STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235009	A. BUILDING _____ B. WING _____	09/17/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THORNAPPLE MANOR	2700 NASHVILLE RD HASTINGS, MI 49058

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 0656 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to develop and implement comprehensive, person centered care plans for 12 of 15 sampled residents (Resident #101, #102, #103, #104, #105, #106, #107, #108, #111, #112, #114, and #115) reviewed for care plans, resulting in facility-acquired infections (COVID-19), unmet care needs and negative medical outcomes. Findings include: Review of facility policy, Comprehensive Care Plans revision date 11/19, revealed, POLICY: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and time frames to meet a resident's medical, nursing . needs that are identified in the resident's comprehensive assessment . PROCEDURE: Person-centered care means to focus on the resident as the center .2. The care planning process will include an assessment of the resident's strengths and needs .3. The facility will strive to develop a baseline care plan within the first 48 business hours of the resident's admission to the facility .a . The baseline care plan will include but is not limited to .i. [DIAGNOSES REDACTED].viii. admission labs .4. a copy will be placed inside the residents closet for quick reference on how to meet resident's needs .7. Active problems, other factors identified by the interdisciplinary team, or in accordance with the resident's preferences, will also be addressed in the plan of care. The facility's rationale for deciding whether to proceed with care planning will be evidenced in the clinical record .8. a. The comprehensive care plan will describe, at a minimum, the following: The services that are to be furnished to attain or maintain the resident's highest practicable physical .9. The comprehensive care plan will be prepared by an interdisciplinary team and entire medical record which includes, but is not limited to .b. A registered nurse with responsibility for the resident .k. Resident Care Guides/Kardex .n. physician progress notes [REDACTED]. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment; and by the charge nurses and I-Team members as the resident needs change. These acute changes will be monitored for by the interdisciplinary team during 24-hour report review, and added to the residents individualized care plan as needed. 11. The comprehensive care plan will include measurable objectives and time frames to meet the resident's needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented, as needed .13. Qualified staff responsible for carrying out interventions specified in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made . Review of facility policy, Isolation Guidelines revision 3/20, revealed, POLICY: To provide a consistent approach to prevent the spread of infection and reduce the risk of transmittable infectious diseases to residents, employees, visitors, or volunteers. PROCEDURE: Isolation Guidelines are implemented when a resident has an infectious or communicable disease necessitating the use of Transmission Precautions, in addition to Standard Precautions, to interrupt the route of transmission of the illness. Transmission Precautions are always used in addition to Standard Precautions. 1. INITIATING TRANSMISSION PRECAUTIONS .b. INITIATING TRANSMISSION PRECAUTIONS: When Transmission Precautions are implemented, the Charge Nurse shall .iii. Initiate and implement the appropriate Care Plan . Resident #101 Review of a Admission Record revealed Resident #101 was an [AGE] year-old female, originally admitted to the facility on [DATE] with a readmission on 9/5/2020, with pertinent [DIAGNOSES REDACTED]. Review of Resident #101's laboratory services COVID-19 test results indicated a swabbed specimen was collected 8/24/2020, received the specimen 8/25/2020 at 2046 (8:46 PM) and date verified 8/26/2020 at 1454 (2:54 PM) COVID-19 ([DIAGNOSES REDACTED]-CoV-2) was detected as positive. Review of Resident #101's Care Plan revealed no documentation that Resident #101 was placed in Transmission-Based Precautions for 14-day quarantine at admission or upon positive [DIAGNOSES REDACTED].#101's Kardex revealed no Special Need Alert or Safety Interventions section that Resident #105 was placed in Transmission-Based Precautions for 14-day quarantine at admission or upon positive [DIAGNOSES REDACTED].#102 Review of a Admission Record revealed Resident #102 was an [AGE] year-old female, readmitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #102's Order Summary Report revealed no order for Transmission-Based Precautions for 14 days from admission. Review of Resident #102's Order Summary Report revealed, Encourage resident to use incentive spirometer 10 x (times) per hour while awake. May have to assist every shift. Active order 9/5/2020. Review of Resident #102's Care Plan revealed no documentation that Resident #102 was placed in Transmission Based Precautions upon admission during her 14-day quarantine nor was there a person-centered care plan regarding the incentive spirometer. Review of Resident #102's Kardex revealed no Special Need Alert section or Transmission-Based Precautions in the Safety Interventions section guiding care for the resident during her 14-day quarantine upon admission. Resident #103 Review of a Admission Record revealed Resident #103 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #103's Order Summary Report revealed no order for Transmission-Based Precautions for 14-days during quarantine from admission. Review of Resident #103's Care Plan revealed no documentation that Resident #103 was placed in Transmission Based Precautions upon admission during her 14-day quarantine. Review of Resident #103's Kardex revealed no Special Need Alert or Safety Interventions section that the resident was placed in Transmission-Based Precautions for 14-day quarantine upon admission. Resident #104 Review of a Admission Record revealed Resident #104 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED].