

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235511	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2020
NAME OF PROVIDER OF SUPPLIER THE LIGHTHOUSE AT ROSCOMMON HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 1290 E MICHIGAN HWY ROSCOMMON, MI 48653	
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 ensure appropriate cleaning procedures were followed during the cleaning of Resident #101's room (a contact isolation room) during a focused COVID-19 Infection Control Survey. This deficient practice resulted in the potential transmission of infectious agents which had the ability to affect all 32 residents residing in the facility. Findings include: On 04/16/20 at 12:14 p.m., Staff F was observed cleaning Resident #101's room. Staff F was wearing a contact gown and gloves and was seen wiping down surfaces. Staff F left Resident #101's room wearing the contact gown and gloves to go to the housekeeping cart in the hallway. Staff F picked up the broom, went back into Resident #101's room and swept the floor. Staff F then left Resident #101's room wearing the contact gown and gloves to retrieve the dust pan from the housekeeping cart. Staff F swept up the debris on the floor. Staff F then returned to the housekeeping cart to replace the broom and dustpan. The handle of the broom was observed to be touching the pile of clean cleaning clothes on the top of the housekeeping cart. Staff F then retrieved the mop while still wearing the contact gown and gloves. Staff F then returned the mop to the housekeeping cart. The contact gown and gloves were not changed and handwashing was not observed during this observation. A review of Resident #101's Electronic Medical Record (EMR) revealed an admission date of [DATE]. Resident #101 had medical [DIAGNOSES REDACTED]. an order written [REDACTED]. In an interview on 04/16/20 at 12:25 p.m., Staff F verified their hands would have been soiled when they retrieved the broom, dust pan, and mop from the cleaning cart. Staff F was asked what their thoughts were about retrieving the items from the cart with soiled gloves and then returning the items to the cart. Staff F stated the handles were considered dirty and should not have been placed back on the cart because now everything on the cart had to be considered contaminated. On 04/16/20 at 1:20 p.m., the Infection Preventionist/Director of Nursing (DON) was notified of findings pertaining to Staff F's lack of appropriate infection control procedures for cleaning Resident #101's room. When the DON was asked what their thoughts were regarding these findings, the DON replied, I see what you're saying, its cross contamination (to wear soiled gloves to touch the broom, mop, and dust pan) .There needs to be additional education on that. A review of the facility's Housekeeping Disinfection of Isolation Rooms-Daily with the adoption date of 04/29/19 revealed the following information, .11. After disinfection the isolation room, the housekeeping staff will remove gown, gloves, and/or mask and discard them in the garbage can inside the room. 12. Before leaving the isolation room, the housekeeping staff will wash hands for 20 seconds .:		
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.