

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235321</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MARQUETTE COUNTY MEDICAL CARE FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>200 W SAGINAW ST ISHPEMING, MI 49849</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<b>Provide and implement an infection prevention and control program.</b>  Based on observation, interview, and record review, the facility failed to ensure two of four dish machines received verification of proper chemical sanitization during a focused COVID-19 Infection Control Survey. This deficient practice had the potential for transmission of infectious organisms which had the potential to affect all 27 residents who reside on the 500 and 600 Wings within the Memory Care Unit. Findings include: During an interview on 4/21/20 at 12:10 p.m., Plant Manager (Staff) B was asked what type of dish machines were used in the Memory Care Unit. Staff B reported cool temperature machines. When queried about sanitization testing, Staff B said staff should perform testing after the rinse cycle three times per day with breakfast, lunch, and dinner. On 4/21/20 at 12:20 p.m. during observations and interviews of the dish machines on the Memory Care Unit, in the presence of Staff B, Certified Nurse Aide (CNA) C, CNA D and CNA E all confirmed use of the dish machines and said no sanitization testing occurred by any of them. CNA C stated, Maintenance does this on night shift. Staff B then stated, Supposed to be done three times per day. CNA E then stated, We've never been shown that (how to perform sanitization testing). When asked to provide the dish machine sanitization logs, Staff B opened several cabinets and looked on shelves and stated, I didn't see any (logs). On 4/21/20 at 12:30 p.m., Certified Dietary Manager (CDM) F entered the 500 Unit in the Memory Care Unit. CDM F confirmed staff had not been performing dish machine sanitization testing. CDM F performed testing on the dish machine with guidance provided by Staff B. CDM F confirmed dish machine testing supplies had not been provided on either the 500 nor 600 Wings. A review of facility provided policy and procedure, Dishwater Temperature 5/7/2018, read in part, It is a policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions. Chemical solutions shall be maintained at the correct concentration, based on periodic testing, at least once per shift, and for the effective contact time according to manufacturer's guidelines. Results of concentration checks shall be recorded. A review of facility provided, LXE Series Dishwasher Instructions, March 2014, page 12, read, Follow the directions precisely that are on the litmus paper vial and test the water on the surface of the bottom of the glasses. Concentration should be 50 p.p.m. (parts per million) minimum to 100 p.p.m. maximum. Review of FDA (Food Drug Administration) 2-103.11 Person in Charge. The PERSON IN CHARGE shall ensure that: (J) EMPLOYEES are properly SANITIZING cleaned multiuse EQUIPMENT and UTENSILS before they are reused, through routine monitoring of solution temperature and exposure time for hot water SANITIZING, and chemical concentration, pH, temperature, and exposure time for chemical SANITIZING Second: 4-501.116 Warewashing Equipment, Determining Chemical Sanitizer Concentration. Concentration of the SANITIZING solution shall be accurately determined by using a test kit or other device. During an interview on 4/21/20 at 12:45 p.m., when asked why dish machine sanitization had not occurred since installation on the Memory Care Unit, the Nursing Home Administrator stated in part, Not sure what happened with the communication there. During a telephone interview on 4/21/20 at 4:33 p.m., when asked if routine dish sanitization testing was necessary on the Memory Care Unit, the Director of Nursing responded, Absolutely.		
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.