#104's Order Summary Report revealed no order for Transmission-Based Precautions for 14-days from admission. Review of Resident #104's Care Plan revealed no documentation that he was placed in Transmission-Based Precautions upon admission for her 14-day quarantine. Review of Resident #104's Kardex revealed no Special Need Alert section or Safety Interventions that the resident was placed in Transmission-Based Precautions for 14-day quarantine upon admission. Review of Resident #104's Progress Notes indicated on 9/8/2020 1052 (10:52 AM) the resident was moved to a room on the observation unit. Noted that his care plan and Kardex was not updated to reflect transmission-based precautions. Resident #105 Review of a Admission Record revealed Resident #105 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #105's laboratory services COVID-19 test results indicated a swabbed specimen was collected 8/31/2020, received the specimen 9/1/2020 at 1716 (5:16 PM) and date verified 9/3/2020 at 0205 (2:05 AM) COVID-19 ([DIAGNOSES REDACTED]-CoV-2) was detected as positive. Review of Resident #105's Order Summary Report revealed no order for Transmission-Based Precautions for 14-days during quarantine at admission or upon positive [DIAGNOSES REDACTED].#105's Care Plans revealed, Focus This is my care guide on how to meet my needs .revision 9/16/2020 .Intervention .Special Needs Alert .Droplet + Precautions Gown, Gloves, N-95 mask, and face shield .revision 9/16/2020 . Noted surveyor entered facility on 9/9/2020, 7-days prior to care plan being revised with resident testing COVID-19 positive on 9/3/2020. Review of Resident #105's Kardex revealed no Special Need Alert or Safety Interventions section that Resident #105 was placed in Transmission-Based Precautions. It is noted that a resident Kardex is generated from the care plan. Review of Resident

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.

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Review of Resident #106's Order Summary Report revealed no order for Transmission-Based Precautions for 14-days from admission or upon positive [DIAGNOSES REDACTED].#106's Care Plan revealed no documentation that the resident was placed in Transmission-Based Precautions upon admission for 14-day quarantine and upon positive [DIAGNOSES REDACTED].#106's Kardex revealed no Special Need Alert section or Safety Interventions that indicated the resident was placed in Transmission-Based Precautions for 14-day quarantine upon admission or upon positive [DIAGNOSES REDACTED].#106's Progress Notes 9/3/2020 02:50 (2:50 AM) revealed, .res (resident) is COVID-19 + and will moving to (COVID-19-unit room number) . Resident #107 Review of a Admission Record revealed Resident #107 was an [AGE] year-old male, admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #107's laboratory services COVID-19 test results indicated a swabbed specimen was collected 9/4/2020 and verified 9/7/2020 at 2335 (11:35 PM) COVID-19 ([DIAGNOSES REDACTED]-CoV-2) was detected as positive. Review of Resident #107's Order Summary Report revealed no order for Transmission-Based Precautions for 14-days from admission or upon positive [DIAGNOSES REDACTED].#107's Care Plan revealed no documentation that the resident was placed in Transmission-Based Precautions upon admission for 14-day quarantine and upon positive [DIAGNOSES REDACTED].#108 Review of a Admission Record revealed Resident #108 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #108's laboratory services COVID-19 test results indicated a swabbed specimen was collected 9/4/2020 with date verified 9/7/2020 at 2336 (11:36 PM) COVID-19 ([DIAGNOSES REDACTED]-CoV-2) was detected as positive. Review of Resident #108's Care Plan revealed no documentation that the resident was placed in Transmission-Based Precautions upon admission for 14-day quarantine and upon positive [DIAGNOSES REDACTED].#111 Review of a Admission Record revealed Resident #111 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #111's laboratory services COVID-19 test results indicated a swabbed specimen was collected 9/11/2020, received the specimen 9/13/2020 at 0037 (00:37 AM) and date verified 9/15/2020 at 0635 (6:05 AM) COVID-19 ([DIAGNOSES REDACTED]-CoV-2) was detected as positive. Review of Resident #111's Order Summary Report revealed no documentation that Resident #111 was placed in Transmission-Based Precautions upon admission for 14-day quarantine nor when tested COVID-19 positive. Review of Resident #111's Care Plan revealed no documentation that she was placed in Transmission-Based Precautions upon admission during her 14-day quarantine. Review of Resident #111's Kardex revealed no Special Need Alert or Safety Interventions section to indicate Resident #105 was placed in Transmission-Based Precautions either upon admission for 14-day quarantine or when detected positive for COVID-19. Resident #112 Review of a Admission Record revealed Resident #112 was an [AGE] year-old female, admitted to the facility on [DATE] and re-admitted on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #112's laboratory services COVID-19 test results indicated a swabbed specimen was collected 9/11/2020, received the specimen 9/13/2020 at 0036 (00:36 AM) and date verified 9/15/2020 at 0957 (9;67 AM) COVID-19 ([DIAGNOSES REDACTED]-CoV-2) was detected as positive. Review of Resident #112's Order Summary Report revealed no order for Transmission-Based Precautions for 14-days from admission or upon positive [DIAGNOSES REDACTED].#112's Care Plans revealed, Focus: I HAVE COVID-19 AEB (as evidenced by) positive test Date Initiated: 9/15/2020 .Goal I will exhibit clearance of Covid-29 AEB improvement of symptoms and I will not transmit Covid-19 to others. Date Initiated: 9/15/2020 .Interventions: Initiate Droplet Transmission Precautions .C. On Kardex under Special Alert Section add Droplet Transmission Precautions-See Infection Care in Care Guidebook .D. On MARs note Droplet Transmission Precautions .Date Initiated: 9/15/2020 . It was noted Resident #112 was not placed on Transmission-Based Precautions while on the rehab unit admission 7/22/2020 nor after re-admission on 8/28/2020. Review of Resident #112's Kardex revealed no Special Need Alert or Safety Interventions section that indicated the resident was placed in Transmission-Based Precautions for 14-day quarantine upon admission or upon positive [DIAGNOSES REDACTED].