STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235647	A. BUILDING _____ B. WING _____	09/25/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MEDILODGE OF OKEMOS	**5211 MARSH RD OKEMOS, MI 48864**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation is related to intake MI 497 This citation has two deficient practice statements (DPS), DPS A and DPS B. DPS A: Based on observation, interview and record review, an Immediate Jeopardy was identified when the facility failed to ensure staff exited the premises after reporting signs and symptoms of COVID-19; failed to screen all staff at the beginning of their shift for fever, signs/symptoms of illness, and if advised to self-quarantine; and failed to review staff and visitor screening logs; resulting in increased risk of spreading infection, in a census of 62 residents, staff and visitors. Findings include: In review of the Visitor Vitals Log dated 6/08/20, nurse assistant (NA) A1 had a cough and indicated they had community or travel exposure in the last 14 days. Director of Nursing (DON) B was interviewed on 9/23/20 at 11:36 AM and stated office support staff XX did not report NA A1 had symptoms on 6/08/20. DON B stated NA A1 tested positive for COVID-19 on 6/09/20. DON B stated NA A1's son was in the emergency roiagnom on [DATE] and tested positive for COVID-19 on 6/07/20. During an interview on 9/23/20 at 11:36 AM, Director of Nursing (DON) B stated staff screening duties included passing resident meal trays. DON B stated the facility had seven staff test positive for COVID-19 since April 27, 2020. During the same interview, DON B stated there were eight staff, not seven that tested positive for COVID-19. Staff-Vendor Vitals Log dated 6/29/20, indicated x-ray tech was written in the space for the staff name. The same form did not indicate the x-ray tech was screened in or out of the facility, and they did not answer questions related to signs and symptoms of COVID-19. The bottom of the same form instructed the following: non symptomatic employees who have been exposed to COVID or suspected COVID may continue to work with mask while in facility. Visitor Vitals/Log dated 7/08/20, revealed a visitor's first name and last initial, no temperature on entrance was documented, no answer was documented for signs and symptoms of COVID-19, and the staff screener signature was left blank, indicating they were not checked in or out of the building. In review of office support staff XX payroll time sheet from 7/13/20 to 7/31/20, on Monday, 7/13/20 she punched in at 6:27 AM and out at 2:33 PM. The same document indicated on Thursday 7/16/20, office support staff XX punched in at 6:26 AM and out at 9:02 AM. In review of office support staff XX physician progress notes [REDACTED]. The same fax indicated office support staff XX reported a few exposures in the last 14 days. The same fax indicated office support staff XX had tested positive for [MEDICAL CONDITION]. Office support staff XX was interviewed on 9/24/20 at 11:34 AM, and stated she had signs and symptoms of COVID-19 since 7/13/20, and last worked on 7/16/20. Office support staff XX stated she had signs and symptoms of COVID-19 prior to entering the facility and did not call in because after three call-in's the policy was to terminate employment. Office support staff XX stated she reported her symptoms on 7/16/20 to DON B and was not allowed to punch out until a replacement was found. Office support staff XX stated in the same interview a nurse worked with COVID-19 symptoms and DON B would not let her leave either. In review of the Visitor Vitals Log dated 7/16/20, office support staff member XX, indicated she had symptoms of loss of smell, congestion, sore throat, cough, loss of taste, muscle aches, headache, and fever. On 9/24/20 at 12:45 PM, Central Supply/NA YY stated she had signed out office support staff XX on 7/16/20 and was aware of her symptoms. Central Supply/NA YY stated she reported office support staff XX's symptoms to DON B, and she continued to work. Review of the facility's screening log for the date of 9/11/2020, at 6:30 AM, revealed RN CC reported that she had a sore throat. Review of another facility screening log dated 9/12/2020, at 7:30 AM, revealed RN CC reported that she had a runny nose and a sore throat. Review of RN CC's time clock record revealed that on 9/11/2020 she punched in at 6:34 AM and punched out at 6:45 PM, with a total of 11.6 hours worked on 9/11/2020. Another time clock record, dated 9/12/2020, revealed RN CC punched in on 9/12/2020 at 6:49 AM, and punched out at 6:49 PM, with a total of 11.5 hours worked on 9/12/2020. Review of the facility's screening log for the date of 9/11/2020, at 2:00 PM, revealed Certified Nurse Aid (CNA) RR reported she had a cough and stuffy nose. Review of CNA RR's time clock record revealed that on 9/11/2020 she punched in at 2:25 PM and punched out at 10:30 PM, with a total of 7.6 hours worked on 9/11/2020. Review of the facility's screening log for the date of 9/13/2020 revealed CNA SS reported yes under signs and symptoms on the screening log, however the log did not reveal what CNA SS's signs and symptoms were. Another screening log date 9/15/2020, at 10:25 PM, revealed CNA SS reported she had a sore throat, and on 9/16/2020, at 10:00 PM, the screening log revealed CNA SS reported she had a sore throat. Review of CNA SS time clock record revealed CNA SS punched in on 9/13/2020 at 10:30 PM and punched out at 10:48 AM, with a total of 11.9 hours worked. Another time clock record revealed CNA SS punched in on 9/15/2020 at 10:35 PM and punched out at 6:59 AM, with a total of 7.9 hours worked. Another time clock record, dated 9/16/2020 revealed CNA SS punched in at 10:31 PM and punched out at 6:49 AM, with a total of 7.8 hours worked. Review of the facility's screening log for the date of 9/13/2020 revealed CNA DD reported yes to signs and symptoms, however no signs and symptoms were listed on the log. Another screening log dated 9/15/2020, not timed, revealed CNA DD reported that he had a cough. Review of CNA DD's time clock record revealed he punched in on 9/13/2020 at 2:34 PM and punched out at 10:29 PM, with a total of 7.4 hours worked. Another time clock record revealed CNA DD punch in on 9/15/2020 at 6:26 AM and punched out at 2:47 PM, with a total of 7.9 hours worked. Review of the facility's screening log, dated 9/17/2020 at 6:00 AM, revealed Dietary Aid (DA) TT reported he had a sore throat. Review of DA TT time clock record revealed he punched in on 9/17/2020 at 5:23 AM and punched out at 1:37 PM, with a total of 7.7 hours worked. Review of the facility's screening log, dated 9/17/2020 at 6:00 AM, revealed DA UU reported that she had a sore throat. Review of DA UU's time clock record revealed she punched in on 9/17/2020 at 6:19 AM and punched out at 2:40 PM, with a total of 7.9 hours worked. Review of the facility's screening log, dated 9/17/2020 at 6:00 AM, revealed DA VV reported that she had a sore throat. Review of DA VV's time clock record revealed she punched in on 9/17/2020 at 6:34 AM and punched out at 2:56 PM, with a total of 7.5 hours worked. Review of the facility's screening log listed signs and symptoms revealed staff were to answer the question: Do you have any of the following: Fever, new onset cough, new onset shortness of breath or difficult breathing, Chills, muscle or body aches, headache, sore throat, new loss of taste/smell, repeated shaking with chills, Congestion/runny nose, nausea/vomiting/diarrhea, New production of sputum, or hemoptysis (couging up of blood)? The log revealed that on 9/24/2020, 37 staff members were screened in to work and the signs and symptoms section was blank. Further review of the facility's screening log revealed the questions of, Do you work at another facility, and Community or Travel Exposure in the last 14 days. Review of the log revealed that on 9/24/2020, 37 staff members were screened for work, and this section was blank. Review of the facility's screening log revealed two separate sections that revealed, Temp. (temperature) on entrance (fever= (equal too) 100.0 or greater), and Temp on exit (fever= 100.0 or greater. Review of the screening log revealed that on 9/24/2020, 37 staff members were screened for work, and both sections were blank. Review of the facility policy and procedure titled, Coronavirus Surveillance, dated 3/11/2020, revealed under, Policy Explanation and Compliance Guidelines, #3 Screening for visitors and staff : a. Signs or symptoms of a respiratory infection, such as fever, cough, new onset or unusual shortness of breath, or sore throat, b. In the last 14 days, has had contact with someone with a confirmed [DIAGNOSES REDACTED]. c. International travel within the last 14 days (or as state recommends) to countries with sustained community transmission (i.e. China, Iran, South Korea, Italy, and Japan) . d. Residing in a community where community-based spread of COVID-19 is occurring. Further review of the policy revealed under #5, Staff who

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

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 1) have signs and symptoms of a respiratory infection shall not report to work. In an interview on 9/24/2020, at 11:43 AM, Director of Nursing (DON) B stated that the expectation was for the staff member who performed the screening to contact her right away related to any staff member with reported signs and symptoms related to Covid-19. DON B stated the staff who screen employees at the door had been educated on calling her right away when a staff member was screened at the door with any sign and symptoms related to Covid-19. DON B said she was not aware that RN CC was on antibiotics nor that she had been ill on 9/11 and 9/12/2020. DON BS said she was not made aware that CNA RR had a cough and stuffy nose when she was