

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235399	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER MEDILODGE OF PORTAGE		STREET ADDRESS, CITY, STATE, ZIP 7855 CURRIER DR PORTAGE, MI 49002	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain adequate infection control practice during a COVID-19 infection control survey. Findings include: Review of a facility policy Handwashing/Hand Hygiene, Reviewed/Revised 03/2020, revealed: Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, . 5. Employees must wash their hands for twenty (20) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: 1. Before and after direct contact with residents; . e. After handling items potentially contaminated with blood, body fluids, or secretions . 6. 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: a. Before and after direct contact with residents . i. After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident . Review of facility policy Blood Sampling - Capillary (Finger Sticks)' reviewed/revised 2/2018, revealed, Protective Barriers Use protective barriers as necessary to prevent exposure to blood or body fluids . Purpose: The purpose of this procedure is to guide the safe handling of capillary-blood sampling devices to prevent transmission of blood borne diseases to residents and employees .General Guidelines . 2. Provide a barrier for the blood glucose machine and finger stick procedure such as paper towels or other single use item .Steps in The Procedure .7. Following the manufacturer's instructions, clean and disinfect reusable equipment, parts after each use . Review of a facility policy Guidelines for Cleaning and Disinfecting the . Meter, (no Review/Revised date) revealed: To minimize the risk of transmitting blood-borne pathogens, the cleaning and disinfecting procedure should be performed as recommended . The . Blood Glucose Monitoring System may only be used for testing multiple patients when standard precautions and the manufacturer's disinfecting procedures are followed. . Cleaning and Disinfecting Procedures . Step 6 Treated surface must remain wet for recommended contact time. Please refer to wipe manufacturer's instruction. DO NOT WRAP THE METER IN A WIPE. . Review of Manufacturer Product Information Sheet, 2016 PDI PDI 608, revealed: Ideal for daily use in fast-paced environments. Short 2 minutes contact time is effective against enveloped / non-[MEDICAL CONDITION], bacteria, TB, fungi, multi-drug resistant organisms and bloodborne pathogens. . Resident #101 Review of a Face Sheet revealed Resident #101 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #101's Order Summary revealed, Accucheck (blood glucose checking) two times a day for dm type 2 (diabetes mellitus) dated 1/31/2020 .HumaLOG Solution 100 UNIT/ML (Insulin [MEDICATION NAME]) . subcutaneously one time a day for dm type 2 .date 2/27/2019 . Review of Resident #101's Medication Administration Record [REDACTED].HumaLOG Solution 100 UNIT/ML (Insulin [MEDICATION NAME]) Inject 14 unit subcutaneously one time a day for dm type 2 -Start Date- 02/27/2019 1200 .Accucheck two times a day for dm type 2 . Date-01/31/2018 1600 . Observed on 3/31/2020 at 8:30 AM, Nursing Home Administrator (NHA A), Infection Preventionist (IP B), Driver (G), and Receptionist (R) using 2 digital forehead thermometers while screening individuals as they entered the facility at the front desk. The four staff passed the digital thermometers between them to use on the 5 persons waiting to be screened at the front desk. During this time, neither of the thermometers were disinfected between use nor did the staff perform hand hygiene. During an interview on 3/31/2020 at 9:30 AM, IP B stated, The digital thermometers at the front desk are to be are to be wiped with the Super Sani-Cloths between each person getting their temperatures taken and each staff use. There is nothing written how the procedure, it is the facility taking extra precautions during the COVID pandemic. The facility did staff education on how and why to do this cleaning. Observed on 3/31/2020 at 9:40 AM Maintenance D exited the lobby bathroom and placed the key and key chain (key) on front desk counter. Receptionist R placed the key on a hook at the front desk without cleaning it or performing hand hygiene (HH) after touching it. Observed on 3/31/2020 at 11:35 AM bathroom key returned to front desk counter by a nursing staff. Receptionist R placed key on a hook at the front desk without cleaning it or performing HH after touching it. Observed on 3/31/2020 at 12:00 PM bathroom key returned to front desk counter by a nursing staff. Receptionist R placed key on a hook at the front desk without cleaning it or performing HH after touching it. Observed on 3/31/2020 at 12:05 PM a glucometer (blood glucose meter) on top of Birch Drive medication cart without a barrier under it. No staff in vicinity. During an observation and interview on 3/31/2020 at 12:25 PM, Registered Nurse (RN) C performing Accucheck (blood glucose testing via finger) on Resident #101. RN C prepared insulin and gathered supplies for the accucheck. The glucometer was sitting on top of Birch Drive medication (med) cart without a barrier between it and the med cart. RN C placed multiple alcohol swab packets and a cotton ball in right shirt pocket. Placed a test strip (glucose meter test strip to collect blood sample) in the glucometer. RN C donned gloves without first performing hand hygiene, threw paper garbage from top of med cart into trash can, gathered lancet (small needle-like machine to tiny prick skin to obtain a few drops of blood for testing in a glucometer), syringe with insulin, and glucometer and entered Resident #101's room. RN C then placed the gathered supplies on top of Resident #101's bedside table that was positioned in front of resident. RN C did not wipe off or place a barrier down before putting supplies on the table. Personal items of Resident #101 that were on the table included a drink cup, television remote, opened food, and papers. RN C reached into right shirt pocket with her gloves on, took out an alcohol swab packet and cotton ball, placing both on the bedside table. After opening the alcohol swab and using it on Resident #101's right middle finger, RN C used the lancet to draw blood for the accucheck. RN C placed the used lancet on the bedside table, used the glucometer to collect a blood sample, and placed it also on the bedside table with the test strip holding a droplet of blood on the tip. Using the cotton ball, RN C dabbed at the blood still on Resident #101's finger, then held the cotton ball in her left hand. RN C administered the insulin to Resident #101, and then gathered the lancet and test strip from glucometer into her left hand, removed both gloves and threw all in resident garbage can including the blood-tinged cotton ball she held while administering the medication. RN C used the resident bathroom to wash hands with soap and water and then left the room to go to med cart leaving the glucometer on bedside table. RN C returned to Resident #101, bringing her water and retrieved the glucometer without wearing gloves. Upon returning to the med cart, RN C placed the soiled glucometer on top of the med cart without a barrier. RN C donned gloves and took a Super Sani-Cloth and wrapped the glucometer in the wipe and placed the machine in a plastic drink cup. RN C stated, After the glucometer is used, the nurse is to wipe and wrap it in a sani-cloth and leave it for 2 minutes before using it on another resident, those are the rules. I leave it on my med cart because I use it on the diabetic residents. I don't have anything under it when I use it. Observed on 3/31/2020 at 1:55 PM Driver G returning lobby bathroom key to front desk counter then walked away. No staff were at the desk. Without the key being disinfected, another staff picked up the key to use. During an interview on 3/31/2020 at 3:00 PM with NHA A and IP B, NHA A stated, I am a nurse as well as the Administrator. (IP B) is a RN and the facility interim ADON (Assistant Director of Nursing). Whichever staff is doing the COVID screening at the front desk should sanitize the thermometers between staff use. That goes with the 2-bathroom keys as well. They are to be sanitized with the sani-cloths each time they are brought back from the lobby bathroom. Whoever is at</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) the front desk should be doing it. Glucometers should be cleaned between each resident use. There should also be a barrier under it whether on the med cart or a bedside table. Dirt and blood could contaminate the glucometer if there wasn't a barrier under it. There should be a barrier under all supplies like the lancet, needle and syringe, and glucometer to protect them from what they come in contact with. The glucometer and any supplies should have a barrier under them at all time.</p> <p>In an interview on 3/31/2020 at 12:30 p.m., Registered Nurse (RN) AA reported that glucometers are to be cleaned between each use. RN AA described the glucometer cleaning and disinfecting process is to wipe the glucometer with a bleach wipe, then wrap the glucometer in a bleach wipe for 1 minute to soak it, then remove the glucometer from the bleach wipe and let the device air dry before using it for the next test. During an observation on 3/31/2020 at 10:35 a.m., Activities Assistant (AA) H touched the back of a resident's gown with open palm to greet them, then walked down the hallway and touched another resident's thumb (thumb to thumb) to greet them, then touched the wheel of another resident's wheelchair to guide them out of the middle of the hallway, then touched the pant leg of another resident to get their attention. At no time during the observation did AA H perform hand hygiene. In an interview on 3/31/2020 at 10:42 a.m., AA H indicated that hand hygiene should be performed, at a minimum, before and after any direct resident contact and after touching a soiled item. AA H admitted that hand hygiene should have been performed before and after touching a resident or resident clothing and after touching the wheelchair wheel and reported that she had not performed hand hygiene at any time during this surveyor's observation. Review of a facility policy Assistance with Meals, Policy Reviewed/Revised 04/2019, revealed: Policy Statement: Residents shall receive assistance with meals in a manner that meets the individual needs of each resident. Policy Interpretation and Implementation . 7. All employees who provide resident assistance with meals will be trained and shall demonstrate competency in the prevention of foodborne illness, including personal hygiene practices and safe food handling. During a dining observation on 03/31/2020 at 12:00 p.m., 6 residents were brought into the dining room by staff members and were seated at separate tables. Observed Certified Nurse Assistant (CENA) CC preparing residents for their meals by putting clothing protectors on each resident (a cloth placed on the front of the shirt and attached loosely around the neck to catch food spillage). CENA CC then proceeded to serve beverages and plates of food to each resident. In an observation/interview on 03/31/2020 at 12:10 p.m., this surveyor asked CENA CC at what point during the dining is resident hand hygiene performed? Note that this question was asked after food was served to the residents. In response to question, CENA CC stated, right now. At that point, CENA CC retrieved hand wipes from a cabinet in the dining room and proceeded to clean the hands of the residents; some of whom had already begun eating. In an interview on 03/31/2020 at 12:15 p.m., Infection Preventionist (IP) B indicated that hand hygiene should be performed on residents prior to being served any food in order to prevent cross-contamination or infection.</p>		