#114 Review of a Admission Record revealed Resident #114 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #114's Care Plan revealed no documentation that she was placed in Transmission-Based Precautions upon admission 14-day quarantine. Review of Resident #114's Kardex revealed no Special Need Alert or Safety Interventions section that the resident was placed in Transmission-Based Precautions for 14-day quarantine upon admission. Resident #115 Review of a Admission Record revealed Resident #115 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #115's Order Summary Report revealed no order for Transmission-Based Precautions for 14-days from admission. Review of Resident #115's Care Plan revealed no documentation that Resident #115 was placed in Transmission-Based Precautions during his 14-day quarantine upon admission. During an interview on 9/11/2020 at 9:55 AM, DON B stated, Care plans are to provide residents with individualized care to meet their needs. The Kardex is generated from the care plan and is used by the CNAs to direct care for each resident. The care plan is updated anytime there is a change with the resident. All staff have access to the care plans and Kardex. There should have been a care plan for the residents in the observation unit and the COVID-19 unit. (Resident #101's) care plan got missed and was not updated. COVID-19 affects everyone. If a resident gets COVID-19 their care plan should be tweaked to reflect that. My expectation is that any nurse can update a care plan with changes within 24-hours of the incident. Managers are to double-check their assigned residents' care plans when there is a change. During an interview on 9/16/2020 at 11:01 AM, ICP C stated, The care plan will have the type of precaution the resident is on. The type of precaution is coming from a nursing focus. The nurse knows what type of precaution to list on the resident care plan by their training, yearly in-service and skills fairs. The nurse that is responsible for placing the resident on a transmission-based precaution will add it to the care plan and send an email when it is done to me, the team leader, or the IDT. It is also passed down in report. The Kardex is generated from the care plan. It directs the type of care CNAs are to provide for the resident. During an interview on 9/16/2020 at 12:26 PM, Staff Educator BB stated, The IDT team and nurses are responsible for resident care plans. The facility has personalized care plans. COVID-19 interventions should be in a resident's care plan with specific precautions. The Kardex comes off the care plan. If any staff wants to know the quick and dirty of resident any staff can look at the care guide (Kardex). During an interview on 9/17/2020 at 10:30 AM, DON B stated, The Kardex Special Alert section is for anything extra the resident requires for care that doesn't fit in another section. But for the last few years staff have been using the Safety Intervention section for things like leaving a resident's door open to check on them if they are a fall risk. I prefer eyes-on for safety, that is why some residents on the observation unit and COVID-19 unit have their doors cracked.

F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	**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 facilty staff fully implemented the national Centers for Disease Control (CDC) guidance per facility policy for newly admitted /readmitted residents and appropriate staff implementation of PPE (personal protection equipment) while caring for the newly admitted /readmitted residents in 6 of 15 sampled residents (Resident #101, #102, #107, #112, #114, & #115) reviewed for infection control, resulting in an immediate jeopardy when beginning 8/27/20, the facility failed to place newly admitted /readmitted residents in Transmission Based Precautions and ensure staff utilized appropriate person protection equipment (PPE) for staff caring for newly admitted /readmitted residents.This deficient practice placed all residents residing in the observation unit and Covid-19 unit at risk for serious harm and/or death. On 9/11/2020 at 5:45 PM, the Nursing Home Administrator was verbally notified and received written notification of the immediate jeopardy that began on 8/27/2020 due to the facility's failure to implement infection control in the designated COVID-19 unit. A written plan for removal for the immediate jeopardy was received on 9/15/2020 and the following was verified on 9/18/2020: 1. All resident who were newly admitted /readmitted in the last 14 days were placed in quarantine for 14 days on transmission based precautions. 2. On 08/27/20 all residents were asked to remain in their rooms with their doors closed until the outbreak is over. 3. On 08/27/20 all residents' rooms in the outbreak area were cleaned/sanitized and continue to be daily. 4. On 08/27/20 the facility closed to new admissions and remains closed until we have 14 days with no new positive COVID-19 results, 5. On 08/27/20 all rehab staff (nurses, CNA's, housekeepers, dietary staff, and therapy) were instructed to wear a face shield over their surgical mask and an isolation gown. 6. On 08/27/20 rehab staffs as noted above were instructed to use a separate entrance and exit from the rest of the staff. 7. On 08/28/20 all staff that came into contact with the first infected resident were notified that they were exposed to COVID-19 and instructed to: wear a face shield over their surgical mask at all times, eat outside others or in their car, monitor themselves closely for symptoms and report any symptoms immediately, and they continued to be screened upon entrance to the facility for symptoms and temperature checks.

