STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235244	A. BUILDING _____ B. WING _____	05/19/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CHRISTIAN PARK HEALTH CARE CENTER	2415 5TH AVE SOUTH ESCANABA, MI 49829

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 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 83 residents residing in the facility. This citation has six noted deficiencies: 1. Failure to perform visitor/staff entrance screening/restriction for one. 2. Failure to ensure staff wore a face covering. 3. Failure to institute resident social distancing. 4. Failure to properly isolate COVID-19 positive resident. 5. Failure to properly remove Personal Protective Equipment (PPE) to prevent cross-contamination. 6. Failure to perform proper hand hygiene. Findings include: Deficiency One: On 5/19/20 at 10:35 a.m., this Surveyor completed COVID-19 visitor screening by Staff N while the Director of Nursing (DON) approached and stated, We just got our first case (COVID-19 positive test result) on the 400 Wing. No hand sanitizer was observed at nor near the screening table. Staff N did not educate on the need to perform hand sanitization with facility entrance. Review of Centers for Medicare & Medicaid Services (CMS) Memorandum Reference: QSO-20-20-All read in part, Health care facilities should . encourage frequent hand washing and use of hand sanitizer before entering the facility and before and after entering patient rooms . On 5/19/20 at approximately 11:00 a.m., Certified Nurse Aide (CNA) M was observed attempting to enter the 300 Wing without wearing a face mask. When this Surveyor approached, CNA M immediately stated, I came to drop off paperwork; I have shingles (communicable disease characterized by skin rash and blisters). The DON immediately approached and stated, You can't come in here without a mask on. You have to be screened and have a mask on when you pass through the entrance door. Review of facility's Infection Prevention Program Overview revised 9/2019, read in part, Preventing Spread of Infection .The facility must prohibit employees with a communicable disease of infected [MEDICAL CONDITION] from direct contact with guests/residents . On 5/19/20 at approximately 11:05 a.m., when asked if CNA M had her temperature checked and screening questions asked, Staff N stated, I was out the door. And she (CNA M) said 'I have a note.' Staff N said She just kept walking (into the facility passed the screening station). On 5/20/20 at 2:27 p.m., during a telephone interview, the DON was asked if it was appropriate for CNA M to be permitted entry without being screened and provided a facemask, the DON responded, . absolutely she (CNA M) should have known not to come in the facility when ill . Review of facility provided, CORONOVIRUS (COVID 19) policy/procedure, revised 4/28/2020 read in part, Visitors, if allowed, will be screened as directed by CDC (Centers for Disease Control and Prevention) and CMS guidance. Deficiency Two: On 5/19/20 at 12:22 p.m., Staff B was observed without a face covering near the front entrance. When this Surveyor asked why she was not wearing a face covering, Staff B moved her hands to her face and stated, Oh, I can't find it . Staff B began to move paperwork around her desk in search of the mask. Review of facility provided, CORONOVIRUS (COVID 19) policy/procedure, revised 4/28/2020 read in part, Source control-HCP (healthcare personnel) wearing a facemask or cloth mask at all times while in the facility (per CDC guidelines). Deficiency Three: On 5/19/20 at approximately 12:30 p.m., Activity Aide (Staff) L was observed in the 200 Wing All-Purpose Room with three, unidentified residents which were less than 6 feet from one another and without face masks being worn. When Staff L, when asked what she was doing with the residents, stated, I'm trying to keep them from falling. Two residents (one male and one female) were seated next to one another at a small, square table with busy-hand activities. The third resident was self-propelling towards the door. On 5/19/20 at 3:44 p.m., during a telephone interview when asked about group activities , the DON stated, We don't have any group activities going on now. On 5/20/20 at 9:07 a.m., during a telephone interview, Activity Director (Staff) H was asked about the three residents observed on 5/19/20 in the 200 Wing General All-Purpose Room with Staff L. Staff H said the three residents had a [DIAGNOSES REDACTED]. When asked about social distancing, Staff H said, We could get a larger table in there and have one (resident) at each end. That way they'd have the separation. Deficiency Four: According to Resident #1's Minimum Data Set (MDS) assessment, dated 2/19/20, showed an admission date of [DATE] with the following major Diagnoses: [REDACTED]. The Brief Interview for Mental Status (BIMS) score was 15/15 indicative of intact cognition. Review of Resident #1's Lab Test Report collection date 5/14/20 and reported date 5/18/20 read, .COVID-19 result detected . which indicated a positive result. On 5/19/20 at 10:54 a.m., Resident #1's room (405) was located and noted to have the room door left opened. Resident #1 and Resident #2 (roommate) were noted within the room. Contact and droplet isolation signs were visible outside the entrance door. In addition, Rooms 403, 406, 407, 410, and 412 contained contact/droplet isolation signage and all the doors were left opened. Review of facility provided, CORONOVIRUS (COVID 19) policy/procedure revised 4/28/2020, read in part, Place a guest/resident with a suspected or confirmed COVID 19 [DIAGNOSES REDACTED]. During an interview on 5/19/20 at 11:42 a.m., the DON confirmed all residents (with the exception of three [MEDICAL TREATMENT] residents) were in contact/ droplet isolation on the 400 Wing for COVID-19 precautions due to readmission, admission, or emergency room visits. Deficiency Five: On 5/19/20 at approximately 10:56 a.m., Housekeeper (Staff) D was asked what PPE was being worn to clean Resident #1's room while in contact/droplet isolation. Staff D said a mask, gown, and gloves were worn. When Staff D was asked about eye protection, Staff D responded, I hate to tell you, I hadn't been wearing eye protection. I just brought them down (here). Review of facility provided, CORONOVIRUS (COVID 19) policy/procedure revised 4/28/2020, read in part, Wear mask and eye protection when entering the room (Contact/Droplet isolation) and at all time during guest/resident care. Deficiency Five and Six: On 5/19/20 at approximately 12:00 p.m., Registered Nurse (RN) Q was observed walking off the 400 Wing through a closed set of doors. RN Q soon returned with a small stack of Styrofoam trays which she placed on top of her medication cart and proceeded to gather blood glucose testing supplies which she then placed on one Styrofoam tray. RN Q placed the Styrofoam tray on top of the three- drawer isolation supply cabinet located outside and to the right side of room [ROOM NUMBER]. RN Q entered room [ROOM NUMBER] and removed a blue, disposable gown which was draped over the top of the opened door. RN Q handled the previously worn gown and touched multiple portions of the gown (inside and outside) prior to pulling it over her neck. Next, RN Q retrieved a face shield which was hung on the wall and placed it on. Resident #1 was directly behind and in very close proximity (less than 6 feet) and not wearing a face covering. RN 'Q then applied a clean pair of gloves and reached outside the door to retrieve the blood glucose testing supplies. No hand hygiene was performed up until this point. RN Q completed the blood glucose test on Resident #2 (window bed) and repositioned his pillow. RN Q removed and discarded her gloves, rehung the face shield across from Resident #1's bed), then while removing the disposable gown, touched the front collar and then the back collar to pull the gown over her head. As RN Q was walking out of the room, retrieved a small bottle of hand sanitizer from her scrub top pocket, which she applied to her hands. Without waiting for the hand sanitizer to dry, RN 'Q returned to her medication cart located to the left side of room [ROOM NUMBER] and began typing on the computer keyboard. Staff R came down the hallway with Resident #3 who was returning from a [MEDICAL TREATMENT] appointment. Staff R handed Resident #3's [MEDICAL TREATMENT] paperwork to RN Q, which she placed directly on top of the medication cart. RN Q opened her medication cart while handling keys and then began to prepare oral and injectable medication on top of the [MEDICAL TREATMENT] paperwork and without performing hand hygiene since she left room [ROOM NUMBER] earlier. RN Q entered room [ROOM NUMBER] again and donned the same gown worn earlier (did not secure the back ties) and applied a clean pair of gloves. RN Q had not applied a

