

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235483	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER LAURELS OF GALESBURG (THE)		STREET ADDRESS, CITY, STATE, ZIP 1080 N 35TH STREET GALESBURG, MI 49053	
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 properly maintain infection control practices during a COVID-19 Infection Control Survey related to hand hygiene, equipment cleaning, and glucometer disinfection in 5 of 5 residents (Resident #101, #102, #105, #103, & #104) reviewed for infection control, resulting in the potential for cross-contamination and the development and spread of disease. Findings include: Review of the policy/procedure Coronavirus (COVID-19), released 3/2020, revealed. Appropriate measures will be utilized for the prevention and control of the Coronavirus (COVID-19). The Coronavirus, also known as COVID-19, is a [MEDICAL CONDITION] infection that is caused by a distinct Coronavirus. This virus may be mild, moderate or severe, and can be potentially life threatening. Mode of Transmission. Person-to-person spread. [MEDICAL CONDITION] is thought to spread mainly from person-to-person. Spread from contact with contaminated surfaces or objects. It may be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way [MEDICAL CONDITION] spreads. Care of Equipment. Non-disposable equipment should be disinfected according to manufacturer's guidelines. Ensure that guest/resident-care items, bedside equipment, and frequently touched surfaces receive frequent cleaning, with an EPA approved disinfectant. Review of the Manual/Electric Portable Patient Lift manufacturer's instructions for cleaning, no date, revealed. A soft cloth, dampened with water and a small amount of mild detergent, is all that is needed to clean the patient lift. The lift can be cleaned with non-abrasive cleaners. Review of the policy/procedure Glucometer & PT/INR Decontamination, revised 9/2019, revealed. Since glucometers and PT/INRs may be contaminated with blood and body fluids as well as other pathogens, such as would be encountered in contact precautions, this facility has chosen a disinfectant wipe that is EPA registered as tuberculocidal; therefore, it is effective [MEDICAL CONDITION]. HBV, and a broad spectrum of bacteria. The glucometer and PT/INR shall be decontaminated with the facility approved wipes following use on each guest/resident. Gloves will be worn and the manufacturer's recommendations will be followed. After performing the glucometer or PT/INR testing, the nurse shall perform hand hygiene, apply gloves, and use the disinfectant wipe to clean all external parts of the glucometer or PT/INR machine allowing the meter to remain wet for the contact time required by the disinfectant label. Review of the MICRO-KILL Bleach Germicidal Bleach Wipes directions for use, no date, revealed. Open Micro-Kill Bleach Germicidal Bleach Wipes packet. Remove pre-saturated 3 in x 3 in wipe. Apply pre-saturated towelette and wipe desired surface to be disinfected. A 30 second contact time is required to kill all of the bacteria [MEDICAL CONDITION] on the label except a 1 minute contact time is required to kill [MEDICAL CONDITION] [MEDICATION NAME] and [MEDICATION NAME] mentagrophytes and a 3 minute contact time is required to kill [MEDICAL CONDITION] spores. Reapply as necessary to ensure that the surface remains wet for the entire contact time. Allow surface to air dry. Review of the Sani-Cloth AF3 Germicidal Disposable Wipe directions for use, no date, revealed. Unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for (3) minutes. Let air dry. Although efficacy at a 30 second contact time has been shown to be adequate against HIV-1 (AIDS VIRUS), this time is not sufficient for the other non-HIV organisms listed on this label. Therefore, a 3 minute wet contact time must be used for all listed non-HIV organisms. Review of the policy/procedure Hand Hygiene, revised 9/2019, revealed. Hand washing/hand hygiene is generally considered the most important single procedure for preventing healthcare-associated infections. Antiseptics control or kill microorganisms contaminating skin and other superficial tissues and are sometimes composed of the same chemicals that are used for disinfection of inanimate objects. Although antiseptics and other hand washing/hand hygiene agents do not sterilize the skin, they can reduce microbial contamination depending on the type and the amount of the contamination, the agent used, the presence of residual activity and the hand washing/hand hygiene technique followed. HANDWASHING. When hands are visibly dirty or contaminated with proteinaceous material, are visibly soiled with blood or other body fluids, and in case of a guest/resident with a spore-forming organism, use soap and