STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235588	A. BUILDING _____ B. WING _____	**05/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MAPLE VALLEY NURSING HOME	**1086 W. BURDICKVILLE ROAD MAPLE CITY, MI 49664**

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	**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 ensure adequate infection control procedures were followed during a focused COVID-19 survey during the screening of entry to the facility, and failed to demonstrate proper hand hygiene and/or glove changes for three Residents (#1, #2, and #3). This deficient practice resulted in the potential for spread of infectious particles to all residents within the facility. Findings include: On 5/5/20 at 11:10 AM, toileting was observed performed for Resident #2 with Certified Nurse Aide (CNA) A. Resident #2 had fecal incontinence during transfer from the wheelchair to the commode which landed on the floor. CNA A proceeded to grab an incontinence pad and wiped it off the floor. With the same gloved hand(s), CNA A retrieved a paper from the pocket of their uniform, retrieved a new brief for Resident #2, then touched the privacy curtain, stall wall and Resident #2; CNA A then grabbed a cleaning agent from an unlocked cupboard and used a new incontinence pad to clean the floor surface. At this point, CNA A finally changed gloves and performed hand hygiene. CNA A then assisted Resident #2 from the commode to a standing position. CNA A proceeded to wipe the rectal area of Resident #2 with toilet paper and then a blue pad. CNA A did not attempt to clean Resident #2 with a wash cloth or sanitary wipe of any kind. CNA A then proceeded to assist Resident #2 in donning a new brief and pulled up the pants for Resident #2 without changing gloves or performing hand hygiene. On 5/5/20 at 12:05 PM, Housekeepin Staff B was observed performing a daily room cleaning for Resident #1. Staff B grabbed a cleaning agent, sprayed down a cloth, and cleaned high touch surfaces in the room. Using the same gloved hands, Staff B went back to the housekeeping cart, grabbed keys hanging from a lanyard attached to their waistline and unlocked the cart to put the chemical away; Staff B then grabbed a dusting tool and dusted surfaces in the room, grabbed the broom and swept floor surface, then went back to the cart and grabbed the dustpan to pick up the dirt, then grabbed the mop and mopped floor surface. Staff B failed to change gloves or perform hand hygiene throughout the entire cleaning process. A review of the facility policy, Perineal Care-Female with a revised date of 12/18/19 revealed the following: . 28. Clean anal area by cleaning from the vagina to the anus. Discard the washcloth. Repeat steps as necessary . 30. Rinse the anal area with a washcloth. Stroke from the vaginal area to the anus. Discard the washcloth. Repeat steps as necessary . 32. Remove gloves and discard into the bag . From this point there is no mention of washing hands in the policy until after . 40. Take soiled linen and the disposable bag to the soiled utility room. 41. Wash hands . There is no direction in the policy to change gloves and wash hands when moving from a dirty task to a clean task. A review of the facility policy, Assist with Bedside Commode/Toilet dated 3/19/20 revealed the following: . 13. Wash hands/put on gloves as needed. 14. Assist resident in cleansing perineal area as necessary . There is no direction in the policy to change gloves and wash hands when moving from a dirty task to a clean task. A review of the facility policy, Housekeeping Protocol for COVID-19 undated revealed the following: .Remind everyone to wash their hands a. Before putting on gloves b. After taking off gloves c. Educate staff to pull gloves from the wrist, turning them inside out when disposing them d. Always when entering and leaving a room e. When switching between tools, (i.e. brooms, mops, , spray bottles, etc.) On 5/5/20 at 10:35 a.m., a review of the screening process at the facilities entrance revealed no staff were overseeing the process. A review of the sign-in log revealed that on 5/5/20 at 9:30 a.m. Physical Therapist (PT) F did not log what her temperature was prior to entering. On 5/5/20 at 10:44 a.m., a waterbottle was observed on Staff Bs cleaning cart. On 5/5/20 at 10:53 a.m., a half-eaten can of cat food was observed on the floor in the sunroom, covered with ants and a trail of ants was observed coming from the outside wall to the can of cat food. On 5/5/20 at 11:18 a.m., Registered Nurse (RN) E was observed giving an insulin injection. RN E was observed washing her hands for approximately 6 seconds and then put gloves on. RN E locked her medication cart and opened the door of the medication room (with her gloved hands). RN E entered Resident #3's room and went to the sink to wet a paper towel, touching the faucet with her gloved hands. RN E then wiped Resident #3's abdomen with the wet paper towel and injected the insulin into that spot. A review of Resident #3's medical record revealed he admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A review of his 3/6/20 Quarterly Minimum Data Set (MDS) assessment revealed he scored 14/15 on the Brief Interview of Mental Status assessment, indicating intact cognition. A review of the facility policy titled, Safe Injection Practices Policy and Procedure dated 2/13/20 revealed, .(page 2) .For all injections: . (page 3) Cleanse site with an antiseptic swab . On 5/5/20 at 11:30 a.m., the waterbottle was observed still sitting on Staff B's cleaning cart. On 5/5/20 at 5:15 p.m., RN C was asked about staff having personal drinks in patient areas and stated Yes, that (personal drinking glasses) is in our policy. They are not supposed to have them out on the floor.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE