

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>23E362</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SCHEURER HOSPITAL LTCU</b>		STREET ADDRESS, CITY, STATE, ZIP <b>170 N CASEVILLE RD PIGEON, MI 48755</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review, the facility 1) Failed to follow CDC infection control guidelines; Key Strategies to Prepare for COVID -19 in Long-Term Care Facilities and 2) Failed to ensure that residents, while communal dining, were at a single table and at least 6 feet apart from others, for 10 residents out of a total census of 18 residents, resulting in the high likelihood of the transmission of the COVID-19 virus. Findings include: On 5/12/2020, at 10:50 AM, seven residents were observed sitting at tables pushed together in the main dining room. Three residents were observed sitting at tables pushed together in the activity room which was being used for dining. The lunch meal was not served at this time. The residents did not have on facial masks. Resident #302 was sitting at the farthest end of two tables pushed together. There was another resident sitting at the opposite end on the opposite side. There were paper place setting mats sitting in front of the residents. Activity CNA B was asked to measure the distance between the two residents place mat centers. Activity CNA B measured the distance which was 3 feet 6 inches. Activity CNA B stated we have sat them at the ends of the table and I think that is six feet. On 5/12/2020, at 11:00 AM, Activity CNA B was asked if all communal activities were canceled and Activity CNA B stated, No and that when they play bingo they make sure the residents are 6 feet apart, use cleanable bingo cards and wash the bingo chips. On 5/12/2020, at 3:00 PM, the Director of Nursing (DON) why communal dining and activities were still being held and the DON stated, we had a meeting with the residents and that's what they chose. The DON was asked if they had a tool they were using to ensure the residents were at least 6 feet apart while sitting in the dining room and the DON stated, they would move the tables to ensure social distancing. The DON stated that they called family or guardian's for resident's who could not chose for themselves. On 5/13/2020, at 7:30 AM, a review of pictures received from the Director of Nursing via email now shows single tables in the main dining room spaced 6 feet apart. On 5/13/2020, at 10:00, A record review of Resident #302's electronic medical record revealed a [AGE] year old female with [DIAGNOSES REDACTED]. #302 required extensive assistance for transfers and had severely impaired cognition. A review of Social Services Progress Notes revealed spoke with . daughter and POA, she is agreeable to mom continuing to come out for dining and activities in the main dining room and activity while maintaining social distancing of at least 6 feet apart to the best of our ability . On 5/14/2020, at 2:00 PM, a record review of the Key Strategies to Prepare for COVID -19 in Long-Term Care Facilities revealed 3. Prevent spread of COVID -19 Actions to take now: Cancel all group activities and communal dining. Enforce social distancing among residents . A record review of the April 24, 2020 Ref: QSO-20-28-NH memorandum revealed . 14. Residents may still eat in dining rooms, however, nursing homes should adhere to social distancing, such as being seated at separate tables at least six feet apart .</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		(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.