STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235352	A. BUILDING _____ B. WING _____	07/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CASS COUNTY MEDICAL CARE FACIL	23770 HOSPITAL ST CASSOPOLIS, MI 49031

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 properly maintain infection control practices related to mask use in 9 of 9 sampled residents (Resident #100, #101, #102, #103, #104, #105, #106, #107, #108), reviewed for infection control, resulting in the potential for cross-contamination, and the development and spread of disease, which places a vulnerable population at high risk for infections. Findings include: During an interview on 7/9/2020 at 9:35 AM, Administrator In Training (AIT) B stated we have 7 Covid positive resident at the facility and 2 Covid positive resident that are at the hospital. In an interview on 7/9/20 at 9:35 AM, AIT B and Infection Control (IC) Registered Nurse (ICRN) D reported that (Registered Nurse (RN) T) had worked 2nd shift and she was the first staff member to test positive. ICRN D reported that (RN T's) last day worked was June 24, 2020, she called in to report that a family member was positive for Covid on June 25, 2020 and reported she had symptoms on June 27, 2020. ICRN D reported that RN T worked C hall. ICRN D report that on 7/3/20 a night nurse tested positive for Covid who worked A and B Hall. ICRN D reported that a Certified Nursing Assistant (CNA) who worked 1st shift on C Hall called in July 3 with symptoms and tested positive on July 5th for Covid after we had sent our first resident to the hospital who tested positive, where the CNA worked. Resident #100 Review of an Admission Record revealed Resident #100 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #100, with a reference date of 8/6/19, revealed a Brief Interview for Mental Status (BIMS) score of 5 out of a total possible score of 15, which indicated Resident #100 was cognitively impaired. Review of the nursing notes dated 7/7/20 at 1:38 PM, revealed Resident #100 Received resident with report provided that resident had emesis and large loose stool previous shift. Upon entering room residents skin pale, only compliant was that my belly hurt. Vitals obtained Temp 101 82-20-89% RA at 2L NC resident did not have a cough. Shortly after obtaining vitals residents condition continued to decline. She was alert and responsive body was shaking / tremor r/t increased temp. Call placed to (name of physician) with new orders received and noted. Send to (name of hospital) for eval and treat r/o Covid 19 EMS arrived at facility (name of ambulance) at approx. 0745 with resident leaving the building at approx 0755. Call received from (name of hospital) that resident tested positive for COVID19 was admitted to (name of hospital ER). (SIC) Resident #101 Review of an Admission Record revealed Resident #101 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #101, with a reference date of 2/4/20, revealed a Brief Interview for Mental Status (BIMS) score of 5 out of a total possible score of 15, which indicated Resident #101 was cognitively impaired. Review of the nursing note dated 7/9/2020 at 11:53, revealed (name of physician) notified regarding resident symptoms including poor PO (oral) intake and gagging when attempting to consume food/fluids, recent h/o elevated temperature, COVID positive status. . (SIC) Resident #102 Review of an Admission Record revealed Resident #102 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #102, with a reference date of 7/31/19, revealed a Brief Interview for Mental Status (BIMS) score of 14 out of a total possible score of 15, which indicated Resident #102 was cognitively intact. Review of the nursing note dated 7/8/20 at 8:16 PM, revealed Voicemail left for daughter, (name of daughter) to call facility with update on facility positive COVID status and resident's new roommate. Resident has be updated on positive COVID-19 status, new precautionary measures, and new roommate (SIC). Resident #103 Review of an Admission Record revealed Resident #103 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 2/11/20, revealed a Brief Interview for Mental Status (BIMS) score of 11 out of a total possible score of 15, which indicated Resident #103 was moderately cognitively intact. Review of the nursing note dated 7/8/20 at 7:40 PM, revealed Notified resident and daughter, (name of daughter) of resident positive COVID-19 status and that resident will be having a new roommate that is also COVID positive (SIC). Resident #104 Review of an Admission Record revealed Resident #104 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #104, with a reference date of 11/19/19, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of a total possible score of 15, which indicated Resident #104 was cognitively intact. Review of the nursing note dated 7/8/20 at 7:14 PM, Notified resident and interest party, (name) of resident's positive COVID-19 status and upcoming room change (SIC). In an interview on 7/14/20 at 9:21 AM, ICRN D reported LPN U Resident # 104 was the only resident from B-Hall that tested positive. ICRN D reported that one of our night nurses that tested positive July 3 had worked on B Hall, but there also was a (Unit Manager (UM) NN) who worked on B Hall doing wound rounds with the physician and she tested positive on July 