STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235311	A. BUILDING _____ B. WING _____	05/19/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ALAMO NURSING HOME INC	8290 W C AVE KALAMAZOO, MI 49009

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: 1.) .) ensure adequate hand hygiene for 2 of 7 sampled residents (Resident #101 and Resident #102), 2.) implement isolation precautions for 3 newly admitted residents (Residents #105, #106, & #107) and 2 of 7 residents (Resident #104 & Resident #103), and 3.) implement social distancing per the Centers for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid guidance, resulting in the potential for cross-contamination and the development and spread of infection of the 91 residents residing in the facility. Findings include: Hand Hygiene Review of facility policy, Perineal Care Date/reviewed: 4/5/2018, revealed, Policy: It is the policy of this facility to provide perinea) care at least twice daily and as needed for those residents who are incontinent of bowel and/or bladder. Procedure .3. Wash your hands. 4. Apply gloves. 5. Fill bath basin with warm water .9. Ask the resident to open their legs and bend their knees if able. 10. Expose the resident's perineal area. 11. Apply soap and water to washcloth. 12. Wash the perineal area. Wipe in only one direction, from front to back and from center to thighs. Change washcloth as needed .Males: Pull back foreskin if male is uncircumcised. Wash and rinse the tip of penis using circular motion beginning at urethra. Continue washing down the penis to the scrotum and inner thighs .12. With fresh water and a clean washcloth, rinse the area thoroughly with the same [MEDICAL CONDITION]. 13. Gently pat the area dry in the same direction. 14. Turn the patient onto their side so that they are facing away from you and the buttocks is exposed. 15. Apply soap and water to a clean washcloth. 16. Clean the rectal area, wiping in [MEDICAL CONDITION] from the base of the labia or scrotum and over the buttocks. Use a different part of the washcloth each time, until the anal area is clean .21. Remove gloves and wash your hands . Review of facility policy, Hand Hygiene-Handwashing reviewed 2/7/2020, revealed, Policy: The purpose of this procedure is to provide guidelines for the proper hand washing to prevent the spread of infection to other personnel, residents and visitors. Procedure: All facility personnel must wash their hands for 20 seconds (the time it takes you to sing Happy Birthday) or hand sanitizer under the following conditions .3. After handling contaminated objects. 4. When hands are obviously soiled .6. After removing personal protective equipment (PPE) .7. Before preparing or handling medications . 8. Before handling clean or soiled dressings / linens / etc. 9. Before performing resident care procedures .11. After handling soiled dressings / linen, contaminated equipment, etc .12. After contact with .body fluids, excretions .13. After handling items potentially contaminated with . body fluids . or excretions .14. After assistance with personal body functions (e.g., elimination, hair grooming .15. After removing gloves . Additional Considerations .The use of gloves does not replace hand washing. Wash hands after removing gloves . Resident #101 Review of a Face Sheet revealed Resident #101 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. During an observation and interview on 5/13/2020 at 11:40 AM, Certified Nursing Assistant (CNA) M entered Resident #101's room to assist him with toileting. Resident #101 was on a bed pan having a bowel movement (BM). CNA M applied hand sanitizer to her hands and less than 20 seconds later donned clean gloves. CNA M looked through Resident #101's bedside cupboard for supplies and could not find what was need, doffed gloves, applied hand sanitizer and left the room. Upon re-entering Resident #101's room, CNA M donned gloves without performing hand hygiene and used toilet paper to wipe resident's bottom. CNA M then placed basin of warm water on top of resident's afghan lying on foot-of-bed. CNA M then placed washcloths in the basin, opened bedside cupboard for soap, placed drops of soap in basin, and placed soap container back into cupboard. CNA M used washcloth from basin to clean BM from between resident's legs while in a supine (lying flat on back) position. CNA M placed the visibly BM soiled washcloth on the side of the basin, and took another washcloth and used it to rinse resident, rubbing the washcloth several times in a back and forth motion and not cleaning the glans of the penis. CNA M placed the rinse washcloth on side of the basin next to the soiled washcloth. CNA M did not perform hand hygiene nor change gloves after going from a dirty to clean area. After drying resident front peri area with a clean towel, CNA M moved the basin to the top of the bedside cupboard and rolled Resident #101 onto his left side. CNA M then took a washcloth from basin with dirty washcloths still draped on the side, and