screened in for work on 9/11/2020. DON B said she had received a lot of phone calls from staff who performed the screenings as the door, but stated it was not happening consistently. During the interview DON B was asked to provide the documented education provided to the staff in regards to contacting her when a staff member was screened at the door with any signs and symptoms of Covid-19. Upon exit from the facility on 9/25/2020 no documented education was received. In an interview on 9/24/2020, at 12:10 PM, Activities Aid (AA) JJ, who was also a screener of staff at the door, stated that she was supposed to go get a nurse, Administrator, or DON if a staff member lists one sign and symptom of Covid-19 on the screen log, and was to hold the staff member back from entering the facility until the nurse, DON, or Administrator was notified. AA JJ stated that the staff member would be allowed to work with listed symptoms as long as they did not have a fever. AA JJ further stated that she had not been educated on the process for screening a staff member. In another interview on 9/24/2020, at 1:00 PM, AA JJ stated that she did notify DON B that RN CC had documented signs and symptoms on 9/11/2020 on the screening form. In an interview on 9/24/2020, at 1:58 PM, CNA KK, who performed screening of staff duties, stated that she would just ask staff if they had a temperature, and said DON B said only if the staff member did not have a fever then they could work. CNA KK further stated that she had not been instructed to contact DON B for signs and symptoms, but only had been instructed to contact DON B if a staff member had a temperature. It was confirmed on 9/25/20 that 3 office staff, that shared an office, tested positive for COVID-19 on 9/14/20. During an interview with DON B on 9/23/20, she stated the office staff did not have interactions with residents, and did not always wear their masks while working in the office. On 9/25/20 DON B stated the most recent staff to test positive was a housekeeper on 9/18/20. Nursing Home Administrator (NHA) A was notified of the Immediate Jeopardy (IJ) on 9/24/20 with deficient practice that had the potential to affect a census of 62 residents, staff, and visitors. Immediate Jeopardy began on 7/16/20, identified on 9/24/20, removed on 9/25/20. The Immediate Jeopardy was removed on 9/25/20 when the facility had the following in place: On 9/24/20 at 3:40 PM Medical Director Y, County Medical Director ZZ were contacted by facility regarding current screening practice. Both physicians validated the questions and screening process were appropriate. On 9/24/20 at 4:00 PM, Re-education started to all staff if they have any current symptoms listed below will notify the Director of Nursing and/or Charge nurse prior to entering the building. Symptoms: Fever, cough, shortness of breath or difficult breathing, chills, muscle pain, headache, sore throat, new loss of taste/smell, repeated shaking with chills, congestion/runny nose, nausea/vomiting, and diarrhea. Fever 100.0 or greater. Re-education provided to all staff if they develop symptoms during their shift they will report to the Director of Nursing and/or Charge nurse, don a mask, and exit the facility. All staff currently working in the facility have been interviewed for current symptoms. No staff reported that they have any current symptoms. Residents have been tested on [DATE] with all negative results and will be retested per guidelines on 9/25/20. On 9/24/20 at 5:00 PM, DON B and Regional Director of Clinical reviewed the current COVID log to ensure all current test results for staff were negative. Current screener has been re-educated to notify the Director of Nursing or Charge Nurse Immediately if staff reports to work and has any symptoms listed on the COVID screening tool. All screeners will be re-educated prior to the beginning of their next shift to notify the Director of Nursing and/or Charge Nurse immediately if any staff reports to work and has any symptoms listed on the COVID screening tool. On 9/25/20, the screening logs were updated to include a column regarding who they notified of the symptoms and at what time. Although the immediate jeopardy was removed on 9/25/20, the facility remained out of compliance at the scope of isolated and the severity of no actual harm with potential for no more than minimal harm that is not Immediate Jeopardy, due to the fact that sustained compliance could not be verified by the state agency. DPS B Based on observation, interview and record review, the facility failed to sanitize equipment per manufactures instructions, failed to don recommended personal protective equipment (PPE) when collecting samples to test for COVID-19; failed to monitor resident's temperature daily in one (Resident #63) of 3 residents reviewed for COVID-19 survey; resulting in increased risk of spreading infection, in a census of 62 residents, staff and visitors. Findings