7, 20. Resident #105 Review of an Admission Record revealed Resident #105 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #105, with a reference date of 4/11/20, revealed a Brief Interview for Mental Status (BIMS) score of 14 out of a total possible score of 15, which indicated Resident #105 was cognitively intact. Review of nursing note dated 7/2/20 at 1:25 PM, revealed Received resident this morning resting in her room with fatique noted. She was alert and oriented opened her eyes to accept her edications. She voiced she did not want to get OOB this morning. She was unable to answer verbally if she was in pain. She did not accept any breakfast this morning. VS this morning were obtained 100.0-81-140/61-18-90% RA resident was started on oxygen at 2L min NC with rebound SPO2 95-97% Resident continued to have changes in LOC (level of consciousness), unresponsive to staffs questions. Name of physician) was updated on residents condition and new orders were received and noted for transfer to (name of hospital ER) for eval and treat -elevated temp and changes in LOC. Call placed to residents POA (power of attorney) (name) at 1020 for update and in agreement to tranfer resident out to ER. Call placed to 911 at 1030 with resident exiting the building at approx 1040AM. Upon EMS arrival (name of ambulance) Residents blood sugar was 91. Report was called to (name of hospital ER) by Unit manager (name) report was provided to ER staff (SIC). In an interview on 7/9/20 at 9:35 AM, Administrator In Training (AIT) B reported that Resident #105 had tested positive for Covid at the hospital on [DATE] when she was admitted to the hospital. Resident #106 Review of an Admission Record revealed Resident #106 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #106, with a reference date of 12/17/19, revealed a Brief Interview for Mental Status (BIMS) score of 5 out of a total possible score of 15, which indicated Resident #106 was cognitively impaired. Review of the nursing note dated 7/8/20 at 7:52 PM, revealed Notified daughter, (name of daughter) of resident positive COVID-19 status and upcoming room change. (SIC) Resident #107 Review of an Admission Record revealed Resident #107 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #107, with a reference date of 10/8/19, revealed a Brief Interview for Mental Status (BIMS) score of 3 out of a total possible score of 15, which indicated Resident #107 was cognitively impaired. Review of the nursing note dated 7/9/20 at 1:62 AM, revealed Notified daughter, (name of daughter) of resident testing positive for COVID-19, room change with a roommate (SIC). Resident #108

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235352	A. BUILDING _____ B. WING _____	07/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CASS COUNTY MEDICAL CARE FACIL	23770 HOSPITAL ST CASSOPOLIS, MI 49031

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	(continued... from page 1) Review of an Admission Record revealed Resident #108 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #108, with a reference date of 10/25/19, revealed a Brief Interview for Mental Status (BIMS) score of 5 out of a total possible score of 15, which indicated Resident #108 was cognitively impaired. Review of the nursing note dated 7/8/20 at 8:15 PM, revealed (name of family members) updated regarding (name of Resident #108) being positive for COVID-10 (SIC). Review of the nursing note dated 7/11/20 at 7:56 AM, revealed, Resident (#108) alert and oriented per usual with increased malaise noted this shift. VS charted and WNL (within normal limits). Resident had a fever of 101.3 at the beginning of the shift. PRN (as needed) Tylenol given as prescribed. Temp decreased to 98.5. Lungs CTA (clear to auscultation) bilaterally with no s/s (signs or symptoms) of respiratory distress noted. No cough or SOB noted. Resident noted resting in bed with eyes closed and call light within reach. All safety measures in place and functioning properly. (SIC) In an interview on 7/9/20 at 9:35 AM, ICRN D reported that testing had started on June 16, 20, the results were back and the next tests completed by the National Guard on June 30th had been picked up, but the facility was unable to track the tests, and no results were back yet so they had proceeded with the testing on 7/7-8/20 and this time they delivered them personally to the lab. ICRN D reported that on 7/8/20 test results started coming back with positive Covid about midnight and we started making changes to the facility immediately. In an interview and observation on 7/9/20 at 3:44 PM, RN T was observed wearing an N-95 mask on the C-Hall counting with the nurse she was relieving. RN T reported that she had tested positive for Covid while she was off work after having symptoms. RN T reported that she and the night shift nurse (Licensed Practical Nurse (LPN) U) who tested positive did count together and she gave her report, because the night shift nurse worked C-Hall even numbers. RN 'T reported that the last night she worked 6/24/20 the night nurse was coughing and she seemed sick she said I think I'm working too much maybe she didn't feel as sick as she looked to me. RN T reported that when the night nurse (LPN U) and I counted we had cloth masks and sometimes we took the masks off when we did our medication counts. In interviews on 