

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235630</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEDILODGE OF WYOMING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2786 56 STREET, SW WYOMING, MI 49418</b>	
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  <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 properly implement infection prevention and control practices to prevent the potential for the development and transmission of COVID-19. Findings: An unannounced on-site investigation to conduct a COVID-19 Focused Survey began on 4/2/2020 at 8:15 AM. During an observation and interview on 4/2/20 at approximately 8:40 AM, Certified Nurse Aide (CNA) B was observed going from room to room without cleaning the vital sign machine between residents. CNA B said she would normally use a disinfecting wipe to clean the vitals machine but was unable to locate them at the nurse desk on the unit. During an observation on 4/2/20 at 9:25 AM, CNA F was observed leaving the bathroom of one resident (room [ROOM NUMBER]), entering the neighboring room (room [ROOM NUMBER]) and did not perform hand hygiene between rooms. CNA F exited the second room with dirty linens, placed the dirty linens in a soiled utility room, obtained clean linens from the linen closet and proceeded to reenter the second resident room and make the resident's bed without performing hand hygiene. During an observation on 4/2/20 at 9:35 AM, Resident #1 and Resident #2 were found sitting in wheelchairs within a few feet of each other. Resident #1 was observed coughing into his hand. Licensed Practical Nurse (LPN) H was standing at a medication cart nearby and handed Resident #1 a tissue which Resident #1 used to wipe his mouth and nose. CNA I walked between the residents and did not attempt to provide assistance with recommended social distancing or hand hygiene for Resident #1. Resident #1 then wheeled himself up to the nurse desk and asked another staff member to throw away his soiled tissue. During an interview on 4/2/20 at 9:50 AM, LPN H reported she had not been told Resident #1 was coughing and reported she did not know if he had a fever that day, as his temperature had not yet been checked. During an observation on 4/2/20 at 9:53 AM, three people were observed between a set of double doors where screening for staff and visitors was being conducted. The individuals inside the vestibule were not able to maintain social distancing recommended by the CDC. During an observation on 4/2/20 at 10:11 AM, three residents were observed sitting side by side in wheelchairs visible from the office of the Unit Manager, Registered Nurse (RN) J and the social services director. RN J left the office and did not attempt to reposition any of the residents observed in the common area who were not able to independently maintain the recommended 6 feet of social distance. During an interview on 4/2/20 at 10:40 AM, CNA D reported she assisted residents to eat in a dining room on the unit. CNA D reported residents were seated two to a table and were assisted to eat in the dining area on the unit by one staff member. The tables were not large enough to accommodate the recommended social distance of 6 feet. During an observation on 4/2/20 at 10:48 AM, the Director of Nursing (DON) did not wash her hands with soap and water for the recommended 20 seconds before leaving a resident's bathroom. During an observation of the (Name of Unit) Unit dining area on 4/2/20 at 11:08 AM, two residents were observed seated at the same table. Another two residents were observed seated at a different table. The residents observed were not maintaining the recommended social distance of 6 feet. A staff member offered hand sanitizing wipes to two of the residents who were unable to effectively utilize the substitute for hand washing. During an observation on 4/2/20 at 11:16 AM, Resident #8 was observed in her room having a nebulizer treatment. RN O discontinued the nebulizer with gloved hands and rinsed the equipment with water, placed the equipment on a paper towel to air dry, removed her gloves and used hand sanitizer before proceeding across the hall to assist another resident. Resident #8 was then assisted from her room in her wheelchair by a staff person who sat her at a table in a dining area on the (Name of unit) unit at the facility. Another staff person placed a drink in front of Resident #8. No staff assisted Resident #8 with hand hygiene prior to serving her a drink. Two other residents were sharing a table in the same dining room, not [MEDICATION NAME] the recommended 6 feet social distance. Review of a medication administration policy Nebulizers last updated 9/2010 reflected the treatment is an aerosol generating procedure (AGP) and equipment should be rinsed and disinfected according to manufacturer's instructions and specified that staff should wash hands thoroughly after cleaning the equipment.</p> <p>Resident #1 According to a facility face sheet dated 4/2/2020, Resident #1 was a [AGE] year-old admitted into the facility on [DATE] with the Diagnoses: [REDACTED]. Review of electronic medical records for Resident #1 reflected no documentation about reevaluation of respiratory status since the [MEDICAL CONDITION] Screen completed on 3/18/2020 indicating Resident #1 has signs and symptoms of a lower respiratory infection/coughing. Assessments were reviewed and progress note documentation was reviewed up to the date of 4/6/2020. A physician progress notes [REDACTED].