water. May use Alcohol based hand sanitizer before and after touch a guest/resident, before performing an aseptic task or handling invasive medical devices, after glove removal, if moving from a contaminated body site to a clean body site during guest/resident care, and after contact with blood, body fluids or contaminated surfaces. Turn on water to a comfortable warm temperature. Moisten hands with soap and water and make a heavy lather. Wash well under running water for a minimum of 20 seconds, using a rotary motion and friction. Rinse hands well under running water. Dry hands with a clean paper towel. Use the paper towel to turn off the faucet, and then discard. Resident #101 Review of an Admission Record revealed Resident #101 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. In an observation on 3/31/20 at 9:50 a.m., Certified Nursing Assistant (CNA) J and CNA N assisted Resident #101 with a transfer from his bed to his wheelchair with a dependent mechanical lift. Observed CNA J and CNA N perform hand hygiene and don gloves prior to the transfer. CNA N assisted Resident #101 with dressing and positioned Resident #101 on the lift sling. CNA N then operated the mechanical lift and moved the lift across the room, before then lowering Resident #101 to his wheelchair, with the assistance of CNA J. CNA N then assisted Resident #101 with his sweatshirt. Once care was complete, CNA N removed gloves and performed hand washing, then exited Resident #101's room with the dependent mechanical lift and placed the lift back in the designated storage area in the hallway. Noted a container of Sani-Cloth AF3 Germicidal Disposable Wipes hung within a clear plastic bag from the back of the dependent lift. Neither CNA N nor CNA J disinfected the dependent mechanical lift after completion of the transfer for Resident #101. Resident #102 Review of an Admission Record revealed Resident #102 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. In an observation on 3/31/20 at 11:29 a.m., Licensed Practical Nurse (LPN) E performed a blood glucose check for Resident #102 in his room. LPN E placed the supplies for the procedure on a barrier, then performed hand washing in Resident #102's bathroom for approximately 12 seconds. LPN E then donned gloves, obtained a blood sample using a finger stick device and checked Resident #102's blood glucose with a glucometer (a machine used to measure how much glucose is in the blood). LPN E removed and discarded the gloves and performed hand washing in Resident #102's bathroom for approximately 10 seconds. LPN E then returned to the medication cart, performed hand hygiene with hand sanitizer, and wiped the surface of the glucometer for approximately 5 seconds with a Sani-Cloth AF3 Germicidal Disposable Wipe. Resident #105 Review of an Admission Record revealed Resident #105 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. In an observation on 3/31/20 at 11:20 a.m., Licensed Practical Nurse (LPN) E performed a blood glucose check for Resident #105 in his room. LPN E performed hand hygiene and donned gloves, then obtained a blood sample using a finger stick device and checked Resident #105's blood glucose with a glucometer (a machine used to measure how much glucose is in the blood). LPN E removed and discarded the gloves and performed hand washing in Resident #105's bathroom for approximately 7 seconds. LPN E then returned to the medication cart, obtained a Sani-Cloth AF3 Germicidal Disposable Wipe from the container hung in a clear plastic bag from the vital sign cart, and wiped the surface of the glucometer for approximately 5 seconds. LPN E then placed the glucometer into the medication cart. In an interview on 3/31/20 at 11:29 a.m., LPN E reported no specific amount of wet contact time is required to disinfect the glucometer, only that all surfaces must be wiped. LPN E reported hand</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)</p> <p>washing should be performed for approximately 30-60 seconds. In an interview on 3/31/20 at 11:49 a.m., LPN H reported MICRO-KILL Bleach Germicidal Bleach Wipes are utilized to disinfect the glucometer between residents. LPN H reported no specific amount of wet contact time is required to disinfect the glucometer, only that all surfaces must be wiped. LPN E stated .with the other wipes you have to keep it (the glucometer) wrapped, but with these you just wipe all surfaces . In an interview on 3/31/20 at 12:00 p.m., Certified Nursing Assistant (CNA) L reported hand washing should be performed for .a minute and a half . CNA L reported the mechanical lifts and vital sign machines should be wiped down with the Sani-Cloth AF3 Germicidal Disposable Wipes both before and after use. In an interview on 3/31/20 at 12:07 p.m., CNA N reported hand washing should be performed for .two to three minutes . CNA N reported the mechanical lifts and vital sign machines should be wiped down with the Sani-Cloth AF3 Germicidal Disposable Wipes after each use. CNA N stated .Whoever uses it should clean it . In an interview on 3/31/20 at 12:23 p.m., Director of Nursing (DON) B reported glucometers should be disinfected between residents, and staff should ensure a wet contact time per the manufacturer's directions on the label. DON B reported an alcohol wipe would not be sufficient to disinfect a glucometer.