

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235499	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER GRAND OAKS NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 600 DENMARK ST BALDWIN, MI 49304	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement best practice infection control procedures (A) for 1 resident (Resident #2) by placing a contaminated oxygen cannula in the residents nasal cavity, (B) by not disinfecting multi-resident use mechanical lifts, (C) by staff not wearing face masks as directed when in close proximity to residents, and (D) by not having correct information in the facility droplet precaution policy/procedure. Findings include: Resident #2 Review of a Face Sheet revealed Resident #2 (R2) was a [AGE] year old, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. During an observation on 04/07/20 at 10:15 A.M., R2 sat in a wheelchair in the resident's assigned room and the oxygen cannula and tubing laid on the floor at the end of the bed. Certified Nurse Aide (CNA) C entered R2's room, spoke to the resident about oxygen use, and placed the oxygen cannula that was on the floor in R2's nasal passages. During an interview on 04/07/20 at 10:50 A.M., CNA C stated that the oxygen cannula had been on the floor and CNA C picked it up and placed it in R2's nasal passages. CNA C indicated that this was not the correct procedure. During an interview on 04/07/20 at 10:40 A.M., Licensed Practical Nurse (LPN) E indicated that oxygen tubing and cannula's that have contact with the floor should never be placed on a resident, rather discarded and replaced. During an observation on 04/07/20 at 9:53 A.M. on Hickory hall, CNA I and CNA J used a mechanical hoist to transfer a resident to bed, removed the hoist from the room and took it directly to another resident room and used it to transfer a second resident to bed, without wiping the equipment down with an approved disinfectant. During an interview on 04/07/20 at 11:15 A.M., the facility administrator (NHA) stated that all multi-resident use equipment must be disinfected between each resident. During an observation on 04/07/20 at 12:25 P.M. on Maple hall, CNA C collected lunch trays from two residents in room [ROOM NUMBER] and had a face mask down on her chin, not covering her nose and face. During an interview on 04/07/20 at 12:40 P.M., NHA stated that when in close proximity to residents, staff must wear a face mask so that it covers their mouth and nose.</p> <p>Per review of facility provided policy Droplet Precaution with a most recently revised date of March 2020, procedure for residents on droplet precautions include: Ensure that residents are physically separated at least three (3) feet from each other. Draw the privacy curtain between beds to reduce opportunities for close contact. Per facility provided protocol COVID-19 Focused Survey for Nursing Homes with a revised date of 3/20/2020, appropriate transmission based precautions For a resident on Droplet Precautions: staff don a facemask within six feet of a resident. During an interview with the Nursing Home Administrator (NHA) and the Director of Healthcare Services on 4/7/2020 at 2:15 PM, the Droplet Precaution policy was discussed. The NHA agreed that the current Centers for Disease Control Guidelines were a separation of 6 feet between individuals and not 3 feet as noted in their policy.</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.