

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235563	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER MEDILODGE OF MONROE		STREET ADDRESS, CITY, STATE, ZIP 481 VILLAGE GREEN LANE MONROE, MI 48162	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to follow the standards of infection control while performing wound care for one residents (Resident #603), out of three sampled residents reviewed for wound care (hand washing, glove use, barriers), resulting in the potential for wound infection and cross contamination and the spread of disease to a vulnerable population. Findings include: Resident #603 Review of an Admission Record revealed, Resident #603 originally admitted to facility on 1/17/20 and readmitted on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment, with a reference date of 6/12/20, revealed Resident #603 had minimal cognitive impairment with a Brief interview for Mental Status (BIMS) score of 12, out of a total possible score of 15. Resident #603 had a Stage 2 and Stage 3 pressure ulcer. In an observation on 6/23/20 at 10:48 a.m., Resident #603 sat upright in chair and watched television (TV). Resident #603's room door had a droplet precaution sign. In an interview on 6/23/20 at 10:58 a.m., Certified Nursing Assistant (CNA) A reported Resident #603 had a wound on the right buttock and he was going to assist the nurse with the wound change. In an observation on 6/23/20 at 11:03 a.m., Nurse C entered Resident #603's room an wore googles, gloves, a gown and mask. Nurse C carried wound supplies which included, packages of gauze, cream in a med cup and cotton applicators. Nurse C then placed the wound supplies on Resident #603's bedside table with no barrier. The bedside table was not cleaned before Nurse C placed wound supplies on the table. The bedside table had an open cup of juice and milk. Nurse C then exited the room and did not remove gloves. In an observation on 6/23/20 at 11:11 a.m., Nurse C entered Resident #603's room an wore googles, gloves, a gown and mask. Nurse C did not perform hand hygiene performed. Resident #603 had a dressing with a date of 6/22/20 on the right buttock. In an observation on 6/23/20 at 11:16 a.m., Nurse C removed the dressing from Resident #603's right buttock. Nurse C then removed gloves and applied new gloves and did not perform hand hygiene before application of new gloves. Resident #603 had a small open area on the right buttock that was packed with gauze. Nurse C poured normal saline (NS) on Resident #603's open area and removed the gauze. Nurse C then removed gloves and applied new gloves and did not perform hand hygiene before application of new gloves. Nurse C cleaned the open area with NS and gauze. Nurse B packed [MEDICATION NAME] gauze in Resident #603's open area on the right buttock, placed on a new dressing, removed gloves and did not perform hand hygiene. Nurse B then placed a date of 6/23/20 on the dressing. In an observation on 6/23/20 at 11:25 a.m., Nurse C removed gloves and performed hand in Resident #603's bathroom, then exited the room. In an interview on 6/23/20 at 11:26 a.m., Nurse B reported wound supplies should be laid on a barrier. In an interview on 6/23/20 at 11:44 a.m., Nurse C reported staff should wash their hands every time gloves are changed. In an interview on 6/23/20 at 12:47 p.m., Unit Manager E reported there should be a barrier between wound supplies and bedside table. Unit Manager E then reported hand hygiene should be performed after removal of gloves and from dirty to clean procedures. In an interview on 6/23/20 at 1:02 p.m., The Director of Nursing (DON) reported there should a barrier between the bedside table and wound supplies. The DON then reported hand hygiene should be performed between glove changes. Review of a Hand Hygiene policy with a revised date of 5/28/20 revealed on 6/23/20 at 1:25 p.m., revealed Policy: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility with the exception to food prep areas .6. Additional considerations: a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves .</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.