cleaned his bottom, placed it on the side of the basin, and took another washcloth from the basin to rinse Resident #101. After drying resident, CNA M opened bedside cupboard to retrieve barrier cream for resident's bottom. CNA M did not perform handy hygiene nor change gloves after going from a dirty to clean area. With same gloves on, CNA M re-applied brief that was under resident, pulled his up his sweatpants, and touched his wheelchair handles. CNA M then doffed gloves and without performing hand hygiene, she again grabbed resident's wheelchair to move it closer to the bed. Without performing hand hygiene CNA M donned clean gloves, placed the arm of the wheelchair on the wheelchair, moved oxygen tubing to wheelchair portable tank, took the foot rest off of the wheelchair, and moved the wheelchair next to Resident #101's bed. CNA M then used the bed controller to lower the bed and assist resident into wheelchair after which she placed the oxygen nasal cannula into each of Resident #101's nostrils and placed the footrest on the wheelchair. Taking a comb from on top of bedside cupboard, CNA M combed resident's hair, doffed her gloves and exited resident's room carrying basin in a plastic bag. CNA M did not perform hand hygiene nor change gloves after going from a dirty to clean area. After exiting Resident #101's room, CNA M entered shower room and donned clean gloves. CNA M stated, I would do hand hygiene before and after care and between wiping a resident. I think I did it this way. CNA M then cleaned bed pan in the resident shower room sink, dumping the water into the resident toilet. Around the rim of the toilet bowl was a dried brown substance. She then placed all dirty linen into one dirty linen bag and flushed toilet. CNA M then doffed gloves and washed hands in same sink for 15 seconds. CNA M stated, Hands are to be washed with soap and water for 20 seconds. Hand sanitizer can be used for 2 to 3 times in a row and then hands should be washed with soap and water. During an interview on 5/13/2020 at 12:55 PM, Director of Nursing (DON) B stated, Gloves during peri-care should be changed if the staff is going from a dirty to clean area. Gloves would be changed for sanitary issues and to prevent infections. Hand hygiene should be done before any care, when gloves are changed, and after care is all done. It is important to keep your hands clean and sanitary otherwise infection could be spread especially if peri-care is being done and there is c-dif (Clostridioides difficile (also known as [DIAGNOSES REDACTED]) is a bacterium that causes diarrhea and [MEDICAL CONDITION] (an inflammation of the colon) in the BM; that would be cross-contaminating. During an interview on 5/13/2020 at 2:08 PM, ICP C stated, The importance of hand hygiene is to clean hands and get rid of foreign materials [MEDICAL CONDITION] and bacteria. Hands should be washed for a minimum of 20 seconds. During perineal care, hand hygiene should be done before donning gloves. I do not know what the policy says. I would assume once perineal care is done, then hands would be washed. The importance of hand hygiene during perineal care is to stop transmission of disease. Resident #102 Review of a Face Sheet revealed Resident #102 was an [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 #102, with a reference date of 04/17/20 revealed a Brief Interview for Mental Status (BIMS) score of 7, out of a total possible score of 15, which indicated Resident #102 was severely cognitively impaired. In an observation/interview on 5/13/20 at 11:20 A.M., Licensed Practical Nurse (LPN) D performed a blood glucose check for Resident #102 in his room. The glucometer (a machine used to measure how much glucose is in the blood) was a communal (multi-use) machine (meaning it is used for more than one

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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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) resident). LPN D placed the supplies for the procedure on a barrier (paper towel) on Resident #102's bedside table. As LPN D reached for an alcohol wipe to clean Resident #102's finger, the lancet (a device used to poke the finger to obtain a blood sample) fell to the floor. LPN D picked the lancet up off the floor, discarded it in the trash can, and exited the room to retrieve a new lancet. This surveyor followed. LPN D then took keys out of scrub pocket to unlock the medication cart (where the lancets are stored) and dropped keys on the floor. LPN D picked the keys up off the floor and sanitized the keys with a Clorox disinfecting wipe and then wiped hands on pants. Note - LPN D did not sanitize hands, just keys. LPN D obtained a new lancet from the medication cart, re-entered Resident #102's room, turned the overhead light on above Resident #102's bed, cleaned Resident #102's finger with an alcohol pad, took a testing strip out of the full tube of testing strips, and placed the test strip in the glucometer. LPN D then donned (put on) 1 glove (on left hand), poked Resident #102's finger with lancet, and checked Resident #102's blood glucose with the glucometer. LPN D then removed glove from left hand and donned 1 glove on right hand. LPN D then placed canister of test strips in scrub pocket, picked up used items (lancet, test strip, and paper towel barrier) with ungloved left hand, exited the room, and discarded items in trash can/sharps container at medication cart. LPN D placed glucometer on paper towel barrier on medication cart, removed glove from right hand, and performed hand hygiene. Note - this is the first time LPN D performed hand hygiene during the entire observation. LPN D then picked up the used glucometer with ungloved left hand, wiped the glucometer with a Clorox disinfecting wipe for approximately 6 seconds, continued to hold the glucometer in left hand for 10 more seconds (explaining it needed to air dry) and placed it in plastic bag. When this surveyor asked LPN D if hand hygiene should have been performed more than once during the entire observation, LPN D stated, yes, I should have used hand sanitizer before putting on my gloves. When this surveyor asked LPN D how to properly disinfect the glucometer, LPN D indicated the glucometer should be completely wiped down with a Clorox wipe (LPN D was unable to give specific contact time), air dried, then stored in the plastic bag. In an interview on 5/13/20 at 1:27 P.M., Infection Preventionist (IP) C indicated hand hygiene should be performed, at a minimum, before resident cares, before and after use of gloves, before and after assisting a resident with eating, after smoking, before reporting for duty, after touching contaminated items. IP C indicated communal (multi-use) glucometers (used for more than one resident) have to be cleaned and disinfected between use and that the amount of time the item being disinfected/sanitized must remain wet with the product depends on the product being used, referring to the facility document Contact Times for Commonly Used Cleaners/Disinfectants. Review of a facility policy Glucometer Use implemented 11/30/17, last revised 3/13/20, revealed: Policy: The purpose of this procedure is to provide guidelines for the use of capillary-blood sampling devices. Policy Explanation and Compliance Guidelines: 1. Each medication cart will have a glucometer designated for multi-resident use. This glucometer will be cleaned and disinfected using a disinfection wipe, such as a Clorox wipe, after each use and according to manufacturer's instructions for multi-resident use. Multi-use glucometers will be air dried and stored in sealed plastic bag between use. . 3. Procedure: a. Obtain needed equipment supplies: Gloves, glucometer, alcohol pads, tissue, single-use lancet, blood glucose testing strips. b. Explain the procedure to the resident. c. Clean hands per policy. d. Put on gloves. e. Obtain capillary blood sampling. f. Remove and discard gloves, perform hand hygiene prior to exiting room per policy. g. Reapply gloves if there is visible contamination of the device . h. Clean glucometer per policy above. i. Perform hand hygiene. Review of (brand name of glucometer omitted) Manufacturer Guidelines revealed: . Cleaning and Disinfecting your (brand name of glucometer omitted) Meter: Cleaning and disinfecting your meter and lancing device is very important in the prevention of infectious disease . Cleaning also for . disinfection to ensure germs and disease causing agents are destroyed on the meter and lancing device surface . The following products are validated for disinfecting the (name of glucometer omitted) Meter and lancing device: . Clorox Healthcare Bleach Germicidal and Disinfectant Wipes . Review of a facility document Contact Times for Commonly Used Cleaners/Disinfectants revealed: These times indicate the amount of time the item being disinfected/sanitized must remain wet with the product being used. Once the established wet time has completed, allow the item to air dry . Clorox/Lysol Wipes - Human Coronaviruses & Influenza A: 2 minutes . In an observation on 5/13/20 at 10:00 A.M., observed Licensed Practical Nurse (LPN) D standing at the medication cart on the 300 Hall preparing medications for administering to residents. During the observation, LPN D took a bottle of pills out of the medication cart drawer. LPN D then touched nose and cloth face cover. LPN D then removed the lid from the medication bottle and shook the bottle until 1 pill fell from the bottle into a medicine cup. LPN D then itched neck and head and adjusted uniform pants. LPN D then replaced the lid on the bottle of the medication and placed it back in the medication cart drawer. At no time during the observation did LPN D perform hand hygiene. In an interview on 5/13/20 at 10:02 A.M., LPN D was asked if hand hygiene is necessary after touching mask, itching neck and head, adjusting clothing or before preparing or handling medications. LPN D stated yes, I should have cleaned my hands. New Admisssions not placed in isolation