

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HILLSDALE CO MEDICAL CARE FACI</b>		STREET ADDRESS, CITY, STATE, ZIP <b>140 W MECHANIC ST HILLSDALE, MI 49242</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and record review, the facility failed to implement policies and procedures to prevent an outbreak of Coronavirus 2019 (COVID-19), in a census of 159 residents, resulting in the potential of transmission of infection to residents and staff. Findings include: During an entrance conference with Nursing Home Administrator A on 04/01/2020 at 11:15 AM, they stated the Infection Control Preventionist (ICP) was working remotely from home. On 04/01/2020 at approximately 12:00 PM, 3 separate dining rooms were observed on the second floor of the facility with approximately 10 residents seated, 2 per table, approximately 3 feet from each other, as lunch was being served. The residents were not wearing masks. Licensed Practical Nurse (LPN) D was interviewed on 04/01/2020 at approximately 12:05 PM and stated residents that could feed themselves and did not need supervision were served meals in their rooms; and those residents that required assistance/supervision received meals in the dining rooms. Three signs were observed posted on the second floor near the nurses' stations titled Use Respiratory Hygiene/Cough Etiquette and instructions included to sit at least 3 feet away from others if you are coughing or sneezing. There was no mention on the signs that masks were available. Following ICP C nurse arrival to facility an Infection Control interview was conducted. During an interview on 04/01/2020 at 1:17 PM, Director of Nursing (DON) B and ICP C stated they only had certain residents eating in the dining rooms because they did not have enough staff to assist everyone that required assistance in their room. ICP C stated in the dining room, there were no more than two residents seated at a table, and there was a family room they could eat in as well. DON B stated the facility's goal was to maintain 6 feet between residents and if they were in the hallway they could sit in the doorway. Droplet Precautions policy dated 07/06/1999, indicated to wear a mask when within 3 feet of a resident under droplet precautions. The facility provided a policy titled Isolation, not dated, under droplet precautions, indicated for any resident that had a respiratory infection that required isolation: if within 4 foot of the resident, must have a mask on. If just entering the room and not going near the resident, (ex: asking a resident what they would like to eat if staying in room), mask in (sic) not needed. The Coronavirus Prevention and Response facility policy, not dated, revealed what is currently known is that it is spread person-to-person, mainly between people who are within 6 feet of one another through respiratory droplets produced when an infected person coughs or sneezes. In review of Preparing for COVID-19: Long-term Care Facilities, Nursing Homes website at <a href="https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html">https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html</a>; guidance included to cancel all group activities and communal dining; make tissues and facemask's available for coughing people; when caring for residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection and restrict residents with a respiratory infection to their rooms; and all residents should wear a facemask when they leave their room, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others). The Michigan.gov website at <a href="https://www.michigan.gov/coronavirus/0,9753,7-406-_____,00.html">https://www.michigan.gov/coronavirus/0,9753,7-406-_____,00.html</a>, revealed as of 04/02/2020, there were 19 COVID-19 cases and one death, in the county the facility resided in. During an observation that began on 4/1/2020 at 11:56 AM, a dining room near the 1500 numbered rooms and the 1600 numbered rooms was observed to have seven residents seated at dining tables. Two of the dining tables were observed to each have two residents seated across from one another. On 4/1/2020 at 11:59 AM, a dining room with a mailbox labeled Morning Glory Garden was observed to have 10 residents seated at dining tables. Three of the dining tables were observed to each have two residents seated across from one another. Focused Infection Control Survey findings reviewed with CMS Regional Office.</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.