#1 had flu like symptoms, afebrile, no audible wheezing or rhonchi. A flu swab was to be obtained. The laboratory test for influenza was negative. Review of a care plan for Resident #1 reflected, Resident is at risk for infection, isolation, depression, anxiety, and emotional burden related to pandemic events (COVID-19) Date Initiated: 03/13/2020. Resident (#1) will be free from s/sx (signs and symptoms) of infection of COVID-19 through the review date. Date Initiated: 03/13/2020. Monitor for s/sx of respiratory status. Monitor vital signs as ordered and report temperature &gt; (greater than) 100.5 oral to physician. Resident #2 According to a facility face sheet dated 4/2/2020, Resident #2 was an [AGE] year-old admitted into the facility on [DATE] with the Diagnoses: [REDACTED]. Review of electronic medical records for Resident #2 reflected no documentation about reevaluation of respiratory status since the [MEDICAL CONDITION] Screen completed on 3/18/2020 indicating Resident #1 has signs and symptoms of a lower respiratory infection/coughing. Assessments were reviewed and progress note documentation was reviewed to the date of 4/6/2020. Review of a physician's note dated 3/18/2020 at 11:13 AM reflected Resident #2 had a Cough: I did order cough syrup every 4 hours PRN (as needed). Monitor for improvement. The NP (nurse practitioner) reflected that the Lung sounds were clear. This was the last progress note in the electronic medical Record (EMR) on 4/2/2020. The laboratory test for influenza was negative. During an interview with the Administrator, Director of Nursing (DON) and the Infection Control Nurse (IC) G by phone on 4/6/2020 at 12:40 PM, it was revealed that if a respiratory assessment had been completed, it would be documented in the electronic record progress notes. They revealed that the assessment for Coronavirus had been monitoring of resident temperatures. Review of a care plan for Resident #2 reflected, Resident is at risk for infection, isolation, depression, anxiety, and emotional burden related to pandemic events (COVID-19) Date Initiated: 03/13/2020. Resident (#1) will be free from s/sx (signs and symptoms) of infection of COVID-19 through the review date. Date Initiated: 03/13/2020. Monitor for s/sx of respiratory status. Monitor vital signs as ordered and report temperature &gt; (greater than) 100.5 oral to physician. Review of a document submitted by the facility on 4/2/2020 (no time noted) reflected, Timeline for COVID positive CeNA (Certified Nurse's Aide). Aide called in on 3/18 (2020) with a fever (101 Oral) with n/v/d (temperature, nausea, vomiting diarrhea) and felt congested. Aide was placed on antibiotics for thoughts of sinus infection. 3/20 aide called and informed the DON (Director of Nursing) that she should not taste and smell and was going to follow up with physician. On 3/23 aide stated that she was still not feeling well and had fatigue, SOB and cough. Employee was advised to continue to stay home. On 3/26 aide called again with an update and said that she was going to be tested for COVID (Coronavirus 2019) but the testing would not happen for a few days. On 3/29 DON was notified from the health department that an employee had tested positive. DON immediately notified RDC (Regional Director) and a trigger call was completed. On 3/30 new processes after call completed included to increase vital</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>sign monitoring on the potentially exposed unit and increased cleaning to high traffic areas. Health department advised that the facility was a day away from the 14 day window. The DON called and spoke with the Health Department later in the evening on 3/30 at which point the Health Department agreed with the monitoring in place at the facility level and that only advised on our employee screening that we ask if any workers work for another facility that has a positive or suspected cases. On 3/31 DON spoke with Health Department again to ask about the screening process for getting residents and staff testing if need be, health department advised that we let them know if there were any persons that we needed tested , they would arrange the testing and that either the Health Department can either perform the test or a staff can perform the testing. They also advised the DON that the testing has a 24 hour turnaround time. Staffing was reviewed from 3/1/20-3/18/20 and found no staff presenting with abnormal vital signs. All resident are reviewed daily for vital signs and have no abnormal findings from 3/18/20-4/2/20. Review of a facility submitted document titled, (Name of State) Interim 2019 Novel Coronavirus (COVID-19) Person Under Investigation (PUI)/Case Report Form Cover Sheet dated 2/27/2020 reflected, Clinical features and epidemiologic risk: Clinical features: Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) AND Epidemiologic Risk: Any person, including health care workers who has had close contact with a laboratory confirmed COVID-19 patient within 14 days of symptom onset . Residents #1 and #2 was at significant risk since a CNA was tested and found to be COVID-19 positive and this staff member worked on the unit in which the residents resided on 3/2 to 3/4/2020 from 2:00 PM to 10:00 PM, 3/7 to 3/10/2020 from 2:00 PM to 10:00 PM and on 3/13, 3/16 and 3/17/2020 from 2:00 PM to 10:00 PM. The employee called in ill on 3/18/2020. Review of a CMS (Center for Medicare and Medicaid) document Center for Clinical Standards and Quality/Quality Safety and Oversight Group QSO-20-14-NJ dated March 13, 2020 reflected, Long Term Care Facilities should .Implement active screening of residents and staff for fever and respiratory symptoms. Remind residents to practice social distancing and perform frequent hand hygiene. During a review of a facility policy titled, Handwashing/Hand Hygiene dated reviewed 3/2020 reflected, This facility considers hand hygiene the primary means to prevent the spread of infections .All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors .Resident, family members and visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and other