</p> <p>Resident #103 Review of an Admission Record revealed Resident #103 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. In an observation on 3/31/2020 at 9:40 AM, Licensed Practical Nurse (LPN) F was in a resident room talking to the resident in bed 2 with a pair of gloves in her right hand, a sweatshirt jacket with a hood on it tied around her waist hanging down to her knees, pulling her pants up, and rearranging the top of her shirt. LPN F moved to bed 1 to talk to that resident and noted that there was not trash can liner, leaned over the trash and got a liner and opened it placing the liner in the trash can along with the gloves that were in her right hand. LPN F then went across the hall to Resident #103's room, knocked on the door with her right hand and went to bed 2 where the resident asked for water. LPN F then went to the ice room, opened the door, got a cup of water and returned to Resident #103's room with water. LPN F then went to her medication cart at no time stopping to clean her hands. LPN F picked up the vital sign machine and started down the hall suddenly stopping at a resident room to pick up foot pedals off the floor and handed them to the Unit Manager (UM) C, then continued down the hall to another resident room. LPN F completed vitals on bed 1 noted there was no trash liner went around the privacy curtain to bed 2 to throw away her trash. LPN F moved the vital sign machine into the hall, continued away from the room pulling up pants and front of top and touching the medication cart on skilled hall before she reached a housekeeper to ask for some trash can liners, returned to room, grabbed gloves from the bathroom went to remove the urinal from bed 1's trash to place the trash can liner. LPN F returned to the bathroom and washed her hands for less than 5 seconds under running water. This was the only time LPN F had completed hand hygiene during the entire observation. In an interview on 3/31/2020 at 12:10 PM, LPN F reported that you are supposed to use hand sanitizer when you go in and out of a resident room, .but only if I touch something. I did not think I touched anything when I entered and left (the first resident room) .Oh yeah I did put in trash liner before I left. In an observation on 3/31/2020 at 11:13 AM, LPN F was at the bedside of Resident #103 completing a blood sugar check, returned to the medication cart, started to put the glucometer in the medication cart drawer then placed it on top of the medication cart, and spent time putting vital signs in the computer. LPN F then opened top drawer of the medication cart and began checking her insulin pens and put the glucometer in the drawer of the West 1 medication cart. LPN F did not perform hand hygiene or disinfect the glucometer after exiting Resident #103's room. Resident #104 Review of an Admission Record revealed Resident #104 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. LPN F entered Resident #104's room, provided privacy, moved a towel on the over-the-bed table, set the container of test strips, lancet, alcohol wipes, glucometer on the over-the-bed table, and woke Resident #104 to let her know what she was going to do. LPN F put her gloves on (did not clean her hands) and used one alcohol wipe to clean a finger from the left hand of Resident #104, picked up the glucometer and placed a test strip, set it back on the over-the-bed table, used the lancet to prick the finger. LPN F picked up the glucometer and extracted a blood sugar test, placed the glucometer back on the over-the-bed table. LPN F wiped the top of the glucometer, and container of test strips with the alcohol wipe and placed them back on the over-the-bed table, left the room to dispose of her sharps and trash and used hand sanitizer, returned and collected the glucometer and container of test strips, moved the privacy curtain, went to her medication cart and placed the glucometer and test strips in her top drawer. LPN F did not perform hand hygiene again. In an interview on 3/31/2020 at 12:10 PM, LPN F reported that sani cloth (pointing at the wipes in the bag Sani-Cloth AF3 Germicidal Disposable Wipe attached to the lift) are the same as alcohol wipes, that is what I was told.</p>		