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 2) 8. On 09/09/20 all staff in the non-affected area of the facility were instructed to wear a face shield over their surgical mask in resident care areas. 9. On 09/10/20 the rehab staff (affected area) was instructed to add wearing an N-95 under their face shields instead of a surgical mask; and to continue to wear face shield, gown, and gloves. 10. On 08/27/20, 09/03/20, 09/08/20, and 09/15/20 the local health department was notified of positive resident results and contact tracing was initiated by the Infection Control Nurse (IC) in collaboration with our local health department. Staff, residents, and resident's responsible parties were notified of residents that tested positive for COVID-19 on 08/27/20, 09/03/20, 09/08/20, and 09/15/20. 11. The facility-initiated retesting of all residents on 08/31/20, 09/04/20, and 09/11/20. All staff have also continued to be tested weekly since 06/29/20. On 09/03/20 the facility initiated Point of Care rapid testing for symptomatic staff and residents to obtain faster results. 12. Staff that have tested positive for COVID-19 have been taken off work for a minimum of 10 days since the beginning of their symptoms in accordance with CDC guidelines and we also collaborate with our local health department for guidance on when the employee can return to work. 13. On 09/16/20 the type of precaution (Droplet +) was added to the signage posted on all doors in the rehab/observation unit. 14. After resolution of our current outbreak, in our rehab/observation unit all newly admitted /readmitted residents will be temporarily quarantined to their individual rooms using Droplet + precautions for the first 14 days and instructed to wear a surgical mask whenever staff enters their room as much for these residents will wear an N-95, face providing care. 15. On 09/14/20 the policy and procedure for COVID-19- Infection Control has been updated by the Director of Nursing (DON) and Infection Control Nurse (ICN) to meet the most current CDC guidelines. All staff will be re-educated on this policy which will include the use of N95 respirator, and will continue to wear a face shield, gown, and gloves when caring for residents that are in our observation/rehab unit. As of 09/15/20, 219 staff members have been educated out of 288, which is 76%. Staff will complete this education at the beginning of their shift and will not be allowed to work until it is completed. 16. The procedure Covid-19 Outbreak was updated on 09/16/20 to include the cleaning of face shields in between resident rooms with an alcohol pad by the Director of Nursing (DON) and Infection Control Nurse and posted on the staff huddle board in the affected unit, and all staff will be re-educated on the changes at the beginning of their shift moving forward. The staff present today 108 out of 288 staff have already been educated. 17. Beginning 9/14/20, The ICN and DON or designee will continue to monitor the CDC website for best practice guidelines for dealing with COVID-19 in the long term care setting. 18. Beginning on 09/16/20 the ICN, Nurse Educator, and the 2nd and 3rd shift Supervisors will complete weekly random live observations of staff for appropriate use of personal protective equipment (PPE) and infection control techniques. These observations will be documented on a QA tool, and any breeches will be corrected immediately, and the staff will sign the form that they have been educated. Although the Immediate Jeopardy was removed on 9/16/20, the facility remained out of compliance at a scope of no actual harm with the potential for more than minimal harm that is not immediate jeopardy, and severity of pattern due to not all education had been completed and sustained compliance had not yet been verified by the State Agency. Findings include: Review of the Centers for Disease Control and Prevention-Coronavirus Disease 2019 (COVID-19) last revised April 30, 2020 revealed, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. *All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. *Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. *New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html . Review of facility policy Outbreak Management - COVID 19 dated 3/20, revealed, POLICY: Infection Prevention and Control Management - Outbreak Management Outbreak Investigation Policy: It is the policy of this facility to recognize and contain infectious disease outbreaks and outbreak measures will be instituted whenever there is evidence of an outbreak as outlined below . Definitions: For any given circumstance, the facilities Medical Director and Infection Preventionist, and/or State Guidelines will determine if an outbreak exists. CMS defines an outbreak as the occurrence of more cases than expected in a given area or among a specific group or people over a particular period of time. If a condition is rare or has serious health implications, an outbreak may involve only one case. While a single case of a rare infectious condition or one that has serious health implications may or may not constitute an outbreak, facilities should not wait for the definition of an outbreak to act . According to the CDC, Testing Guidelines in Nursing Homes, dated 7/21/20, A single new case of [DIAGNOSES REDACTED]-CoV-2 infection in any HCP or a nursing home-onset [DIAGNOSES REDACTED]-CoV-2 infection in a resident should be considered an outbreak. When one case is detected in a nursing home, there are often other residents and HCP who are infected with [DIAGNOSES REDACTED]-CoV-2 who can continue to spread the infection, even if they are asymptomatic. Performing [MEDICAL CONDITION] testing of all residents as soon as there is a new confirmed