STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235653	A. BUILDING _____ B. WING _____	04/14/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MEDILODGE OF CAPITAL AREA	2100 E PROVINCIAL HOUSE DR LANSING, MI 48910

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 establish and implement proper infection prevention and control policies and procedures to prevent development and transmission of Coronavirus Disease 2019 (COVID-19), resulting in the potential of transmission of infection to all 83 residents and staff. Findings include: During an interview on 4/9/20 at 1:50 p.m., when asked about staff performing proper hand hygiene, Director of Nursing (DON) B and Infection Preventionist (IP) C stated that they were performing hand washing audits. When asked how this was being performed, it was explained they were using an audit tool and were going into the washrooms to physically watch staff wash their hands. When asked about using hand sanitizer, it was explained that too was being audited. When asked about proper use of hand sanitizer, it was explained that it should be used before and after wearing gloves. It was further explained that staff should use soap and water after using hand sanitizer three times. Neither DON B nor IP C could provide any reference to this directive. When asked about proper housekeeping procedures, and who was reviewing and monitoring proper use of disinfectants, DON B stated that the housekeeping supervisor (HK Sup) D is auditing the cleaning of the facility. When asked if these audits have been reviewed by DON B and/or IP C, this surveyor was told yes. It was further explained to this surveyor that the audits included that the proper concentration of disinfectants were being used. When asked how this was being accomplished, DON B stated that HK Sup D would have to answer that. Review of the audit tool titled Hand Hygiene/Washing Clinical Performance Evaluation Checklist, revised 12/2009 revealed, Vigorously rubbed hands together in a circular motion for at least 15 seconds. The tool failed to reveal any auditing measures for the proper use of hand sanitizer. According to the Centers for Disease Control and Prevention (CDC), (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html), handwashing with soap and water should be for at least 20 seconds. The CDC also states (https://www.cdc.gov/handhygiene/providers/guideline.html) Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and, in the absence of a sink, are an effective method of cleaning hands. Further review of these guidelines does not indicate that hands need to be washed with soap and water after certain amount of times using hand sanitizer. During a telephone interview on 4/10/20 at 9:48 a.m., when asked what is being used to disinfect the facility, specifically the resident rooms, HK Sup D stated that resident rooms were being cleaned with a 16:1 water to bleach solution. When asked where the ratio came from, HK Sup D stated that the facility's healthcare company provided this product. When asked if this was an Environment Protection Agency (EPA) certified sanitizer, HK Sup D stated, Yes. When asked what is being cleaned with this bleach solution, HK Sup D stated that 90% of the cleaning is with the bleach mixture. HK Sup D further stated that we are not [MEDICATION NAME] resident items, we switched from the sanitizer to the bleach, per the covid recommendations. When asked if the housekeeping staff was educated on the proper use of the bleach mixture and the sanitizer that the facility is using, HK Sup D stated that he was new to the facility and that the education, Was done before me. When asked if he was monitoring the House Keeping Staff to ensure they were cleaning resident rooms properly, HK Sup D stated that yes, he was. HK Sup D stated he was making sure that staff were wiping down top to bottom, making sure they are wiping down the high touch areas, Everything is pretty much following our QC (quality control) inspection list. When asked if that QC inspection list included staff should clean in a manner of clean to dirty. HK Sup D stated, What, can you please explain that to me? This surveyor explained to HK Sup D that it is recommended by the CDC that cleaner areas are cleaned before dirtier areas. HK Sup D stated that yes, we clean the cleaner areas first then switch gloves and then clean the dirtier areas. When asked if staff were performed proper hand hygiene during these glove changes, HK Sup D stated, Yes, I monitor my staff about proper hand hygiene. When asked what proper hand hygiene was, HK Sup D stated, Sanitizing your hands before and after gloves. HK Sup D further stated that staff need to wash with soap and water after using hand sanitizer three times. When asked if there was a policy or procedure that stated this. HK Sup D stated that it was discussed in a meeting and that the administration said that soap and water was to be used after using hand sanitizer three times. At the conclusion of this telephone call, this surveyor asked HK Sup to email the information on the products that they were using for cleaning. Review of the facility's Quality Control Inspection form failed to reveal what solution was to be used for proper cleaning and disinfecting, and how the concentration was being monitored. During a telephone interview on 4/10/20 at 10:03 a.m. when asked how housekeeping staff were instructed to clean resident rooms, House Keeper (HK) E stated, that they are cleaning resident rooms with a bleach solution of 16:1 and they were using (name of disinfectant solution). When asked what the concentration of the disinfectant solution was, HK E stated that she was not sure that the solution, Comes from a machine on the wall and we push a button and it mixes is properly. When asked how they confirmed the proper concentration, HK E stated that she was not sure. When asked where this disinfectant solution was used, HK E stated, It is used pretty much everywhere, well like the call lights, remote controls, around the bed areas, when we get close to the residents, like the bedside table, the bedrails. When asked how often these areas were cleaned, HK E stated every day. When asked where the bleach solution