

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235161	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2020
NAME OF PROVIDER OF SUPPLIER ASPIRUS ONTONAGON HOSPITAL, INC		STREET ADDRESS, CITY, STATE, ZIP 601 SEVENTH STREET ONTONAGON, MI 49953	
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 - Many	<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 surveil infections daily, in real time, to identify and prevent their spread, and screen employees prior to work, to identify and prevent COVID-19 (a highly transmissible [MEDICAL CONDITION] pandemic infection). This deficient practice resulted in the potential for spread of infection, including COVID-19, among all 36 vulnerable residents. Findings include: During an interview on 5/19/20 at 1:43 p.m., the Director of Nursing (DON) confirmed she was also the facility infection preventionist. During the interview, surveillance documents including line lists, cluster maps and summaries, for the months of March, April and May 2020, were requested. The DON did not produce the requested documents. The DON explained she reviewed clinical documentation daily to note any infection possibilities among residents, but did not add any of the discovered information to any line list or cluster map unless and until there was a noted outbreak. When asked how she could track and trend any evolving infections using her stated method, the DON stated, Yes, you are asking a very good question. The DON said she would have to change her process as she understood this Surveyor's concern, and agreed a line list and cluster map should be used. When asked how she tracked whether antibiotics met standard criteria for compliance with stewardship, the DON confirmed she was not tracking the information until after the close of the month, and then leaving it to the provider to comply. When asked for line lists for staff illnesses, the DON did not provide any documentation to evidence tracking of staff illness. During a phone interview on 5/20/20 at 11:02 a.m., the DON said she downloaded the Centers for Disease Control and Prevention's (CDC) templates for long term care infection surveillance and would be using the forms going forward. The policy Infection Prevention Program, effective 3/2020, revealed, .goals of the .program are to decrease the risk of infection to patients and personnel .monitor for occurrence of infection .limit unprotected exposure to pathogens .major activities of the program include .Surveillance of infections .There is ongoing monitoring for infections among patients and personnel and subsequent documentation .the infection control coordinator to carry out the daily functions of the .program . During an interview on 5/19/20 at 1:11 p.m., Certified Nurse Aide (CNA) K said upon coming to work she took her own temperature and recorded it on a form. CNA K confirmed she filled out an online questionnaire regarding signs and symptoms of COVID-19, only after she entered the clinical area and began her shift. CNA K said the expectation was that the form be filled out within 15 minutes of beginning the shift. During an interview on 5/19/20 at 1:24 p.m., Registered Nurse (RN) L confirmed staff were expected to complete a daily electronic attestation of signs and symptoms, only once they entered the building and began their shift, working in the clinical resident areas. During an interview on 5/19/20 at 2:40 p.m., the Administrator (NHA) said staff were to read the questionnaire regarding signs and symptoms, at the door during their self screen, then sign a smaller piece of paper if they fail the screen, which was handed in to the Project Manager. If staff passed the screen they could then enter and fill out the electronic version. During an interview on 5/19/20 at 2:42 p.m., the Project Manager (Staff) J said she did not monitor the screening forms. Staff J added that staff did not sign the small form if they failed the screening questions, but they took it with them as instructions regarding how to proceed. Staff J confirmed staff were expected to complete the electronic screen once on shift. The form at the screening area did not have a signature line, but did have four numbered instructions for staff, including gaining a supervisor's assistance, if needed.</p> <p>During an interview on 5/19/2020 at 2:20 p.m., 2:22 p.m., and 2:25 p.m., CNA H, Staff D, and RN I, respectively, confirmed employee COVID-19 entrance screening questions were completed via online self-reported attestations, following admittance into the long-term care facility. CNA H said facility nursing staff completed the COVID-19 screening questions at the nurse's station, or in the halls on the computers. CNA H said employees must do the screening questions online, or with a paper form if you forget to do it online. CNA H said the nurse's station sometimes got busy at the start of a shift, so the online COVID-19 screening form could be forgotten. Staff D stated, You are supposed to complete it (COVID-19 screening questions) online. They told us it had to be online. Staff D reported the DON sent out an email telling them to complete the screening questions online. RN I stated, Nobody does (the) screening questions as they come in .I go through my email (on the computer) . Review of the email sent 5/5/2020 at 9:00 a.m., from the DON to facility staff with Subject: paper attestation form has to be complete if you forget to do the on-line form revealed the following: I have attached the paper attestation form for you to complete if you forget to do the on-line version. If you forget to complete the on-line form while you are at work, you are unable to go back to complete, you will need to then complete this paper form and turn it into me for documentation for our next surveyors . Review of the three page Attestation/Self-report Symptoms, printed 5/5/2020, received from Staff D, revealed the following, in part: Employees must answer the self-monitoring questions below prior to their work shift or within 15 minutes of arrival to work. During an interview on 5/19/2020 at 2:38 p.m., the DON confirmed facility staff were completing the COVID-19 screening questions via computer, often at the nurse's station after entrance into the residential portion of the long-term care unit. When asked about timeliness of completion, the DON stated, As long as they do it during their shift it has been ok. Review of the (State).gov/Coronavirus document, Guidance to Protect Residents of Long-Term Care Facilities (Upon Readmission or Current Stay), dated 4/9/2020, revealed the following: Long-term care facilities should immediately implement symptom screening for all. In accordance with previous CMS guidance, every individual regardless of reason entering a facility (including residents, staff, visitors) should be asked about COVID-19 symptoms and have their temperature checked . Review of the CDC Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs), dated 4/15/2020, revealed the following: .Keep COVID-19 from entering your facility . Actively screen anyone entering the building (HCP (healthcare personnel), ancillary staff, vendors, consultants) for fever and symptoms of COVID-19 before starting each shift .</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.