7/9/20 at 4:28 PM and 7/10/20 at 10:47 AM, LPN U reported that she was feeling weak and still coughing. LPN U reported that she worked A wing and C-Hall even rooms to 316. LPN U reported that she does count with (name of nurse) (RN T) who wears her mask most of the time, but their nose may not be covered at the nursing station and they have to go into the med room to count the money box and items in fridge and look at the back up box tags. In an interview on 7/10/20 at 11:40 AM ICRN D reported she was not aware that the staff had changed the assignments for the halls and that was why she was not aware LPN U had worked on C-Hall. In an interview on 7/10/20 at 2:43 PM, Certified Nursing Assistant (CNA) H reported using good hand hygiene and wearing the mask tight around the face and nose was not adequate when a resident was coughing in your face and sent out to the hospital and later found out to be Covid positive. CNA H reported it was within 20 minutes after the resident went out to the hospital that they locked all the halls down and then issues us N-95 masks on 7/2/20. CNA H reported that we were told that a second employee was also positive for Covid. In an interview on 7/14/2020 at 12:32 PM, CNA P reported that we have the N-95 mask now, a resident was sent out who was non responsive and after that we had the N-95 respirators and before that there was 2 staff who was positive. CNA P reported we were in cloth mask before the resident went out to the hospital and she tested positive and I know this because the Director of Nursing (DON) said we had our first resident case in a meeting and it was on C-Hall. CNA P stated that I was wearing my mask properly, the only time I slipped it down over my face was when I was off the unit leave the double doors where there were no people just to the employee doors, there was no people around, there was always enough hand cleaner, and the equipment was washed with bleach wipes with gloves after cleaning my hands and then placing it back in the equipment room after each use. CNA P stated could it (Covid) have spread? I have seen the nurse who was first to test positive wear her mask off to the side of face, hanging off an ear, or pulled down to her chin at the nursing station. CNA P reported we have a wandering residents who does not wear masks and I said you need to get a mask on him to his aide and the nurse who was positive would take him out to the nursing station with her. CNA P reported that resident was now positive now. (Resident #108) In an interview on 7/14/2020 at 1:53 PM, CNA L reported staff were given a choice, they could wear surgical mask or cloth mask with a filter provided by the facility and washed them, up till July 2, 2020, because that was when the first resident tested positive and then they handed out N-95 mask to wear. CNA L reported that we have to reuse the N-95 mask, the facility gives us a brown bag to keep them in when we are not working. CNA L reported that on the C Hall when no one was around staff would pull the cloth mask down to breath just to take a breath (but mostly down to the parlor to do that). CNA L stated I saw 3 of the nurses have their mask pulled down under their chins giving report sitting next to each other giving report,(shoulder to shoulder) and LPN (S) on 1st shift giving report with RN (T), 2nd and 3rd shift LPN (U) giving report with RN (T) from, they were sitting very close by the computer next to each other, saw this more than once. CNA L stated that she (RN T) would have her mask off when she was in the hall at her nurses cart, in the hallway, just not have it on at all (beginning of June) and also not wear it properly in the hallway have it pulled down. CNA L reported that she told them to put their masks on and that she thought another nurse from 2nd shift had reported it. In an interview on 7/14/20 at 1:38 PM, LPN N reported that we were wearing one surgical mask and were putting it in a brown bag at the end of the day. LPN N reported issued N-95 were kept in a brown bag on the A-hall in treatment cart for only use when caring for the contact residents who were the 14 admits on that hall otherwise we used the surgical mask until July 2, 2020 when C-Hall had the first positive resident sent out to the hospital. LPN N stated did see a handful of staff members pull masks under nose so they can breath and we had to remind them how to properly wear them, staff do not do a good job of keeping masks on residents that wander. LPN N reported that we turned parlors into our work stations on C Hall and we are limiting are abilities to redirect wandering residents and help them. In an interview on 7/14/20 at 2:25 PM, RN O reported that one of the nurses did not always have on her protective equipment. RN O stated, The nurse that tested positive (named RN T) did not always have her mask on, and the nurse (named LPN U) complained a lot about being fatigued and did not always have her mask on when I was giving report. RN O reported that she was at the nursing station by herself one time and not wearing my mask and was told to put it on and informed Night Supervisor (NS) MM that (RN T) goes without her mask a lot when she comes out to chart. RN O reported that she has seen other nurses giving shift report without masks on; which include herself, and LPN LL and the others mentioned.