

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/09/2020
NAME OF PROVIDER OF SUPPLIER COUNTRYSIDE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2121 ROBINSON RD JACKSON, MI 49203	
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 - Immediate jeopardy Residents Affected - Many	<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 follow and implement infection control practices per the Centers for Disease Control (CDC) guidelines to prevent the spread of COVID-19 facility wide resulting in Immediate Jeopardy when the facility failed to 1) ensure that facility staff fully utilized Personal Protective Equipment (PPE) for all facility residents including Resident #7, #8, #9, #10, and #11, 2) ensure staff and visitors were comprehensively screened and not entering while symptomatic, 3) ensure nursing staff were using proper contact time for disinfectant products for reuse of patient care equipment and 4) ensure staff performed adequate hand hygiene. These deficient practices resulted in the facility widespread infection of COVID-19 and the likelihood for further cross contamination of COVID-19 to other residents and staff, thereby putting all 62 residents at risk for infection, hospitalization and/or death. Findings include: On [DATE] at 11:10 AM, Nursing Home Administrator (NHA) A reported the facility currently had 49 residents who were positive for COVID-19. Review of the CMS 672 revealed the facility had a census of 62 on [DATE]. The list of residents who were negative for COVID-19 included 12 residents. On [DATE] at 12:56 PM, staff working on the COVID negative hallway were observed in resident rooms in full PPE. When asked about what PPE was required on that unit, Licensed Practical Nurse (LPN) O reported full face shield, N95, surgical mask, gown, and gloves were required for resident care. Multiple nightstands/PPE carts were observed outside of rooms, in the hallway. An observation on [DATE] at 12:46 PM revealed Certified Nursing Assistant (CNA) U was in Resident #7's (R7) room, sitting on R7's bed. CNA U was wearing a face shield, KN95 mask, and a surgical mask, but was not wearing a gown or gloves. CNA U was sitting approximately one foot away from R7 who was sitting in her recliner. CNA U and R7 were passing a cellular phone back and forth. At 12:48 PM CNA U was overheard telling R7 that she would take her to the bathroom. CNA U did not don a gown but closed the door and assisted R7 to the bathroom. Review of the medical record revealed R7 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the R7's physician's orders [REDACTED]. Review of R7's laboratory results collected on [DATE] with results dated [DATE], revealed R7 was positive for COVID-19. Review of the physician's orders [REDACTED]. On [DATE] at 12:47 PM Emergency Medical Services (EMS) arrived in full personal protective equipment (PPE). Licensed Practical Nurse (LPN) V escorted the two EMS personnel to Resident #8's (R8) room. LPN V was observed to enter the room without donning a gown. At 12:50 PM the two EMS personnel and LPN V were observed transferring R8 to a gurney. LPN V was observed touching R8 to assist with the transfer. LPN V was not wearing a gown. EMS was overheard telling R8 they would get him into the gurney and start oxygen. LPN V was overheard telling EMS personnel that R8 was [MEDICAL CONDITION] (high heart rate) and hypoxic (low oxygen levels). Review of the physician's orders [REDACTED]. Review of R8's laboratory results collected on [DATE] with results dated [DATE], revealed R8 was positive for COVID-19. On [DATE] at 12:54 PM CNA U was observed without a gown or gloves while taking two lunch trays out of a resident's room. CNA U placed the trays on the meal cart and then proceeded down the hallway and entered Resident #9's (R9) room. CNA U did not perform hand hygiene nor don a gown or gloves. CNA U was then observed bringing R9's meal tray out of the room and to the meal cart. CNA U then walked to the nurse's station and washed her hands with soap and water for ten seconds. CNA U then went into Resident #10 (R10) and Resident #11's (R11) shared room. CNA U did not don a gown or gloves. According to The Guideline for Hand Hygiene in Healthcare Settings, CDC recommends: When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers. Rinse your hands with water and use disposable towels to dry. Use towel to turn off the faucet. Avoid using hot water, to prevent drying of skin. Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds. Either time is acceptable. The focus should be on cleaning your hands at the right times. (https://www.cdc.gov/handhygiene/providers/index.html) Review of R11's laboratory results collected on [DATE] with results dated [DATE], revealed R11 was positive for COVID-19. Review of R11's physician's orders [REDACTED]. In an interview on [DATE] at 12:59 PM LPN V reported the hallway she was currently working on was considered the COVID negative unit. LPN V reported the remainder of the facility was positive for COVID-19. When asked what the nightstands (PPE) carts in the hallway were for, LPN V stated We have the yellow gowns and extra gloves. When asked what the gowns and gloves were used for, LPN V reported they were used for roommates who were considered exposed to possible COVID-19. When asked which residents on the unit required full PPE for care, LPN