include: During an interview on 9/18/20 at 2:44 PM with Staff Development (SD) Nurse K, she stated she completed all the COVID-19 testing for residents and staff. SD K stated she did not don a gown when completing COVID-19 testing, she stated she asked the infection control preventionist (ICP) if she needed to wear a gown for tests and was instructed that she did not need to don a gown. SD K stated she did not monitor staff and visitor logs. On 9/18/20 at 3:19 PM, Director of Nursing (DON) B/ICP was interviewed and stated a gown was not required during COVID-19 testing because they were screening. Source for information for practice was requested and not provided. In review of the Centers for Disease Control (CDC) website at <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>, Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19), Updated July 8, 2020, For providers collecting specimens or within 6 feet of patients suspected to be infected with [DIAGNOSES REDACTED]-CoV-2, maintain proper infection control and use recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown, when collecting specimens. Resident #63 (R63) On 9/23/20 at 9:30 AM, R63 was observed in bed with a cell phone in hand, and stated she was in the process of making a follow-up appointment with her surgeon that performed a skin graft on her left heel. R63's admission Minimum Data Set (MDS) assessment, dated 9/02/20, revealed she was admitted to the facility on [DATE] from an acute hospital; and had the [DIAGNOSES REDACTED]. The same MDS assessment introduced the Brief Interview for Mental Status (BIMS), a short performance-based cognitive screener for nursing home (NH) residents, and R63's score was 15 (Scale: 13-15 Cognitively Intact). R63's Discharge Summary, admitted [DATE] and discharge date [DATE], revealed she was [AGE] years old, had a diabetic ulcer on her heel, ulcers to both lower extremities; and was advised by the wound clinic, seen for a scheduled routine appointment, to go to the emergency room for further evaluation and intravenous (IV) antibiotics. On 7/22/20 R63 had surgery to her left foot to remove dead tissue, wet gangrene (bacterial infection) and application of a skin graft. The same summary indicated R63 received [MEDICAL TREATMENT] three times weekly. R63's hospital records dated 7/17/20 to 8/27/20, revealed she had [MEDICAL CONDITION] stents (small tubes inserted into the ureter to treat or prevent a blockage that prevent the flow of urine from the kidney to the bladder) that were placed November of 2019 due to kidney stones and were removed on 7/24/20 followed [MEDICAL CONDITION], in which urology believed was secondary to the stent removal. Hospital records indicated R63 received a blood transfusion during her stay due to a hemoglobin (protein responsible for transporting oxygen in the blood) of 6.5 grams (g)/ deciliter (dL),(normal range for female: 12 to 16 g/dL). In review of R63's temperature summary in the electronic medical record, no temperatures were documented on 8/27/20, 8/29/20, 8/31/20, 9/01/20, 9/08/20, 9/09/20, 9/16/20, and 9/18/20. During an interview on 9/23/20 at 11:36 AM, Director of Nursing (DON) B stated residents had their temperature taken daily to screen for COVID-19; and did not explain why R63 did not have a record of daily temperatures. In review of the CDC website at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>, Testing Guidelines for Nursing Homes, Interim [DIAGNOSES REDACTED]-CoV-2 Testing Guidelines for Nursing Home Residents and Healthcare Personnel, Updated July 21, 2020; instructed to At least daily, take the temperature of all residents and ask them if they have any COVID-19 symptoms. During an observation/interview, on 09/17/20 at 3:34 PM, Licensed Practical Nurse (LPN) LPN K stated she oversaw the facility's Restorative program and Staff Development. LPN K placed a glucometer and an insulin pen directly on the med cart, then carried them into a resident's room, put a one ply tissue on the tray table and then placed the glucometer and pen on the tissue. After administering the insulin, LPN K carried the insulin pen and the glucometer to the sink and placed them directly on the sink counter while she washed her hands. LPN K then carried them to the med cart and set them on top the med cart. LPN K sprayed liquid hand sanitizer directly on the glucometer. wiped the entire glucometer off with the sanitizer that she sprayed on earlier. I don't know if the hand sanitizer is recommended by the manufacturer, it's just something I like to do. After discussing what chemicals were in the hand sanitizer (hand sanitizers contain alcohol, not bleach), LPN K said, They used to have these wipes . bleach wipes. LPN K then found a container of EPA-registered germicidal bleach wipes on a different cart, grabbed a bleach wipe and quickly wiped the glucometer and set it on directly

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