during the Covid-19 Pandemic According to the Centers for Disease Control, Symptoms of Coronavirus revealed, Watch for symptoms. People with COVID-19 have had a wide range of symptoms reported ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: Fever or chills Cough Shortness of breath or difficulty breathing Fatigue Muscle or body aches Headache New loss of taste or smell Sore throat Congestion or runny nose Nausea or vomiting Diarrhea This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19. During an interview on 5/15/2020 at 3:10 PM, Director of Nursing (DON) B stated, I don't know if the facility has a generalized isolation policy. The facility does not put residents in isolation or quarantine when they are admitted or return from the hospital. The resident will go put to their original room if they are a readmit. The facility does not know what they were exposed to at the hospital. The facility will put a resident in quarantine for 14 days and then just do the standard; monitor for shortness-of-breath, cough, the signs and symptoms for COVID-19. When a resident in quarantine comes out of their room, they have to wear a mask. If a resident comes from the hospital, and the facility puts them in a room with another resident, we pull the curtain in between the two residents to protect them from anything the resident that just came from the hospital might have. Right now, we have one private room. Shared equipment is wiped down after use on a resident with the disinfecting wipes. For COVID-19 monitoring, each resident has their temperature taken daily, monitor for a cough and any new onset of shortness-of-breath. The nurse that finds any abnormals while monitoring, will notify me, then I notify the nurse practitioner or medical director for new orders. Temperatures are done on nigh shift. They are then documented on the temperature log. The nightly temperatures are not put in the resident's medical chart. If the resident has a temperature of 100.7 or greater than it is put in the resident's medical chart. A new resident is monitored 14-days for COVID-19 and their diagnoses. The facility has order sets in the electronic medical chart for the nurses to monitor these. Staff know to take temperatures each night because I verbally told them. There was no documented in-service education for monitoring for COVID-19, I told the staff what to do. According to the Centers for Disease Control, dated April 20, 2020, Responding to Coronavirus (COVID-19) in Nursing Homes 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. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. Review of a facility policy, Identifying Residents with Upper Respiratory or Unknown Illness with a Red Dot, implemented 4/01/20 revealed: Policy: Residents who have been identified to have respiratory symptoms, an unknown illness, or are newly admitted or returning from the hospital will have a red dot placed on their door and increased monitoring and documentation. A resident with a red dot will be monitored for a period of 14 days or as necessary to ensure that any illness will not be spread to other residents. Procedure: 1. Any resident with signs and symptoms of illness, to include but not limited to: a. a temperature above 100.7 degrees F, b. a cough, c. shortness of breath, d. hypoxemia (a low level of oxygen in the blood), e. nausea and/or vomiting, f. diarrhea. 2. The resident will have a red dot placed next to their name on their door to signal that he or she has been placed in quarantine. a. Quarantine means that the resident will be kept away from other residents but is not in isolation. b. Residents who are asymptomatic, such as those admitted from the hospital, or who have like symptoms may be quarantined together, if necessary. 3. The resident will remain with a red dot for a period of 14 days unless a more appropriate period

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 2) of time is identified, such as an illness has been identified and the quarantine period may be shortened or the illness continues after the 14 days and the quarantine shall also be continued. 4. Resident with a red dot will have an order placed on the MAR (medication administration record) for documentation. a. Residents displaying illness will have a full set of vitals taken twice daily as well as presence or absence of cough documented each shift. b. Residents newly admitted or returning asymptomatic from the hospital will have their vitals taken once daily and presence or absence of cough documented each shift. Note: this policy does not reflect Centers for Disease Control (CDC) guidelines as outlined above. During an interview on 5/13/2020 at 2:08 PM, IPC C stated, (Resident #105) was admitted [DATE]th (2020) from the hospital. He was put in a private room under quarantine not isolation precautions. There is no PPE (personal protection equipment) for staff use for isolation. Staff is not wearing any other PPE other than the cloth face mask. The facility goal is to keep (Resident #105) from other residents. If he was to show any signs or symptoms of COVID-19 he would be put in isolation and staff would wear PPE when providing him care. On May 8th (2020) (Resident #106 and Resident #107) were admitted from the hospital. They are in private rooms as well and not in isolation. ICP C stated The facility is responsible to follow and look at current State mandates, CDC (Centers for Disease Control) and health department guidelines. I get CDC updates, print them out and put them under government updates in my COVID-19 binder. At this time, IPC C and the surveyor reviewed the facility's COVID-19 binder and did not find any CDC recommendation updates. IPC C stated, There are not any updates from CDC on April 30, 2020 or any other CDC update. I guess I am not getting CDC updates. When a resident goes out to ER for eval and come back they are put in quarantine (not isolation) for 14-days in their room. If they have a roommate, the newly admitted resident is put in one of the two private rooms on rehab hall that has been designated specifically for this situation. If there is a large outbreak of COVID-19 then Basic hall would be used. If we do have a large outbreak, I'm not sure where the residents from Basic hall would go that were not sick. Resident #105 Review of a Face Sheet revealed Resident #105 was an [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #105's Order Summary Report start date 5/12/2020 revealed, Resident under quarantine x14 days post admission . Resident to remain in his/her room . Review of Resident #105's Care Plan: Baseline dated 5/12/2020 did not reflect quarantine orders dated 5/12/2020. Review of Resident #105's Progress Notes dated 5/12/2020 21:37, revealed, Admission Summary Note Text: arrived to facility room (removed) at 1410 . quarantine policy . Resident #106 Review of a Face Sheet revealed Resident #106 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #106's Order Summary Report dated 5/8/2020 revealed, Resident under quarantine x14 days post admission .Resident to remain in his/her room . Review of Resident #106's Care Plan date initiated 5/8/2020 revealed, Problem: I am being admitted from the hospital and will be quarantined for 14 days as a precaution to prevent the spread of COVID 19 .Goal: I will remain free of signs and symptoms of COVID19 throughout my time in quarantine. Approaches/Tasks: Resident is in quarantine x14 days after admission. Date Initiated: 05/15/2020 . The quarantine Approaches/Tasks was initiated 7 days after the order was initiated and the resident was admitted . Review of Resident #106's Progress Note dated 5/8/2020 18:30 revealed, COMS -Clinical Admission Evaluation . orientated to the quarantine policy . Resident #107 Review of a Face Sheet revealed Resident #107 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #107's Order Summary Report date ordered 5/8/2020 revealed, Resident to be quarantined for 14 days as a precaution. Quarantine = resident kept in his/her room and away from other residents. every shift for 14 Days. Further review of the Order Summary Report an order date of 5/8/2020 revealing, Resident under quarantine x14 days post admission Resident to remain in his/her room . Review of Resident #107's Care Plan date initiated 5/8/2020 revealed, Problem: am being admitted from the hospital and will be quarantined for 14 days as a precaution to prevent the spread of COVID19. Goal: I will remain free of signs and symptoms of COVID19 throughout my time in quarantine .Approaches/Tasks: Resident is in quarantine x14 days after admission. Through 5-21-20. Date Initiated: 05/16/2020 . The quarantine Approaches/Tasks was initiated 7 days after the order was initiated and the resident was admitted . Review of Resident #107's CENA FLOW SHEET dated May 2020, revealed, ISOLATION PRECAUTIONS: Type of Precaution: 14-day Quarantine. *Always follow Standard Precautions . indicating staff were to wear a mask, no gowns, gloves, or face shields, and the resident's door could remain open. Resident #104 Review of a Face Sheet revealed Resident #104 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 #104, with a reference date of 04/24/20 revealed a Brief Interview for Mental Status (BIMS) score of 00, out of a total possible score of 15, which indicated Resident #104 was severely cognitively impaired. Review of a progress note for Resident #104 dated 5/3/2020 at 14:24 revealed: . Resident continues with a moist, weak, non productive cough . Resident did not have an appetite this shift. Resident ate little breakfast, and no lunch. Review of a Nurse Practitioner (NP) progress note for Resident #104 dated 5/4/20 at 11:11 revealed: 89 y.o. (year-old) female with PMH (past medical history) Dementia with Behaviors of whom has been with cough since 4-14-20 . She developed fever. AB (antibiotic) initiated for URI (upper respiratory infection). Cough continued to linger. . Staff request eval (evaluation) as pt (patient) was noted with elevated temp with fever of 100.3 at 0530 this