V reported only one resident who resided in room [ROOM NUMBER]. In an interview on [DATE] at 1:02 PM, CNA U reported she was currently working on the COVID-19 negative unit. When asked if any residents on the unit were on isolation precautions, CNA U stated Yes (room) 121 was on droplet precautions because his roommate was sent to the hospital. CNA U reported there were not any other residents on the unit that required full PPE for isolation precautions. When asked if hand sanitizer was available, CNAU reported she carried some with her. When asked what was being used to disinfect resident care equipment, CNA U reported that was a housekeeping task. When asked about was was used to clean resident equipment such as blood pressure cuffs, CNA U reported the facility used the purple wipes (super sani cloth germicidal disposable wipes). When asked how the wipes were used, CNA U stated pull one or two wipes, clean it off, and dry it off with a paper towel. When asked if there was a certain amount of time the equipment needed to remain wet to ensure disinfection, CNA U stated let it sit for 15 to 20 seconds and dry it off then put it back at the work station. Review of the Super Sani Cloth Germicidal Disposable Wipes revealed an EPA Registration Number of [DATE]. Review of EPA's List N, revealed the Super Sani Cloth Germicidal Disposable Wipes had a contact time of one-minute to kill [DIAGNOSES REDACTED]-COV2/COVID-19. Review of the CDC's Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 revealed, Disinfectants used at a facility should be EPA-registered, hospital-grade disinfectants with an emerging [MEDICAL CONDITION] pathogens claim against [DIAGNOSES REDACTED]-CoV-2. List N on the EPA website lists products that meet EPA's criteria for use against [DIAGNOSES REDACTED]-CoV-2 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2) . All EPA-registered, hospital-grade disinfectants have a contact time which is required to kill or inactivate pathogens. Environmental surfaces must remain wet with the product for the entire contact time duration to work appropriately. Contact times range from 30 seconds to 10 minutes. Keeping a surface wet for 10 minutes is seldom accomplished with a single application. It is important for facilities to know that their product is appropriate (List N as above) and is being used for the entire contact time. Also, it is helpful for the facility to assign responsibility for cleaning and disinfection of specific surfaces and equipment (who cleans what). (https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf) According to the EPA'S Frequent Questions about Disinfectants and Coronavirus (COVID-19), How does EPA know that the products on List N work on [DIAGNOSES REDACTED]-CoV-2? EPA expects the products on List N to kill [DIAGNOSES REDACTED]-CoV-2, the coronavirus that causes COVID-19, because they: Demonstrate efficacy against the coronavirus [DIAGNOSES REDACTED]-CoV-2 (COVID-19); Demonstrate efficacy against a pathogen that is harder to kill than [DIAGNOSES REDACTED]-CoV-2 (COVID-19); or Demonstrate efficacy against a different human coronavirus similar to [DIAGNOSES REDACTED]-CoV-2 (COVID-19).</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 - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1) (https://www.epa.gov/coronavirus/frequent-questions-about-disinfectants-and-coronavirus-covid-19) and What does the column Follow the disinfection directions and preparation for the following virus mean? Why [MEDICAL CONDITION] other than the human coronavirus listed in that column? This column shows the harder-to-[MEDICAL CONDITION] pathogens than the human coronavirus. Products qualify for the emerging [MEDICAL CONDITION] pathogen claim by showing that it works against the listed harder-to-[MEDICAL CONDITION] pathogen. Therefore, if the contact time for this harder-to-[MEDICAL CONDITION] is followed, EPA expects the product to be effective against [DIAGNOSES REDACTED]-CoV-2 (the coronavirus that causes COVID-19) on surfaces. You can also find this information on the product label. It's important to note that EPA expects that all products on the list will be effective against [DIAGNOSES REDACTED]-CoV-2 (COVID-19). In a telephone interview on [DATE] at 3:54 PM Health Department Nurse (HDN) L reported she did not have any conversations with the facility regarding not utilizing full PPE in the entire facility since the majority of the residents had tested positive for COVID-19. HDN L reported she was not sure what changed since [DATE] and reported the facility should be utilizing full PPE for all residents in the facility. Review of the facility's list of cumulative total positive COVID-19 residents and staff, revealed between [DATE] and [DATE], the facility had 42 staff and 48 residents who tested positive for COVID-19. The facility had a total of 14 resident deaths related to COVID-19 (two died at the hospital and 12 died in the facility). In a telephone interview on [DATE] at 11:09 AM, Director of Nursing (DON) B reported on [DATE], the facility had an additional six staff members and nine residents test positive for COVID-19. DON B reported the facility had three residents who remained negative for COVID-19. CNA U was included in the staff who tested positive for COVID-19. According to Centers For Medicare and Medicaid Services' (CMS) COVID-19 Focused Infection Control Survey Pathway dated [DATE], For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability). Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled. According to the CDC, HCP should use all recommended COVID-19 PPE for the care of all residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic residents. (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html)</p> <p>According to The Centers for Disease Control and Prevention (CDC) Preparing for COVID-19 in Nursing Homes guidance, last updated [DATE], Have a Plan for Visitor Restrictions .Post signs at the entrances to the facility advising visitors to check-in with the front desk to be assessed for symptoms prior to entry. Screen visitors for fever (temperature greater than or equal to 100.0 degrees Fahrenheit), symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Ask visitors to inform the facility if they develop fever or symptoms consistent with COVID-19 within 14 days of visiting the facility . (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) On [DATE] at approximately 11:10 AM, the surveyor entered the facility. Registered Nurse (RN) D, who also assisted with the facility's Infection Control Program, used a no-touch thermometer to take the surveyor's temperature and asked the surveyor if they had any symptoms of COVID-19. The screening did not include asking about any specific symptoms of COVID-19 or exposure to COVID-19. On [DATE] at approximately 8:25 AM, the surveyor approached the facility entrance and rang the doorbell. A housekeeper came to the door in full PPE. The housekeeper told the surveyor she guessed she (surveyor) was to take their temperature and write it down. The housekeeper then said she would go get a nurse. At approximately 8:30 AM, Licensed Practical Nurse (LPN) O came to the entrance and used a no-touch thermometer to take the surveyor's temperature. The surveyor was not asked about any COVID-19 symptoms or exposure to COVID-19. On [DATE] at approximately 10:25 AM, the surveyor entered the facility. Nursing Home Administrator (NHA) A used a no-touch thermometer to take the surveyor's temperature. NHA A asked the surveyor if they had traveled in the past 14 days, had exposure to COVID-19 or if they had any symptoms of COVID-19. The surveyor was not asked about any specific symptoms of COVID-19. On [DATE] at approximately 8:30 AM, the surveyor entered the facility through a different entrance than on previous days, at facility request, related to the facility's weekly COVID-19 testing returning with additional positive residents and staff. A staff member took the surveyor's temperature with a no-touch thermometer and asked the surveyor's name. No additional COVID-19 screening questions were asked. Review of the Resident Visitor Log for [DATE] to [DATE] reflected that the facility was screening for the following: -Date -Time -Visitor Name -Temperature over 100.0 degrees Fahrenheit -Any NEW symptoms: chills, muscle pain, headache, sore throat, shortness of breath, loss of taste or smell -International travel within the last 14 days -Exposure to a confirmed case of COVID-19 -Resident they are visiting -Visitor MOU signed, column with a line through it -Staff initials There were also columns for time and staff initials at exit Review of the COVID-19 Screen for contractors, physicians and lab for [DATE] to [DATE] reflected that the facility was screening for the following: -Date -Name and hand hygiene at entry -Temperature over 100.0 degrees Fahrenheit -Any NEW symptoms: chills, muscle pain, headache, sore throat, shortness of breath, loss of taste or smell -International travel within the last 14 days -Exposure to a confirmed case of COVID-19 -Purpose of visit -Staff initials According to the CDC, People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear [DATE] days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19 . (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html) According to the facility's Coronavirus Surveillance Policy, with a reviewed/revised date of [DATE], .3. Screening for visitors and staff: a. Signs or symptoms of respiratory infection, such as fever, cough, shortness of breath, or sore throat or other symptoms of coronavirus (i.e. chills, muscle pain, headache, new loss of taste or smell, fatigue, congestion or runny nose, nausea or vomiting, diarrhea) .In the last 14 days has had contact with someone with a confirmed [DIAGNOSES REDACTED].Travel within the last 14 days to geographic areas with sustained community transmission .Residing in a community where community-based spread of COVID-19 is occurring .Visitors will be denied entry into the facility if they exhibit any of the criteria listed above .