case in the facility will identify infected residents quickly, in order to assist in their clinical management and allow rapid implementation of IPC interventions (e.g., isolation, cohorting, use of personal protective equipment) to prevent [DIAGNOSES REDACTED]-CoV-2 transmission. Review of facility policy COVID-19 Isolation Plan date 4/20, revealed, POLICY: It is the policy of this facility to implement proper infection control plans to prevent the spread of COVID-19. PROCEDURE .5. The antechamber area will be used to apply PPE as follows .f. Apply two pairs of gloves .7. While in the contaminated area outer gloves will be changed when visibly soiled or if they become torn/damaged .11. Prior to leaving the COVID area staff will go to the outside of the antechamber- where a trash can will be located, and remove their PPE in the following order .b. Remove outer layer of gloves . Review of facility policy, COVID-19 - Infection Control Policy revision date 9/9/2020, revealed, POLICY: The facility has established appropriate guidelines pursuant to recommendations from the .MDHHS, and the Federal Centers for Disease Control (CDC). The policy addresses staff and visitor behavior and responsibilities to try to prevent the transmission of communicable diseases, specifically COVID-19. Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible infection with coronavirus disease 2019 (COVID-19) and therefore have an increased risk of exposure to this virus. HCPs can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following CDC infection prevention and control guidelines, including use of recommended personal protective equipment (PPE). PROCEDURE: 1. The facility, consistent with federal regulations, implements universal, standard infection control practices. This may include information pertaining to a. Standard Precautions b. Hand hygiene c. Respiratory hygiene .e. Signs and symptoms of common communicable diseases. 2. To prevent the spread of respiratory germs WITHIN the facility .b. If we are in an outbreak situation- (one or more COVID-19 positive resident or staff member) than the staff will be required to wear a surgical mask with face shield when interacting with residents. To conserve PPE staff will use their face shield for one week, and then discard. When not in use they will be stored in a paper bag labeled with the staff member's name in their locker or office. They should be cleaned when visible soiled and at the end of each shift prior to storage in your paper bag. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html h. All admissions or any residents who go to the ED will be temporarily quarantined to their individual rooms for a minimum of 5 days after admission/return, and they will be asked to wear a surgical style mask when staff is in their room. They will also be asked to wear one when they are out in facility for a total of 14 days; to monitor for signs and symptoms of COVID 19. To conserve PPE, these masks will be changed weekly and when visibly soiled as they are used intermittently by the residents .l. When COVID-19 is present in the facility the residents will be isolated to the Rehab unit, which has a 21 bed capacity. The DON will assign designated staff to care for these residents and they will receive additional training .m. The facility monitors the Federal CDC website and state public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for residents with acute respiratory infection, the facility shall also consult with public health authorities for additional guidance . o. Hand and respiratory hygiene as well as cough etiquette by residents, visitors, and employees is imperative. Everyone is encouraged to wash their hands and to use hand sanitizer frequently. p. Employees are educated and reminded to clean their hands according to CDC guidelines, including before and after contact with residents, after contact with contaminated surfaces or equipment, and after removing personal protective

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 3) equipment (PPE) .s. Post signage on the door or wall outside of the resident room that clearly describes the type of precautions needed and required PPE and make sure it is readily available. In an effort to conserve PPE the facility will follow the CDC Interim Infection Control Guideline recommendations for COVID-19 in healthcare settings .6. Steps to promote health and safety .f. Wash your hands often with soap and water for at least 20 seconds .7. Violations of these policies shall be reported to the Administrator and/or DON for appropriate enforcement and/or disciplinary actions . It is noted, the facility policy was revised after surveyor entered facility. Surveyor requested facility policy prior to revision on 9/9/2020 which was not provided by exit. During observation and interview on 9/9/2020 at 3:00 PM of the Observation Unit Registered Nurse (RN) F met surveyor at Rehabilitation entrance to assist with donning Personal Protection Equipment (PPE) of gown and face shield. RN F stated, The residents that are on the observation unit are on transmission-based precautions of droplet isolation. The residents on this unit have recently been admitted to the facility and must stay here until there 14-days of observation are done. Observed 7 (seven) residents residing on the unit with transmission-based precaution/droplet isolation signage and isolation hangers on doors. RN F stated, The isolation hangers are missing PPE supplies. When staff sees a PPE item has run out they chip in and help out to replace the items. Yes, one of the residents on droplet isolation has no PPE in their isolation hanger. When a staff enters a resident room, they would have to sanitize their hands and don