was being used, HK E stated that they used it pretty much everywhere else, like in the bathrooms and on the floors and areas away from the residents. When asked about hand hygiene, HK stated that she washes her hands for 20 seconds. HK E further stated that they can only use hand sanitizer 3 times, and then they have to wash with soap and water. This surveyor reviewed the information regarding the cleaning solutions. Review of the information revealed that the facility was using (Name of Company) Bleach Germicidal Cleaner Spray. Further review of this document revealed, We should be diluting this bleach at a ratio of 1:16 .This is a sufficient dilution to combat the Covid-19 virus.). Review of the manufacturer's documentation pertaining to the (Name of Company) Bleach Germicidal Cleaner Spray revealed that this product was premixed and should not have water added to it. Review of the other disinfectant information the facility provided indicated that the proper concentration should be at a ratio of 1:256, solution:water. Further review of this document revealed that, For Use as a One-Step Cleaner/Disinfectant: Apply use solution .all surfaces must remain wet for 10 minutes. As a follow up, this surveyor contacted Nursing Home Administrator (NHA) A to question the use of the (Name of Bleach Germicidal Cleaner Spray). NHA A was then asked to provide a picture of the product the facility was actually using. Review of this picture revealed the facility was using (Name of Company) Germicidal Bleach Concentrated. Review of the manufacturer's usage guide revealed that this solution should be mixed with water at a 1:33 ratio for the [DIAGNOSES REDACTED]-CoV-2 (Coronavirus), not the 1:16 ratio the facility was using. Further review revealed that the Contact Time (time surfaces should remain wet with disinfectant) used to kill this virus was 5 minutes. During a follow up telephone call on 4/10/20 at 11:20 a.m., when asked how the proper mixing of the two solutions being used for disinfectants was being monitored, HK Sup D stated that he was always there monitoring the chemicals. When asked what the concentrations were supposed to be HK Sup D stated, I don't have the exact ratio, I have always felt that more is better. I just started here two weeks ago, and the girls have been doing it longer than I have, and they would know. The bottle of the (name of disinfectant solution) simply says it is diluteable it does not state what the ratio is. During a follow up telephone call

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) on 4/10/20 at 1:20 p.m., when asked about the instruction that she received as far as how to use the disinfectant solution, HK E stated that you spray it on a rag and then we wipe down. When asked if there was a certain amount of time that the items should be kept wet, HK E stated, For like 5 seconds. When asked about the bleach solution, and if she had been educated on the proper use of that for disinfecting, HK E stated, I think we are using that as an extra precaution, because we don't know what actually kills the coronavirus. When asked if staff have been given instruction on how to properly use the bleach solution, HK E stated, No not really, you just spray it on your rag and just go. I don't spray anything in the room, I spray it outside of the room and then bring the rag into the room, moist enough to clean the surfaces. A tour of the facility was conducted on 4/09/20 between 9:00 AM - 10:10 AM. The beginning of the tour, this Surveyor was accompanied by the Assistant Director of Nursing (ADON J). ADON J stated per the CDC (Centers for Disease Control CNAs (Nurse Aides) perform peri care (personal care to residents), CNAs are to wash their hands with soap and water after removing their gloves. ADON J reported CNAs were not provided with ABHR (alcohol-based hand rub) to carry on their person. It was noted there was no ABHR in the soiled utility room. On 4/09/20 at 9:15, CNA K stated she was told to use hand sanitizer that was in the hallway after she performed care with residents and washed her hands with soap and water in the residents' rooms. It was noted that CNA K's nose was not fully covered by her face mask, yet ADON J did not do on-the-spot education with CNA K. On 4/09/20 at approximately 9:30 AM, Social Worker (SW) L was also observed with her nose not fully covered by her face mask and ADON J did not do on-the-spot education with her either. On 4/09/20 at approximately 9:35 AM, ADON J discontinued the tour and Infection Preventionist (IP) C joined this Surveyor. IP C reported she encouraged staff to wash with soap and water each time and said hand washing was preferred over the use of ABHR in most clinical situations. IP C reported she relied on Department Managers to do their own Infection Prevention surveillance. On 4/09/20 at approximately 9:45 AM, Housekeeper M reported she did not clean call lights daily and cleaned bed rails every couple of days and the Resident P residing in the room (who was alert and oriented) confirmed this to be true. Resident P said, I don't think they've ever cleaned my call light. IP C did not do on-the-spot education with Housekeeper M. Housekeeper M said her cleaning duties had not changed at all after the announcement of the COVID-19 pandemic. On 4/09/20 at approximately 9:55 AM, (accompanied by both IP C and Director of Nursing (DON) B), CNA N was observed performing hand hygiene with hand sanitizer. CNA N was wearing very long acrylic nails and an intricate ring on her finger. CNA N pressed out hand sanitizer from the dispenser on the wall in the hallway and rubbed her hands quickly together; she did not rub the back of her hands, between her fingers, on the tips of her fingers, the backs of her hands or her thumbs. Neither IP C or DON B gave on-the-spot education to CNA N. On 4/09/20 at approximately 10:00 AM, two residents in wheelchairs sitting less than three feet apart near the Nurses desk and a staff member was standing approximately three feet away engaged in a relaxed, on-going conversation. Neither IP C or DON B enforced physical distancing or gave on-the-spot education to the staff member until the situation was inquired about by this Surveyor.