</p> <p>On [DATE] at 10:50 am, upon entry to the facility, surveyor was screened in at the entrance by Nursing Home Administrator (NHA) A was observed coughing during the screening process and reported she thought she was coming down with a cold. When queried about Covid 19, she reported she had been tested on [DATE] but had not received results yet. Throughout the day of [DATE] NHA A could be heard coughing as her office was next door to the conference room which housed the survey team. Review of the facility's Covid 19 screening log , NHA As entry dated [DATE] revealed she was symptomatic with a runny nose at 7:45 AM, 2:30 PM and 6:00 PM. Review of Administrators As Covid 19 screening log dated [DATE] at 8:00 AM and 12:32 PM, did not reflect the cough that was observed and heard throughout the day. On [DATE] at 11:37 AM during a phone interview with Infection Control Nurse I , When queried if any staff should/would be allowed to work if symptomatic Infection Control Nurse I , reported No, any symptoms you should stay out of there. According to the facility's Coronavirus Surveillance Policy, with a reviewed/revised date of [DATE], .5. Staff who have signs and symptoms of a respiratory infection shall not report to work. Any staff that develop signs and symptoms while on-the-job-shall: .Immediately stop work, put on a facemask, and self-isolate at home. Inform the Infection Preventionist, and include information on individuals, equipment, and locations the person came in contact with . On [DATE] at 12:15 PM during a phone interview with Registered Nurse (RN) K, he reported working the midnight shift and that he had tested positive for Covid 19 on [DATE] was sent home, retested with a negative result on [DATE] and returned to work on [DATE] with the stipulation that he wore an N95 mask, surgical mask over the N95, a face shield and took his breaks alone. RN K reported his normal routine was to pass medications to residents and obtain vital signs. When queried how reusable resident equipment was cleaned, he reported the facility used a purple wipes (Super Sani-Cloth). When queried about the process he reported he just wiped down whatever needed to be cleaned and let it air dry. When asked about a dwell time RN K stated it dries in 15 to 20 seconds. Immediate Jeopardy began and was identified: [DATE] and Nursing Home Administrator (NHA) A was notified of the Immediate Jeopardy (IJ) on [DATE] due to failure to follow and implement infection control practices per the Centers for Disease Control (CDC) guidelines to prevent the spread of COVID-19 facility. The deficient practice had the potential to affect a current census</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 2)</p> <p>of 62 residents, staff and visitors. The Immediate Jeopardy was removed on [DATE] when it was verified that the facility had the following in place: 1. The Administrator was taken off work [DATE] and will not return to work until proper quarantine of 10 days without elevated temperature and without medication if fever present for at least 24 hours prior to return and no new symptoms. 2. Facility notified staff that all staff that are working need to be re-educated on the below topics: Proper Hand Hygiene, Donning and Doffing PPE, and cleaning equipment between residents. All staff were educated on the need to wear gowns on the area where residents are in order to mitigate the spread of infection throughout the building. In addition, all staff were re-educated on the proper use of our disinfectant, Virex used to clean and disinfect patient equipment. All staff were educated on the following: Virex Plus one step disinfectant and deodorant spray must remain wet on the contact surface for 3 minutes for proper disinfecting and that patient equipment not able to be disinfected cannot be used on multiple residents. Facility had staff come to the Pavilion outside to do education with them on the above concerns. As of 8pm on [DATE], the facility had educated 71 staff members. Those staff that did not attend the in-service have been contacted by the HR Director and will receive one on one training prior to returning to work. 3. On [DATE] the facility began educating staff on the Super Sani-cloth Germicidal disposable wipes and the fact that they have a two minute contact time for effective disinfection. Additionally, staff were also re-educated on proper procedure for notification of any symptoms that they experience associated with Covid-19, including not entering facility if symptomatic and notifying the infection preventionist and/or designee. 4. The policy and procedure for proper hand hygiene, infection control, PPE use and equipment cleaning have been reviewed by Director of Nursing. According to the Food and Drug Administration, under the emergency use authorization, KN95 masks may be used. We are currently under an emergency use authorization and are utilizing N95 masks whenever available and KN95 masks in the absence of N95s. All KN95 masks in use have been approved in congruence with the FDA emergency use authorization approval on Appendix A: Authorized Respirators, Non-NIOSH Respirators Manufactured in China (updated [DATE]) 5. Continued monitoring of proper PPE use, hand washing, screening for symptomatic employees and cleaning of equipment along with proper use of disinfectants will occur. Director of Nursing and/or designee will monitor 50% of staff weekly for four weeks to ensure ongoing compliance. The results of these audits will be presented at QAPI for further recommendations. The Administrator and/or Director of Nursing is responsible for sustained compliance. Upon survey exit on [DATE], it was determined the Immediate Jeopardy was removed on [DATE] and the facility remained out of compliance at a scope of widespread and a severity of no actual harm with potential for more than minimal harm that is not Immediate Jeopardy due to the fact that sustained compliance had not yet been verified by the State Agency.</p>		