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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235407 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/03/2020 |
| NAME OF PROVIDER OF SUPPLIER KALKASKA MEMORIAL HEALTH CENTER | | STREET ADDRESS, CITY, STATE, ZIP 419 S CORAL ST KALKASKA, MI 49646 | |
| 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 - Some | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to follow infection control practices related to laboratory diagnostic services and handling of medication containers for four Residents (#401, #402, #403, & #404) of five residents reviewed for infection control practices during a COVID-19 Infection Control survey. This deficient practice resulted in the potential for contributing to the spread of COVID-19 infection. Findings include: On 4/3/20 at 10:15 AM Phlebotomist/Staff C was observed performing a blood draw for Resident #401 in room [ROOM NUMBER]. The resident door had a droplet precaution sign in place. Staff C stated the signs were in place for all residents within the unit as a precaution for the potential of COVID-19 transmission from the community. Staff C used appropriate infection control practice until just after first attempt to obtain a blood sample from Resident #401. Staff C failed to remove soiled gloves and perform hand hygiene before grabbing more supplies from the phlebotomy tray following the first attempt at drawing blood from Resident #401. Staff C grabbed more gauze, a new butterfly needle, an alcohol prep pad, and a new syringe with soiled gloves. This contaminated the entire phlebotomy tray. During this procedure, Staff C also sat on bed surface of Resident #401. Staff C was not wearing any type of gown to protect uniform from being contaminated. Immediately after the observation, the events were reviewed with Staff C and Director of Nursing (DON) B. When asked about Staff C sitting on the bed, DON B stated staff were not supposed to sit on bed surfaces. When asked about using soiled gloves to obtain more supplies on the phlebotomy tray, DON B acknowledged the need for infection control remediation (review/education). A review of Resident #401's face sheet provided by the facility (dated 4/3/20 at 12:02 PM) revealed an admission date of [DATE] from an area hospital housing COVID-19 positive patients. On 4/3/20 at 11:10 AM, Licensed Practical Nurse (LPN) D was observed preparing to administer eye drops to Resident #402. LPN D proceeded to place the eye drop container into their scrub top pocket, potentially contaminating the medication container, and then performed hand hygiene. LPN D then retrieved the eye drop container from their scrub pocket and contaminated the gloved hands. LPN D then administered the eye drops to Resident #402. When asked if medication containers were supposed to be placed in pockets, LPN D stated, No. On 4/3/20 at 11:35 AM, LPN E was observed performing a glucometer (blood glucose) test for Resident #403. LPN E failed to provide a barrier before setting the glucometer on a bedside stand. LPN E proceeded to perform the blood glucose test, and then placed glucometer back on the bedside stand. On 4/3/20 at 11:35 AM, LPN F was observed performing a glucometer test for Resident #404. LPN F failed to provide a barrier before setting the glucometer on a bedside table. LPN F proceeded to perform the blood glucose test and then placed the glucometer back on the bedside table. On 4/3/20 at 11:40 AM, an interview with DON B revealed the following: When asked if the staff were expected to provide a barrier for a glucometers when setting them on a surface in resident rooms, DON B stated, Yes. On 4/3/20 at 11:45 AM policy and procedures related to phlebotomy draws, medication administration related to eye drop containers, and glucometer testing were requested from DON A. A review of the glucometer testing policy and procedure dated 9/9/2019 revealed there was no direction regarding placement of a barrier before setting a glucometer down in a resident's room to prevent environmental contamination. A review of the Infection Prevention Education (dated April 2020) provided to the staff by the facility revealed the following question: When do you perform hand hygiene (even if gloves are used)? A. Before and after contact with a resident B. When visibly soiled C. After contact with blood, bodily fluids, or visibly contaminated surfaces D. After contact with objects and surfaces in the resident's environment E. After removing personal protective equipment (e.g., gloves, gown, face mask) F. Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, , and/or dressing care) G. When entering and exiting a resident's room H. All of the above According to the document above the answer is H. All of the above. A review of the Standard and Pathogen /Condition-Based Precautions (Isolation) policy and procedure with a revised date of 1/31/18 revealed the following: Procedure Precaution Categories A. Standard Precautions The care of all patients is based on the assumption that blood and other materials may contain infectious agents. Healthcare personnel should use appropriate personal protective equipment (PPE) to prevent contact with patient's body fluids. 1. Hand hygiene is required after touching blood and OPIM (other potentially infectious materials), regardless of whether gloves are worn. Hand hygiene must be performed before gloves are worn and after gloves are removed, as well as before and after patient contact. Alcohol based hand rubs /foam should be used to wash hands unless hands are visibly soiled. Soap and water should be used when hands are visibly soiled. 2. Gloves should be worn when touching blood and OPIM, or when making contact with patient mucous membranes and/or skin. Change gloves between tasks and procedures on the same patient. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces and use hand hygiene immediately after removal . 8. Handle used linen, soiled blood and OPIM in a manner that prevents skin and mucous membrane exposures, as well as contamination of clothing . B. Pathogen/Condition Based Precautions 1. Airborne Precautions: Airborne Precautions must be used for patients known or suspected to be infected with microorganisms transmitted by airborne/droplet nuclei . 6. Special Pathogen COVID-19 requires either droplet contact with eye protection or airborne contact with eye protection . A review of the Admission and End of Life Guidelines during COVID-19 Pandemic 2020 policy and procedure revealed the following: All residents admitted at this time will be admitted to rooms 306 thru 312 for the first 14 days of their stay. All staff members will be required to wear appropriate PPE while in the room per CMS (Center for Medicare/Medicaid Services) guidelines. Residents will be monitored closely for signs/symptoms of infectious disease .</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.