AM . Will obtain Respiratory Infectious Disease panel as she is with recent fever . Review of a progress note for Resident #104 dated 5/4/2020 at 11:28 revealed: . Nasal swab taken and sent to (name omitted) lab. Review of a progress note for Resident #104 dated 5/4/2020 at 16:19 revealed: . Received Resp. (respiratory) Infectious Disease panal (sic) from lab. She has tested positive for Parainfluenza 3. Reviewed with (name omitted) NP (Nurse Practitioner). She called and spoke to Dr. (name omitted) who stated no need for isolation as staff is wearing masks (cloth masks - not medical grade to prevent the spread of infection) and washing hands due to COVID-19. She has been without cough. Will just treat the symptoms. In an interview on 5/14/20 at 10:20 A.M., RN Emergency Preparedness Coordinator (RN-EPC) F reported staff wear cloth face covers, all staff were issued 2 by the facility, and the face covers are sufficient because the residents are not sick or showing symptoms of COVID-19. RN-EPC F also reported facility will break out the real masks if residents show symptoms and staff also wear masks instead of cloth face covers if they take care of a resident in isolation. Further review of Resident #104's medical record revealed no orders for quarantine, no orders for isolation at onset of symptoms or after [DIAGNOSES REDACTED]. In addition, resident was not tested for Respiratory Infectious Disease panel until 5/4/20. Resident #103 (roommate of Resident #104) Review of a Face Sheet 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 3/6/20 revealed a Brief Interview for Mental Status (BIMS) score of 3, out of a total possible score of 15, which indicated Resident #103 was severely cognitively impaired. Review of a physician telephone order dated 5/12/20 at 05:15 revealed: Order Summary: Resident under respiratory/unknown illness quarantine - Monitor resident's lungs and vitals twice daily. Monitor for cough, shortness of breath, and other abnormal symptoms. Resident to remain in his/her room. May leave only if wearing a mask, every shift for Respiratory Illness for 14 Days . Note: resident was placed on quarantine, not isolation. Review of a progress note for Resident #103 from 5/12/2020 at 05:17 revealed: Resident has had moist non-productive cough throughout shift . Review of a progress note for Resident #103 from 5/13/2020 at 10:02 revealed: . NP (Nurse Practitioner) assessed resident and lung sounds. Received a verbal order to obtain CXR (chest x-ray) 2 view stat (immediately) . Review of a progress note for Resident #103 from 5/13/2020 at 15:54 revealed: . COMMUNICATION - with Physician . Notified (name omitted) NP . of CXR results being negative. Awaiting for any new orders. Review of a progress note for Resident #103 from 5/14/2020 at 13:54 revealed: . Occasional non-productive cough noted. Lung sounds clear. Denies SOB (shortness of breath). In an observation on 5/13/20 at 4:10 P.M., noted red dot (indicating quarantine) on name plate of Resident #103. There was no red dot on the name plate of resident's roommate - Resident #104. In an interview on 5/13/20 at 12:10 P.M., Registered Nurse (RN) L indicated residents are monitored for COVID-19 symptoms daily by night shift. RN L reported the items that are monitored are temperature (above 100.7 is a concern), pulse ox (or pulse oximeter - measures the oxygen saturation levels in the blood), and presence of cough (a concern). RN L indicated if a resident displayed any of these symptoms, the Physician or Nurse Practitioner and Infection Preventionist would be notified for further direction which may include placing the resident in quarantine (meaning a red dot would be placed on the name plate at the entrance to their room and they would not be able to leave their room for 7-14 days). In an interview on 5/14/20 at 10:20 A.M., RN Emergency Preparedness Coordinator (RN-EPC) F reported staff wear cloth face covers, all staff were issued 2 by the facility, and the face covers are sufficient because the residents are not sick or showing symptoms of COVID-19. RN-EPC F also reported facility will break out the real masks if residents show symptoms and staff also wear masks instead of cloth face covers if they take care of a resident in isolation. During an interview on 5/13/2020 at 4;05 PM, DON B stated, (Resident #103) is a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235311	A. BUILDING _____ B. WING _____	**05/19/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ALAMO NURSING HOME INC	**8290 W C AVE KALAMAZOO, MI 49009**

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 3) Red Dot. A Red Dot means the resident is on quarantine and being monitored for a cough. She is in the same room as her roommate (Resident #104). (Resident #103) does not have to be in isolation as long as she is not running a temperature and does not have a productive cough. The curtain between the two (2) residents is pulled to prevent germs going between them. They have been roommates for a while. Social distan