written materials provided at the time of admission and posted throughout the facility. Employees must wash their hands for twenty (20) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: Before and after direct contact with residents; After contact with blood, body fluids, secretions, mucous membranes, or non-intact skin; before eating and after using the restroom . In most situations, the preferred method of hand hygiene is with Soap and water. If hands are not visibly soiled, use of an alcohol-based hand rub containing 60-95% [MEDICATION NAME] or [MEDICATION NAME] for all the following situations: before and after direct contact with residents; after contact with a resident's intact skin; after contact with objects (e.g. medical equipment, (laundry)) in the immediate vicinity of the resident .hand hygiene is always the final step after removing and disposing of personal protective equipment. The use of gloves does not replace handwashing/hand hygiene. Review of a letter submitted by the facility dated 3/6/2020 from the Administrator to All (Name of Facility) Staff Members reflected, Practice proper handwashing hygiene. All employees should clean their hands before and after interaction with resident and their environment with an alcohol-based sanitizer that contains at least 60 to 95% alcohol or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly soiled. Review of a submitted facility document titled, Unit Expectations during Restricted Visitations dated 3/18/2020 reflected, For dining, we need to assure that the residents who require supervisor or assistance, that they need to dine in the commons area. We MUST adhere to the best of our abilities to keep SOCIAL DISTANCING. This means, we need to attempt to give 6 feet of space between our resident at all times. At the tables, we should be sitting residents across from each other. No MORE than 2 residents at a table at a time .We must wash our hands with soap and water upon entering and exiting resident's rooms. This is not a new practice. We do have hand sanitizer on the walls as well. Please be sure to use these items sparingly as there is a national shortage . Review of a facility policy titled, Isolation - Categories of Transmission-Based Precautions dated 3/2020 reflected, Standard Precautions shall be used when caring for residents at all times regardless of their suspected or confirmed infection status. Transmission-based precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infection that can be transmitted to others .Airborne Precautions. In addition to Standard Precautions, implement Airborne Precautions for anyone who is documented or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small particle residue (5 microns or smaller in size) pf evaporated droplets containing microorganisms that remain suspended in the air and can be widely dispersed by air currents within a room or over a long distance). Examples of infections requiring Airborne Precautions include, but are not limited to .[MEDICAL CONDITION] (COVID-19) . This policy also reflected, Resident Care Equipment .If use of common items is unavoidable, then adequately clean and disinfect them before use for another resident. Review of a facility policy titled, Coronavirus Surveillance dated implemented 3/11/2020 reflected, This facility will implement heightened surveillance activities for Coronavirus illness during periods of transmission in the community and/or during a declared public health emergency for the illness. Definitions: 'Coronavirus' is [MEDICAL CONDITION] that causes mild to severe respiratory illness. 'COVID-19' (short for Coronavirus disease 2019) is a new respiratory disease caused by a novel (new) Coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. Because it is new, much is still to be learned about [MEDICAL CONDITION]. What is currently known is that it is spread person-to-person, mainly between people who are within 6 feet of one another through respiratory droplets produced when an infected person coughs or sneezes. The Infection Preventionist will monitor the status of COVID-19 outbreak through the CDC (Center for Disease Control) website, and will monitor for changes in prevention, treatment, isolation or other recommendations. Heightened surveillance activities will be implemented to limit the transmission of COVID-19. These include, but are not limited to, screening visits, staff, and residents .Residents will be monitored for signs and symptoms of Coronavirus illness: fever, cough, shortness of breath. The physician will be notified immediately, if evident. Staff shall follow established procedures when COVID-19 is suspected . According to a facility policy titled, Laundry and Bedding soiled dated reviewed 4/2020 reflected, Soiled laundry/bedding shall be handled in a manner that prevents gross microbial contamination of the air and persons handling the linen. Review of a policy titled, Infection Control dated reviewed 2/2018 reflected, The facilities infection prevention and control program (ICPC) is designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections .The Quality Assessment and Assurance committee shall oversee implementation of infection control policies and practices, and help department heads and manager to ensure that they are being implemented and followed The Administrator or governing Board, through the Quality Assessment and Assurance, has adopted our infection control policies and practices, as outlined here in, to reflect the facilities needs and operational requirements for preventing transmission of infections and communicable diseases as set forth in current OBRA (Omnibus Budget Reconciliation Act), OSHA (Occupational Safety and Health Administration) and CDC (Center for Disease Control and Prevention) guidelines and recommendations.</p>		