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 _____	09/23/2020

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 0695 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide safe and appropriate respiratory care for a resident when needed.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to properly maintain respiratory equipment (oxygen equipment and [MEDICAL CONDITION] Machine) in 2 of 3 residents (Resident # 59 and #17) reviewed for respiratory care, resulting in the potential for respiratory infections and exacerbation of respiratory conditions. Findings include: Review of a document, [MEDICAL CONDITION]/[MEDICAL CONDITION] Cleaning, Date Reviewed/Revised 04/01/20 revealed, Policy: It is the policy of this facility to clean [MEDICAL CONDITION]/[MEDICAL CONDITION] equipment in accordance with current CDC (Centers for Disease Control and Prevention) guidelines and manufacturer recommendations in order to prevent the occurrence or spread of infection. Definitions: [MEDICAL CONDITION], or continuous positive airway pressure, is a respiratory therapy intervention used to provide a patient airway during periods of sleep apnea. It uses air pressure generated by a machine, delivered through a tube into a mask that fits over the nose or mouth. [MEDICAL CONDITION], or bi-level positive airway pressure, is a similar respiratory therapy intervention that delivers an inhale pressure and an exhale pressure to provide a patent (sic) airway. It requires a machine that generate the separate pressures through a tube into a mask that fits over the nose or mouth. Policy Explanation and Compliance Guidelines: 1. [MEDICAL CONDITION]/[MEDICAL CONDITION] equipment may vary by manufacturer. Common equipment includes the machine, tubing, mask, headgear/straps, disposable/non-disposable filters, and humidifier chamber. 2. Dust the machine when needed and wipe clean with a damp cloth and mild detergent. 3. Weekly cleaning activities . a. Wash mask, headgear, tubing, and water chamber with soapy water and allow to air dry. b. Check/change disposable filter as necessary . Resident #59 Review of a Face Sheet revealed Resident #59 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a physician order [REDACTED]. Review of a physician order [REDACTED].M., noted [MEDICAL CONDITION] machine sitting on top of a dusty table in Resident #59's room. The top of the [MEDICAL CONDITION] machine was covered with dust and debris; there was a thick dust-like substance covering and surrounding the control knobs of the machine where tubing attaches to the device. The rubber nasal portion of the mask (the part of the mask that rests at the opening of the nose) was coated with a yellow, dried crust. The mask, headgear, and tubing were lying directly on the top of dusty table. In an interview on 09/17/20 at 09:24 A.M., Licensed Practical Nurse (LPN) U accompanied this surveyor into Resident #59's room and visually inspected the [MEDICAL CONDITION] machine. LPN U looked at the machine and the nasal part of the mask and stated, that is nasty. LPN U indicated would get it cleaned right away as it was not sanitary. In an interview on 09/17/20 at 12:25 P.M., Registered Nurse (RN) K reported had thoroughly cleaned the [MEDICAL CONDITION] machine on 09/16/20. RN K was asked by this surveyor how the [MEDICAL CONDITION] tubing and face mask should be stored when not in use. RN K indicated the tubing and face mask should be stored in a bag or (at a minimum) placed on a barrier with a paper towel over it. RN K indicated the mask, headgear, and tubing should not be placed directly on a dusty surface, especially the part that goes in the nose, because that is not sanitary. During an observation/interview on 09/18/20 beginning at 11:03 A.M., observed Licensed Practical Nurse (LPN) FF in Resident 59's room. This surveyor asked LPN FF to locate the filter on Resident 59's [MEDICAL CONDITION] machine. LPN FF retrieved the 1-inch x 2-inch filter from the back of the machine. Visual inspection revealed a copious amount of built-up residue of dust on the external facing side of the filter. LPN FF looked at the filter and stated, yep that is really dirty; I need to wash that right now. LPN FF then took the filter into the bathroom and cleaned with water and a paper towel. LPN FF indicated didn't know much about [MEDICAL CONDITION] machine and did not know the machine had a filter. Resident #17 Review of a Face Sheet revealed Resident #17 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of the Oxygen Therapy Care Plan dated 4/2919, revealed I need oxygen therapy due to my [DIAGNOSES REDACTED].* Change O2 tubing monthly. Date Initiated: 04/29/2019. During an observation and interview on 9/15/20 at 9:55 AM, while on initial tour oxygen tubing on the concentrator was coiled up in a bag it was dated 8/26/2020. The filter on the concentrator had a build-up of dust particles so thick that when touched lightly it exploded with copious amounts of dust several inches from the machine. The concentrator itself was covered with a film of dust. Resident # 17 reported that he uses the concentrator every night.
F 0921 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview the facility failed to thoroughly clean and maintain facility premises. This resulted in an increased potential for contamination and a possible decrease in satisfaction of living, affecting all 88 residents in the facility. Findings include: During an observation on 09/15/20 at 10:09 AM, room [ROOM NUMBER]'s portable fan was observed. The portable fan blades were noted to be covered in a gray dust like substance. During an observation on 09/15/20 at 10:15 AM, room [ROOM NUMBER]'s portable fan was observed. The portable fan blades and fan shroud were noted to be covered in a gray dust like substance. During the start of an environmental tour of the facility at 2:00 PM on 9/15/20, with Maintenance JJ, it was observed that the following areas had accumulations of dust and dirt debris under storage racks and in the corners of closets: 600 Hall Clean Linen, 500 Hall Clean Linen, and 500 Hall Nursing Supply Closet. Finishing the environmental tour of the facility starting at 8:30 AM on 9/16/20, it was observed that the 400 Hall Clean Linen / Utility Room was found with paper trash and two mouth swabs on the floor under the storage racks. The 400 Hall Tub / Shower Room was observed with two wash cloths wet and stored on the floor in the corner of the shower. The 200 Hall Clean Linen closet was found with the bottom rack only an inch off the ground with dirt, dust, and debris visible under the bottom rack. The Supply PPE closet was found with dirt and debris in the corners under the storage rack. During a tour of the 100 Hall at 9:25 AM on 9/16/20, it was observed that an unlabeled spray bottle was found in the Soiled Utility room, Maintenance JJ asked a housekeeper what the bottle contained and found that it was Mint Disinfectant. Observation of three linen closets on the 100 Hall found; a gown on the floor, a wadded hair net on the bottom shelf, a blanket, pillow case, fitted sheet, and three afghan blankets were found on the floor of the closets. All three linen closets were found with accumulations of dust and debris on the floor and in the corners of the closets. Review of the 300 hall at 9:40 AM on 9/16/20, found the shower room privacy curtain (for the toilet) was hung in the sink and the privacy curtain for the shower was found with a few dark brown spots on the inside of the curtain. When asked how often the privacy curtains gets cleaned, NHA A stated, privacy curtains get cleaned on an as needed basis, when the shower curtain was shown to her, NHA A stated, Needs to be cleaned. Review of the 300 Hall Clean Linen closets found a box of soap and a sheet on the ground as well as one of the racks, an inch from the ground, was observed dusty with a sheet on the floor under the rack. Observation of the laundry area at 10:00 AM on 9/16/20 found dust accumulation on a large fan blowing air through the laundry area. Dust was

