

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235551	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/01/2020
NAME OF PROVIDER OF SUPPLIER GREENTREE OF HUBBELL REHAB AND HEALTH		STREET ADDRESS, CITY, STATE, ZIP 52225 B AVENUE HUBBELL, MI 49934	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to properly maintain infection control practices during a COVID-19 Focused Infection Control Survey. This deficient practice resulted in the potential for transmission of COVID-19 which had the potential to affect all 34 residents residing in the facility. This citation has six noted facility deficiencies: 1. Failure to perform adequate COVID-19 visitor/staff entrance screening. 2. Failure to complete infection control surveillance, including data analysis and monthly infection control summaries. 3. The facility failed to institute 14-day quarantine (isolation) periods for new admissions/re-admissions. 4. The facility failed to maintain clean/dirty laundry practices to prevent spread of infectious organisms. Findings include: 1. On 4/30/2020 at 8:40 a.m., this Surveyor completed the COVID-19 visitor screening, completed by Staff E prior to facility entrance. Screening questions related to potential COVID-19 symptoms or potential contact with COVID-19 positive individuals were not asked, and a screening form was not provided, nor completed to address those questions. Observation of the screening form on Staff Es desk, showed the questions were not circled Y for yes, or N for no. Access to the facility was granted without completion of the screening form. During an interview on 4/30/2020 at 12:40 p.m., when asked about the visitor screening process for COVID-19, the Director of Nursing (DON) stated, (Staff) will ask you a series of questions .about shortness of breath, cough, sore throat, travel and contact (with COVID-19 positive individuals). When asked about any concern if those questions were not asked of visitors and/or staff, the DON confirmed there was a Risk of having someone walk into the building with COVID. Review of the facility Start of Shift Daily Employee Screening Log: COVID-19, revealed all screening questions pertaining to COVID-19 screening questions were marked and answered with no by this Surveyor. During a telephone interview on 5/1/2020 at 12:43 p.m., Facility Screener (Staff) E was asked about COVID-19 screening questions noted as completed for this Surveyor on 4/30/2020 but had documented with no responses on the screening log. Staff E confirmed she had not asked screening questions for this Surveyor. Staff E stated, I do apologize it was a mistake .I was going to go and look for you and see if I asked you the questions but I didn't see you. 2. Review of facility infection control surveillance documentation revealed the following: The March 2020 Monthly Infection Monitoring Log contained eight (8) residents with Upper Respiratory Infections (URIs). The March 2020 mapping of facility infections showed only seven residents with URIs. There was no infection control summary, analysis, or trending information pertaining to residents and/or staff illnesses. The April 2020 Monthly Infection Monitoring Log contained one Resident whose onset of symptoms began 3/27/2020 but was not present on the March 2020 Monitoring Log. No infection control summary, analysis, or trending was present. No infection control summaries were present in the infection control binder for January, February, March, or April 2020. During an interview on 4/30/2020 at 9:55 a.m., when asked if there were infection control summaries for March and April 2020, the Director of Nursing (DON) stated, No, Registered Nurse (RN) H (previous Infection Control RN) did the last summaries (for January, February, and March). During a repeated interview at 4/30/2020 at 10:30 a.m., the DON, after performing a search for infection control summaries stated, They (summaries) are not in there. During an interview on 4/30/2020 at 10:15 a.m., RN H was asked about completion of infection control summaries for the previous three months (January, February, and March 2020). RN H stated, I have been full-time nursing on the floor since January. I did not do an infection control summary for March. I have had nothing to do with that (Infection Control) book since January. Review of the facility Surveillance for Infections policy, revised September 2017, revealed: The Infection Preventionist will conduct ongoing surveillance. The purpose of the surveillance of infections is to identify both individual cases and trends of .significant organisms .to guide appropriate interventions, and to prevent future infections . The Infection Preventionist or designated Infection control personnel is responsible for gathering and interpreting surveillance data .Analyze the data to identify trends .For targeted surveillance using facility-created tools, follow these guidelines: Monthly: Summarize monthly data for each nursing unit by site and by pathogen . 3. Review of Resident #1's Admission Record (Face Sheet) revealed Resident #1 was readmitted , from a regional health facility that provides treatment to COVID-19 residents, into the facility on [DATE]. Resident #1's [DIAGNOSES REDACTED]. Resident #1 was cognitively intact and noted as his own Responsible Party. Review of Resident #1's Electronic Medical Record, including physician orders, care plans, progress notes, vitals assessments, revealed no evidence that Resident #1 was isolated in precautions for 14 days to prevent potential transmission of COVID-19 to other facility residents and staff. During telephone interviews on 5/1/2020 at 1:58 p.m., and 2:05 p.m., Certified Nurse Aide (CNA) B and CNA C, respectively, confirmed they had provided care for Resident #1 following his readmission to the facility on [DATE], and he had never been on isolation precautions which required staff to don personal protective equipment (PPE) to prevent potential transmission of COVID-19. During a telephone interview on 5/1/2020 at 2:17 p.m., when asked about isolation and precautions instituted for a Resident #1, following discharge from the regional hospital caring for COVID-19 positive patients, the DON stated, He wasn't on precautions when he came back. When asked what her understanding of monitoring of new admissions or re-admissions to the facility was, the DON said they would be isolated to their own room for 14 days, and agreed isolation included precautions. The DON stated, We should have a cart (with isolation supplies) up in the room so they could have droplet precautions, because we don't know if they have COVID or not and we have to suspect that anybody that comes into the building may be positive for COVID .Any employee going in there (Resident #1's room) is at risk for contact (with) a resident who potentially had COVID and has the potential to transmit that . Review of the facility Novel Coronavirus Prevention and Response policy, approved 4/15/2020, revealed the following, in part: Procedure when COVID-19 is suspected: .Confine resident in a private room (containing a private bathroom) or to the COVID19 Isolation room. Keep resident's room closed .Implement standard, contact, and airborne precautions . During an interview on 4/30/2020 at 12:40 p.m., the DON again confirmed no Monthly Infection Control Summaries were available for January, February, or March 2020. The DON stated, I do understand your concern. 4) During an observation of the facility laundry processing area on 4/30/2020 at approximately 11:30 a.m., in the presence of Maintenance Supervisor A, Laundry Aide (Staff) N verbally explained the process for cleaning isolation room (potentially contaminated with infectious organisms). Staff N explained PPE was donned prior to handling of the facility's potentially hazardous laundry. When asked where the contaminated PPE was taken off and disposed, Staff N directed this Surveyor to the small room where dirty laundry entered, and clean laundry exited the building. A small garbage can, with a red, plastic biohazard bag was in a small nook of the room. A table with two chairs, with an open soda can, a full cup of coffee, and an open bag of nuts (closed with Ziploc strip), was positioned directly next to where Staff N indicated the dirty PPE was removed and placed into the red biohazard bag. When asked if there was any concern with doffing (removing) contaminated PPE with open food products on the table adjacent to the dirty disposal garbage can, Staff N stated, There is a risk. Yeah. During an interview at this same time, after discussion of the current setup of dirty PPE disposal in the laundry area, Maintenance Supervisor A stated, We will have to do something about that (open food near dirty PPE disposal). During an interview on 4/30/2020 when asked if she had any concern about staff eating and drinking next to the contaminated PPE disposal area in the laundry building, the DON stated, You can't have any beverages in the laundry area .I know that</p>		
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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>because of the (infection control) education I have been going through .</p>		