gloves. They would already be wearing a gown. When the staff leaves a resident room, they would remove (doff) their gloves and sanitize their hands. Staff does not always change gowns when entering or exiting the room. It depends on what kind of care they provide the resident. All the residents on this unit are on droplet isolation for possible COVID-19. Observed CNA I exit Resident #102's room wearing a gown, surgical mask, and face shield. CNA I stated, I wear a face shield and only clean it when I take if off to leave the unit. RN G entered the unit wearing a gown, surgical mask, and face-shield, stating, All residents on this unit are on droplet isolation precautions. They should have PPE in their isolation hangers for the safety of the staff and residents. Some PPE supplies are missing from the hangers and will need to be replaced. During an observation and interview on 9/9/2020 at 3:30 PM of the designated COVID-19 unit (formerly the rehab unit), the surveyor had to enter through the antechamber. In the antechamber were PPE supplies; N95 masks, face shields, gloves, and gowns. No dirty linen bin or garbage can was noted. Upon entered the COVID-19-unit, RN K toured the unit with the surveyor. RN K wore a face shield, N95 mask, gown, and two (2) pairs of gloves. RN K stated, Staff wear two (2) pairs of gloves while working on this unit per the DON. When staff enters a room, they are to use hand sanitizer on the outer pair of gloves. When exiting the room, the outer gloves are to come off and hand sanitizer is to be used on the base pair of gloves and a new pair of gloves go over them. We are to wear the base pair of gloves all day on this unit. CNA L stated, Staff wears two (2) sets of gloves while working on this unit. We use hand sanitizer on the gloves. The gowns we wear stay on all shift and used for all the residents. We do not change it out unless it is visibly soiled. The face shields we wear are also used for all the residents and we do not change it out either unless it is soiled. The resident's doors are to be kept shut to prevent the spread of [MEDICAL CONDITION]. From the time the surveyor entered the hall, Resident #105 door was open with the resident going in and out of the room while in her wheelchair. Two (2) of the three times she entered the hall from her room she was not wearing her mask with CNA L encouraging her to go back into her room. Resident #105 would go back into her room but did not want the door shut. Observed CNA L enter Resident #105's room twice, each time she did not change gown, with one time not changing her outer gloves at all. All residents had signage outside of room designating them to be on transmission-based precautions/droplet isolation. While touring the end of the hall with RN K in front of Resident #105's room, Occupational Therapist (OT) J entered the unit wearing a blue plastic gown, blue surgical mask, face shield, and gloves. OT J was carrying a clear plastic bag with a yellow gown and gloves in it. OT J stated, There was no garbage can to put my gloves in and no dirty linen can to put the gown in. Is it okay that I bring this bag on the unit? Note that OT J had already walked the length of the designated unit carrying the bag with dirty gown and gloves. During this time Resident #105 door to her room was open. She entered the hall while in her wheelchair and held a conversation with RN K. OT J entered Resident #105's room without changing her gloves or gown and began to do therapy her. According to https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/gloves.html Conventional capacity strategies. Continue providing patient care as in usual infection control practice. Note: CDC does not recommend double gloves when providing care to suspected or confirmed COVID-19 patients. Continue use of approved disposable medical gloves in accordance with standard and transmission-based precautions in healthcare settings . According to the CDC, IV. Standard Precautions .IV.B. Personal Protective Equipment (PPE) . IV.B.2.c. Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination (see Figure). Do not wear the same pair of gloves for the care of more than one patient. Do not wash gloves for the purpose of reuse since this practice has been associated with transmission of pathogens . IV.B.3.a. ii. Remove gown and perform hand hygiene before leaving the patient's environment. IV.B.3.b. Do not reuse gowns, even for repeated contacts with the same patient (https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html) During an interview on 9/10/2020 at 3:50 PM, DON B stated, The facility is definitely following CDC guidelines, CMS (Centers for Medicaid and Medicare) guidelines, and checking CDC websites. Only in the COVID-19 unit do the staff wear double gloves. The inner pair is treated like the staff's hands. I was not comfortable with staff on the COVID unit just changing gloves and not protecting their hands all the time. CDC recommended to only change gloves if soiled and continue to wear the same gloves if cohorting like COVID residents. I felt more comfortable with staff wearing double gloves. The inner gloves would be treated as skin. I think that over protection is always better than under-protection. Reviewed the CDC infection control guidelines with DON B at this time discussing that staff were not changing their gowns between COVID-19 positive residents. DON B stated, Gowns on the observation unit are being changed between residents. Isolation chambers (hangers) should have supplies in them at all. The staff put a gown on when starting their shift and wear the gown while on the observation unit. When staff go into a resident's room staff wear the gown they had on. Then when staff exit the room they