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235311	A. BUILDING _____ B. WING _____	**09/23/2020**

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 0921 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) observed hanging off the fan with an accumulation of dust on the label machine due to the fan blowing air on it. During an interview on 9/16/20 at 12:35 PM., Hsk P reported lifts, and other resident equipment such as vital machines, and wheelchairs are suppose to be wiped down the the bleach wipes after each use. Hsk P reported she thinks maintenance takes the personal fans outside once a month to power wash them. During an observation on 9/16/20 at 12:39 PM., room [ROOM NUMBER] osculating fan blades and grates were noted to be covered in a gray dust like substance. During an observation on 9/16/20 at 12:41 PM., room [ROOM NUMBER]-2 osculating fan blades were noted to be covered in a gray dust like substance. room [ROOM NUMBER]-2 fan also had a broken grate/saftey cover held on with a bread tie, and tied on the other end with a pieced of ripped towel/washcloth) 103, 106, 108, 112, 113, 114 During an observation on 9/16/20 at 12:43PM., room [ROOM NUMBER] osculating fan blades and grates were noted to be covered in a gray dust like substance. During an observation on 9/16/20 at 12:48 PM., room [ROOM NUMBER] osculating fan blades and grates were noted to be covered in a gray dust like substance. During an observation on 9/16/20 at 12:50 PM., room [ROOM NUMBER] osculating fan blades and grates were noted to be covered in a gray dust like substance. During an observation on 9/16/20 at 12:55 PM., room [ROOM NUMBER] osculating fan blades and grates were noted to be covered in a gray dust like substance. During an observation on 09/17/20 09:07 AM., observed a couch and a chair on the West 400 hall, which were both visibly soiled with dried spillage on the vinyl covering. During an initial tour of the facility on 09/15/20 at 09:45 A.M., observed personal fan in room [ROOM NUMBER]-1 caked with dust and debris. During an initial tour of the facility on 09/15/20 at 09:52 A.M., observed personal fan in room [ROOM NUMBER]-2 caked with dust and debris. During an initial tour of the facility on 09/15/20 at 10:49 A.M., observed personal fan in room [ROOM NUMBER]-1 caked with dust and debris. During an observation on 9/15/20 at 10:45 AM, while on initial tour of room [ROOM NUMBER] a standing osculating fan was noted with caked dust particles in the vents of the fan covers on the front and back of the fan, front worse than back. During an observation on 9/15/20 at 9:55 AM, while on initial tour of room [ROOM NUMBER] an osculating fan noted in room covered in heavy dust particles on the front and back cover.