled Infection Control in TCU, and why it did not mention Surveillance of Infection in the Long-Term Care facility and said there was not a Surveillance Plan focused on the Long-Term Care facility. IC Nurse B said she would collaborate with IC Nurse A to create policies and an IC Program Plan specific to the Long-Term Care facilities resident population and needs. SHEA/APIC (Society for Healthcare Epidemiology of America/The Association for Professionals in Infection Control and Epidemiology) Guideline: Infection prevention and control in the long-term care facility, July 2008 AJIC (American Journal of Infection Control), provided Long-term care facilities may be defined as institutions that provide health care to people who are unable to manage independently in the community. This care may be chronic care management or short-term rehabilitative services. . Because of the impaired immunity of elderly person, [MEDICAL CONDITION] respiratory infections that generally mild in other populations may cause significant disease in the institutionalized patients . CMS (Centers for Medicare and Medicaid Services) regulations address the need for a comprehensive infection control program that includes surveillance of infections; . An ICP (Infection Control Practitioner) is an essential component of an effective infection control program and is the person designated by the facility to be responsible for infection control . Infection surveillance in the LTCF involves the systematic collection, consolidation, and analysis of data on HAI's (Healthcare associated infection) . resources that include practice guidance for surveillance identifying seven recommended steps . 1. Assessing the population, 2. Selecting the outcome or process for surveillance, 3. Using surveillance definitions, 4. Collecting surveillance data, 5. Calculating and analyzing infection rates, 6. Applying risk stratification methodology and 7. Reporting and using surveillance information . The surveillance process consists of collecting data on individual cases and determining whether or not a HAI is present by comparing collected data to standard written definitions (criteria) . One recommended data collection method . Walking rounds . collecting concurrent and prospective infection data that are necessary to make infection control decisions . should be done on a timely basis . Centers for Disease Control and Prevention, October 15, 2019, The basic elements of an infection prevention program are designed to prevent the spread of infection in healthcare settings. When these elements are present and practiced consistently, the risk of infection among patients and healthcare personnel is reduced .</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.