change into another gown. On the observation unit there is no time when a staff should be wearing the same gown and going from one resident's room into another resident's room. After reviewing documents with DON B she stated, I told you wrong about the observation unit, in the beginning staff were told they only needed to change their gowns if they were doing direct-patient care. This is the still the same. Reviewed with DON the directive she gave staff. We are still trying to conserve PPE. In an email correspondence received on 9/11/2020, DON B stated, We started placing people in modified transition-based precautions since the day we were closed to visitors March 12 (2020). To conserve PPE. This included: COVID testing prior to admission, surgical masks for all staff on that unit, isolation to their individual rooms for a minimum of 5 days, surgical masks for residents in that unit for the first 14 days. We also placed anyone suspected/symptomatic of COVID into added droplet precautions until COVID-19 test results could be obtained. In an email correspondence received on 9/11/2020 at 1:58 PM, DON B indicated the facility had on Friday, June 12, 2020 at 2:46 PM, 1,320 Face Masks, 300 Face Shields, and 192 Gowns. Review of facility PPE Inventory Weekly Supply dated 7/1/2020 indicated PPE supplies included .Surgical/ Cone Mask 9,370, allotted 1 case from Medline per month, 1071 expected with FEMA donation. Small N-95 Mask 1,150, Regular N-95 Mask 1,150, Face Shields 2,030, Gowns 3,234, Small Glove Boxes (single gloves) 1,100 Allotted 1 case per month from Medline. Medium Glove Boxes (single gloves)116,500, Large Glove Boxes (single gloves) 34,050. Review of facility PPE Inventory Weekly Supply dated 8/4/2020 indicated PPE supplies included . Surgical/ Cone Mask 10,620, Small N-95 Mask 1,100, Regular N-95 Mask 1,310, Face Shields 2,323, Gowns 3,978, Small Gloves 500, Medium Gloves 163,650, Large Gloves 31,600, Extra Large Glove 22,995. During an interview on 9/11/2020 at 12:53 PM DON B stated, Staff on the rehab observation unit were not wearing gowns until August 27th (2020) because we couldn't get them. There was a shortage of gowns. Staff started wearing gowns when the first resident tested positive for COVID-19 on August 27th (2020). Staff have worn surgical masks on the observation unit from the first day it opened. Staff threw out their masks at the end of their shift each day. Staff are to go by standard precautions. There was never a shortage of gloves. I have 197,000 single gloves as of today (9/11/2020). Staff assigned to the COVID-19 unit have worn double gloves since it opened on April 6th (2020). I put that in my policy. The facility does not have a shortage of gloves. During an interview on 9/10/2020 at 4:42 PM, DON B stated, For any kind of transmission, I use the signage that just says, Transmission Precautions. The sign is on a resident door to tell staff what kind of PPE to wear when giving care. If the sign just says Contact or Droplet precautions staff would get confused and not know what PPE to wear. That is why I don't write what kind of precaution the resident is in; I just tell staff what to do. During an interview on 9/11/2020 at 8:26 AM, Local Health Department RN (LHD) Q stated, I have been working with the ICP at the facility. My recommendations for the facility during the COVID-19 outbreak has been education on cleaning, close admissions to new admits, screening of staff and residents, and the use of PPE. Yesterday, (9/10/2020) I spoke with (DON B) and the facility decided to use fitted-N95 masks on the Covid-19 starting yesterday and using surgical masks and face

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235009	A. BUILDING _____ B. WING _____	**09/17/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THORNAPPLE MANOR	**2700 NASHVILLE RD HASTINGS, MI 49058**

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 4) shields on the other units. The local health department advises to use CDC guidelines for infection control. When told the facility was using double gloves in the positive COVID-19 unit, LHD Q stated, I have not heard the facility is using double gloves on the COVID-19 unit. Staff are only to wear one set of gloves and remove them after resident care and do hand hygiene. That is standard glove use. Why would you sanitize gloves? It would not be my recommendation to use double gloves. For gown use, the health department would recommend the facility follow CDC guidelines. The facility is speculating (Resident #101) had a hard time wearing a mask and at times did not wear a mask while on the observation unit. The facility did not know she was positive COVID-19 at that time. She also was using a [MEDICAL CONDITION] and staff were only wearing surgical masks. This was when (Resident #101) was on the observation unit. During an interview on 9/11/2020 at 1:21 PM CNA CC stated, I am a CNA on the rehab observation unit. The DON told us to wear the surgical masks and that is what I had to wear while working on the observation unit. Staff did not wear gowns. The residents were not on any precautions. When the first resident became positive for COVID-19 (August 27th) that is when staff were told by the DON to wear a gown, and a face shield over the surgical mask. Gloves were worn with direct patient care. After care was done, they were thrown away and hands were cleaned when entering and exiting room. During an interview on 9/11/2020 at 1:33 PM, CNA DD stated, I am a Float CNA on the rehab observation unit. Before the resident (referring to Resident #101) became positive for COVID-19 staff wore surgical masks. The DON told staff to wear them. We did not wear gowns at that time. The residents were isolated to their room