

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235624	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
NAME OF PROVIDER OF SUPPLIER PORTAGEPOINTE		STREET ADDRESS, CITY, STATE, ZIP 500 CAMPUS DRIVE HANCOCK, MI 49930	
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 - 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 implement a complete Infection Control Program during a Focused COVID-19 Infection Control Survey. The facility failed to conduct on-going monthly infection surveillance analysis with mapping, and failed to institute 14-day quarantine period for new admissions. This deficient practice resulted in the potential for the transmission of infectious organisms which had the potential to affect all 60 residents. Findings include: On 5/7/2020 at 11:45 a.m., an Infection Control interview was conducted with Assistant Director of Nursing/Infection Preventionist (ADON) A, Nursing Home Administer (NHA), and Director of Nursing (DON). When monthly infection surveillance including monthly mapping was requested for review, ADON A said it was done quarterly and not on a monthly basis. When asked if the facility followed McGeer's (Standard surveillance criteria for defining infections for LongTerm Care Facilities), both the DON and ADON A confirmed they were unfamiliar with Mc Geer's Criteria. When the ADON A was asked what other standard for infection determination was used, ADON A said she was going by physician [DIAGNOSES REDACTED]. Review of facility provided, Healthcare Associated Infection Surveillance last revised 1/26/2018, read, (Facility) recognizes the importance of identifying and controlling HAI (healthcare associated infections). A criteria based system of identifying infections that are health care associated is essential for the monitoring of those infections. (Facility) utilizes the CDC (Centers for Disease and Prevention)/ NHSN (National Healthcare Safety Network) guidelines for HAI. Review of facility's cumulative line-listing of residents' infections (beginning 1/8/2020 through 5/4/2020 identified 31 residents with potential infections. ADON A said she had completed infection analysis and mapping only once this year for time period of January 2020 through March 2020. ADON A was unable to provide infection analysis nor mapping for April 2020 through current (May 7, 2020). Review of facility provided Infection Preventionist- Job Description (1/10/2019) read in part, Collects and performs statistical analysis, interpretation and dissemination of healthcare acquired infection data, including risk assessment, surveillance priorities, and outcomes analysis . An observation on 5/7/2020 at 10:45 a.m., showed Resident #1 and Resident #2 resided in the same room with the door wide opened without isolation signage.</p> <p>Review of Resident #2's History and Physical (H&P), dated 5/2/2020, revealed Resident #2 was transferred to the facility on [DATE], following discharge from an acute care hospital where she had been admitted since 4/27/2020. Resident #2 had the following medical conditions noted in the H&P: [MEDICAL CONDITION] [MEDICAL CONDITION], and [MEDICAL CONDITION]. During an interview on 5/7/2020 at 11:50 a.m., when asked about new resident admissions to the facility, the DON and ADON A confirmed Resident #2 was a new admission to the facility from the local hospital on [DATE]. Both the DON and ADON A agreed Resident #2 had been tested for COVID-19 at the hospital on [DATE], with a negative result. Review of the COVID-19 specific line listing contained three resident names but did not include Resident #2. When asked if Resident #2 was included in the COVID-19 surveillance (line listing), ADON A stated, She is not on my list, but she should be. Both the DON and ADON A confirmed Resident #2 was not quarantined and did not have any precautions implemented since admission on 5/1/2020, and placed into a room with Resident #1, who had no signs or symptoms of COVID-19 and was not in quarantine. Review of Resident #2's COVID-19 test results, collected and received (processed) on 4/27/2020 while within the acute care hospital system, was Negative (for COVID-19). During an interview on 5/8/2020 at 9:05 a.m., ADON A was asked if Resident #2 was transferred from a hospital that had treated COVID-19 positive patients. ADON A stated, There was one case (of COVID-19) in the hospital. I think it was the beginning of last week - probably the end of April. ADON A agreed it may have been the same time period Resident #2 was a patient in the acute care hospital. ADON A said she would check with the acute care hospital Infection Prevention staff and verify the dates. During a repeat interview on 5/8/2020 at 11:03 a.m., ADON A, confirmed an unidentified COVID-19 positive patient was treated at the acute care hospital while Resident #2 was admitted to the hospital. The unidentified COVID-19 patient and Resident #2 were present in the hospital during some of the same days, prior to Resident #2's admission to the facility. When asked if she had any concern related to potential COVID-19 transmission, ADON A stated, We didn't put the Resident (#2) in quarantine and initiate precautions with her. We didn't realize there was an overlap (with the COVID-19 positive hospital patient). Review of Guidance for Infection Control and Prevention of Coronavirus Disease 2019 (COVID-19) in Nursing Homes, March 13, 2020, revealed the following, in part: .Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms .</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.