

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235490	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER MEDILODGE OF MT PLEASANT		STREET ADDRESS, CITY, STATE, ZIP 1524 PORTABELLA RD MOUNT PLEASANT, MI 48858	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review the facility failed to ensure the Center for Medicare and Medicaid Services (CMS) and the Center for Disease Control (CDC) guidelines and infection control practices were adhered to in Food Service and during resident meal preparation resulting in the potential for the spread of infectious and [MEDICAL CONDITION] communicable disease such as COVID - 19 to all facility residents that take meals from the kitchen. Findings: During an observation conducted 4/22/20 at 11:34 AM, while in the Main Dining Room, Cook F was observed through a large, open, pass-through window in the kitchen preparing resident food and drinks. Cook F was wearing a cloth mask that was hanging below the chin leaving her nose and mouth uncovered. Another kitchen worker was observed with a cloth mask that covered the mouth but was below the level of the nose. Cook F was observed touching her face as she moved about the kitchen. Cook F was not observed performing hand hygiene as she continued with food preparation. When the surveyor was observed, both the unidentified kitchen worker and Cook F adjusted their masks to a position that covered the mouth and nose. Neither staff member had performed hand hygiene after adjusting their masks. During an interview conducted immediately following the above observation, Cook F reported she did not usually wear a mask in the kitchen. Cook F reported she did not think a mask needed to be worn and had asked a corporate staff member if masks had to be worn in the kitchen. Cook F reported she had not yet received a response from the corporate staff to this question. Cook F did not indicate why she was wearing the mask incorrectly or why she had placed the mask in the correct position when it was noted she was being observed. Cook F reported she had received education and updates on current infection control practices related to COVID-19 including social distancing and handwashing. During the interview Cook F had lowered her mask to under the chin and the mask remained in this position following the interview. On 4/22/20 at 12:00 PM, Cook F was observed through the Dining Area pass-through window. The mask was noted to be worn under the chin leaving the nose and mouth exposed. On 4/22/20 at 12:30 PM, Cook F was observed at the Dining Area pass-through window. The mask was noted to be worn under the chin leaving the nose and mouth exposed. Cook F was talking over the resident's food trays to staff as she handed the trays to staff who placed the food trays into a cart for delivery to resident rooms. During an interview conducted 4/22/20 at 11:48 AM, the Nursing Home Administrator (NHA) reported all staff were always to wear masks. At 11:55 AM a sign was observed at the central nursing station that reflected, All Staff Must Wear Face Mask At All Times. During an interview conducted on 4/22/20 at 12:32 PM, Corporate Staff (CS) A reported she receives COVID-19 updates from the corporate office and the CDC. CS A reported the facility is following the CDC guidelines. CS A reported all staff were to always wear a mask when in a patient care area. CS A reported that a mask does not need to be worn in the kitchen. On March 10, 2020, the Governor of Michigan issued Executive Order 2020-4. This order declared a state of emergency across the state of Michigan to address the COVID -19 pandemic. On 4/1/20 this state of emergency was extended until 4/30/20. The CMS document titled COVID-19 Long Term Care Facility Guidance April 2, 2020, was reviewed. The document reflected, 4. .For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. The CMS document did not reveal documentation that exempted those preparing resident food from wearing masks or to specific areas of a facility. The CDC Website at CDC.gov/coronavirus reflected a CDC COVID Fact Sheet. This Fact Sheet reflected a heading of, What you should know about COVID-19 to protect yourself and others. Under the section titled, Know how COVID-19 is spread, reflected, You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks. And, You may also be able to get it by touching a surface or object that has [MEDICAL CONDITION] on it, and then by touching your mouth, nose, or eyes. The Center for Disease Control (CDC), Infection Control Guidance document, titled, Summary of Changes to the Guidance, dated 4/13/20, was reviewed. The document reflected, under the heading of Definitions that Healthcare Personnel (HCP), include, but not limited to .nurses, nursing assistants, physicians,. The document continued and identified as HCP, . persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting and included dietary staff as HCP. The CDC document also reflected under the heading Healthcare Personnel that, HCP should wear a facemask at all times while they are in the healthcare facility. The CDC document extended guidance that even clerical personnel continue to wear their cloth face covering . The CDC Guidance further indicated that HCP, . should also be instructed that if they must touch or adjust their facemask or cloth face covering, they should perform hand hygiene immediately before and after. A review of the Center for Disease Control (CDC)'s procedure for use of Personal Protective Equipment (PPE), Use of Personal Protective Equipment (PPE) When Caring for Patients With Confirmed or Suspected COVID-19, dated 3/30/20, revealed, Respirator/facemask should be extended under the chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin . (retrieved on 4/6/20 from, https://www.cdc.gov/coronavirus).</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.