for the first 5 days. Not all residents wore their masks. After the resident (Resident #101) became positive, staff wore surgical masks, face shields, and gowns. Staff was told to wear washable gowns. At first staff wore the same gown the entire shift and continued doing so until I went off work with COVID-19. When entering a room, I would sanitize hands and don gloves. When exiting doff gloves and sanitize hands. During an interview on 9/11/2020 at 1:47 PM CNA R stated, I am a Float CNA and got called in to work on the rehab observation unit on August 26 (2020). The next day I was called and told the resident (Resident #101) was COVID-19 positive. I worked the entire weekend on the observation unit and felt like I had a sinus problem with a runny nose and a dry cough. The facility knew I was not feeling well but I did not have a fever, so they let me work. I wore a surgical mask the first day and then the weekend the facility told us to wear surgical mask, face shield, and gown. Gloves were worn in the resident rooms. The gowns were blue plastic and changed when we left the room and put a clean one on before leaving. During an interview on 9/11/2020 at 1:58 PM CNA EE stated, I am a part-time Float CNA over at the Cottages and was told to work on the rehab observation unit Monday, August 24th, August 31, and September 1 (2020). On August 24th I wore the gown, surgical mask, and a face shield. The first week gowns were changed out after each resident contact. The second week they had the isolation hangers on the doors with all the supplies. I wore gloves just when I went in to do resident care and took them off and washed with soap and water and sanitized all day. I washed and wore all the PPE I was told to. During an interview on 9/11/2020 at 2:10 PM CNA FF stated, I am a CNA in the float pool. I was first assigned to the rehab observation unit on August 22nd (2020) I think. On that day I wore a surgical mask. After the resident (Resident #101) was found to be positive then staff was told to wear gown the entire day, surgical mask, and a face shield. The only time I wore gloves was when I toileted a resident. I sanitized my hands going in and out of rooms. During an interview on 9/11/2020 at 2:46 PM Housekeeping GG stated, I work housekeeping on the rehab observation unit. I first started coming down with symptoms on September 1 (2020) and my last day to work was August 30. My first day back to work was today, 9/11/2020. I only ever wore a surgical mask while working the unit. When I was in the first positive resident's room (Resident #101) we both had on surgical masks. During an interview on 9/11/2020 at 2:55 PM CNA HH stated, I am a CNA on the rehab observation unit. Residents are put in quarantine for 14-days after they are first admitted . The DON told staff we had to wear surgical masks and not cloth masks. It is in a policy. Only after the first resident tested positive on August 27th (2020) did staff on that unit start to wear gowns and face shields over the surgical masks. On 9/3/2020 I was tested at the facility and on 9/4/2020 I started having signs and symptoms of COVID-19. During an interview on 9/11/2020 at 3:09 PM, CNA P stated, I am a float pool CNA and was assigned to the rehab observation unit on August 24th (2020). Staff had been wearing masks for a long time, since COVID-19 started but on that unit staff had to always wear a surgical mask. Residents were not on isolation at that time (8/27/2020) just 14-day observation so staff did not wear gowns. I know (Resident #101) was incontinent and I had to change her briefs. I wore a surgical mask and gloves, no gown. During an interview on 9/11/2020 at 3:30 PM, LHD Q stated, The facility should have the observation residents on precautions. I do not think droplet precautions, but they should be on contact precautions. I do not think the facility has had the residents on precautions this entire time. The staff have been wearing gowns, gloves, and surgical masks after the first positive resident. The staff on the observation unit have been wearing surgical masks and should have been wearing the N-95 masks. As far as the double gloves being worn on the COVID-19 unit, I did investigate sanitizing them while being worn if the facility is in a shortage of them. The staff should not be wearing the gloves between residents because of the potential to spread infection but can be worn between tasks of the same resident but only if there is a shortage of the gloves. This recommendation is found on the CDC site Optimizing Supply. I haven't heard the facility has had a shortage of gloves. During an interview on 9/11/2020 at 4:22 PM, ICP C stated, Staff is wearing the appropriate mask; surgical. The preferred mask would be a N-95 but CDC guidelines say staff can wear surgical on the 14-day observation unit. During an interview on 9/16/2020 at 10:45 AM, DON B stated, Currently there is no specific Transmission-Based Precautions on the observation unit just general precautions because with droplet precautions staff does not have to wear gowns. During an interview on 9/16/2020 at 11:01 AM ICP C stated, I refer to the CDC guidelines more than anything and it will take me over to the SA (State Agency) guidelines. Before COVID-19, the facility used surgical masks. N-95 mask should be worn by all staff in the 14-day observation unit as well as the COVID-19 unit. During an interview on 9/16/2020 at 12:26 PM, Staff Educator BB stated, I did facility-wide PPE training to all staff. Droplet, hand hygiene, gown, mask, and gloves in March (2020) before COVID-19. Huge mistake not spelling out what type of mask staff should be worn with positive or presumptive COVID-19. When a new admit/readmit comes into the facility