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) face shield at this time. Next, RN Q reached outside the room and obtained the medications which were placed on the isolation supply cabinet. RN Q then stood at the foot of Resident #1's bed as she applied the face shield she retrieved from the wall. RN Q pulled the curtain and administered Resident #2's medications. RN Q then reached outside of the room while wearing the same pair of gloves and disposed of the sharp (injection device) into the biohazardous container on the medication cart. After RN Q removed her gloves, re-hung the face shield, and removed her gown. While removing the gown RN Q touched the outside of the left sleeve to pull the gown off, which she then hung again over the door. RN Q exited the room and returned to her medication cart where she then pulled out hand sanitizer from her pocket and used. With still wet hands, RN Q retrieved her keys and opened her medication cart and began to prepare for another blood glucose test. Resident #3's [MEDICAL TREATMENT] paperwork was still on top of her medication cart. RN Q then reentered room [ROOM NUMBER] and donned the same gown by handling both inside and outside surfaces and had not secured the tie on the back portion of the gown. RN Q applied a clean pair of gloves and then reached outside the door to retrieve the prepared blood glucose supplies which were placed on the isolation cabinet. RN Q stood to the right side of Resident #1's bed (foot of the bed) and not wearing a face shield when she placed the Styrofoam tray down on his bed. Resident #1 was sitting in his wheelchair located to the left side of his bed (foot of the bed). RN Q then retrieved and applied the face shield. RN Q then moved the supplies to Resident #1's over bed table. No additional hand sanitation had been performed to this point. After completing the blood sugar check, RN Q was met at the door by CNA E who handed off a lunch tray. After removing RN Q's gloves, face shield, and gown, RN Q was observed using hand sanitizer from her pocket where she touched her keyboard on her medication cart while her hands were still wet. During a brief interview after the observation, RN Q confirmed the same disposable, gown was used for both Resident #1 and Resident #2 for her whole shift. When asked who wore the other gown which was draped over Resident #1's bedside table, RN Q indicated that gown was for the CNA's use. On 5/20/20 at 12:10 p.m., during a telephone interview Infection Preventionist/ RN A was asked how staff were able to prevent cross-contamination with the reuse of the plastic, disposable gowns used on the 400 Wing for Droplet/Contact isolation that were not stored on hooks. RN A said staff were expected to wear a gown once and only for one resident at a time and not shared between residents. RN A said the gown used should then be disposed in the trash prior to exiting the room. When asked if the facility was in short supply of the gowns and therefore reusing them, RN A responded, We have all the stuff (PPE) now. The only gowns that should be reused are the cloth ones-they could be laundered. During the same phone interview with RN A, when asked if hand sanitizer stored and then retrieved from staff's pocket within an isolation room was acceptable standard of practice, RN A responded No and said staff should utilize the resident's sink to wash their hands (with donning/doffing PPE) to prevent cross-contamination and then after staff depart from the resident's room were to use hand sanitizer from a dispenser available in the hall. RN A said, That is not acceptable. Staff should not be sticking their hands into pockets. When asked if reaching out from a isolation room to dispose of a sharp into the medication cart with soiled gloves posed a risk for cross-contamination, RN A responded, Yes, you are right. RN A confirmed preparing medication directly over [MEDICAL TREATMENT] paperwork posed a risk for cross-contamination. RN A said, . carts should be cleaned multiple times per day and a barrier should be used like a paper towel or Styrofoam trays. Review of facility's CORONAVIRUS (COVID 19) policy/procedure, revised 4/28/20, read in part, Remove and discard all PPE prior to leaving the room. Review of facility's Infection Control Definitions revised 9/2019, read in part, Indirect Transmission involves the transfer of an infectious agent through a contaminated intermediate object. The following are examples of opportunities .Clothing, uniforms, .or isolation gowns used as PPE . Review of facility provided, How to Safely Remove Personal Protective Equipment (PPE), revised 9/2019, read in part, 1. GLOVES- Outside of gloves are contaminated! .3. GOWN- Gown front and sleeves are contaminated! .Fold or roll into a bundle and discard in a waste container .WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE . Review of facility's HAND HYGIENE policy/procedure, revised 9/2019, read in part, When decontaminating hands with an alcohol-based hand rub, apply product .rub hands together .until hands are dry. Review of facility's Medication Administration policy/procedure, revised 10/2019, read in part, Guest/resident medications are administered in an accurate, safe, timely, and sanitary manner .Wash hands prior to medication preparation for each medication pass. Wash hands after direct guest/resident contact. B. Alternatives to hand washing, such as alcohol based hand rubs may be used between guests/residents where direct contact has not occurred .