

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235237	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER CALHOUN COUNTY MEDICAL CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP 1150 E MICHIGAN AVE BATTLE CREEK, MI 49014	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to implement infection control measures to prevent the spread of COVID-19 and follow the Centers for Disease Control (CDC) guidelines for isolating suspected positive COVID-19 residents, respiratory protection, sanitizing face shields, handwashing, food service, and updating policies and procedures to reflect CDC guidelines for 8 residents (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, Resident #7, Resident #8) of 8 residents reviewed, resulting in an Immediate Jeopardy on [DATE]. This deficient practice places up to 92 residents at risk for serious harm, injury, and/or death related to the COVID-19 virus. Findings include: Review of the facility policy titled Coronavirus COVID-19 last revised on [DATE] revealed: (Facility) will respond promptly upon suspicion of illness associated with novel coronavirus in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION]. . Procedure when COVID-19 is suspected: . b. Place resident in a private room with the door closed. . Screen visitors of persons with known or suspected COVID-19 symptoms of acute respiratory illness. . will continue to follow guidance for residents with suspected or confirmed COVID19 along with additional long-term care guidance from CDC as it becomes available. Review of the facility policy titled, Respiratory Protection Program, Last reviewed [DATE], reflected, Policy Statement. . The Program ensures that proper respiratory protection is provided when necessary to protect staff from respiratory hazard. The facility policy section of implementation reflected that, OSHA requires that each employer must provide respirators to protect workers from workplace hazards . and that the facility, provides respirators suitable for their intended purpose. The facility policy reflected that employees selected to use the respirator must pass an appropriate fit test. Review of the CDC Guidance dated [DATE], Section 2, titled, Adhere to Standard and Transmission - Based Precautions, reflected, Health Care Providers (HCP) who enter the room of a patient with known or suspected COVID-19 should adhere to Standard Precautions and use a respirator. This Guidance reflected Use N95 or Higher Respirator, when respirators are not available use the best alternative like a face mask https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html In an interview and record review upon entrance to the facility on [DATE] at approximately 11:00 a.m., the Nursing Home Administrator (NHA) reported there is 27 residents who tested positive for COVID 19 and are on a unit of the building designated for COVID 19 positive residents. NHA reported there were 5 other residents in the facility not on the COVID unit that are presumptive positive for COVID 19 and remain on their unit in their room until the test results show they are positive for COVID 19. The COVID unit had designated staff to care for the residents who tested positive for COVID 19. The facility provided a list of residents who are on the COVID unit and those pending COVID 19 test results. Resident #1 Review of a Face Sheet revealed Resident #1 is an [AGE] year old female originally admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of the Minimum (MDS) data set [DATE] revealed Resident #1 had a Brief Interview for Mental Status (BIMS) indicating she is cognitively intact. Resident #2 Review of a Face sheet revealed Resident #2 is [AGE] year old female originally admitted to the facility on [DATE] and readmitted on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of the Minimum (MDS) data set [DATE] revealed Resident #2 had a (BIMS) indicating she is moderately cognitively impaired. Resident #3 Review of a Face Sheet revealed Resident #3 is a [AGE] year old female originally admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Resident #4 Review of a Face Sheet revealed Resident #4 is a [AGE] year old female originally admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of the Minimum (MDS) data set [DATE] revealed Resident #4 had a (BIMS) indicating she is cognitively intact. Resident #5 Review of a Face Sheet revealed Resident #5 is an [AGE] year old female originally admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of the Minimum (MDS) data set [DATE] revealed Resident #5 had a (BIMS) indicating she is severely cognitively impaired. Resident #6 Review of a Face Sheet revealed Resident #6 is an [AGE] year old female originally admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of the Minimum (MDS) data set [DATE] revealed Resident #6 had a (BIMS) indicating she is moderately cognitively impaired. Resident #7 Review of a Face Sheet revealed Resident #7 is a [AGE] year old female originally admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of the Minimum (MDS) data set [DATE] revealed Resident #7 had a (BIMS) indicating she is cognitively intact. Resident #8 Review of a Face Sheet revealed Resident #8 is a [AGE] year old female originally admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of the Minimum (MDS) data set [DATE] revealed Resident #8 had a (BIMS) indicating she is moderately cognitively impaired. Resident #1 During an initial observation on [DATE] around 11:00, Resident #1 had a caddy on the outside of her door indicating she is in droplet isolation precautions and was in her room with the door open. During an observation and an interview on [DATE] at 11:27 a.m., Licensed Practical Nurse (LPN) O reported Resident #1 in room [ROOM NUMBER] is on droplet isolation precautions since this morning due to a sore throat. LPN O reported staff had collected swab samples to test Resident #1 and a few other residents for COVID -19 this morning and will get the results within 24 hours. No hand sanitizers noted in hallways near the resident rooms. During an observation and an interview on [DATE] at 11:30 a.m., Certified Nursing Assistant (CNA) M entered a droplet isolation room [ROOM NUMBER] (Resident #1's room) and exited the room a few minutes later with the same mask (KN95) and face shield and no disinfecting of face shield noted. CNA M observed touching her mask in the hallway and did not perform hand hygiene and entered room [ROOM NUMBER] which is not an isolation room, to pass out a fruit cup. CNA M had contact with the resident who resided in room [ROOM NUMBER] with no hand hygiene before leaving the room and then entered room [ROOM NUMBER] where she gave the resident a fruit cup, assisted the resident in her wheelchair, adjusted her pillows and removed trash from her room with no hand hygiene when leaving the room. CNA M took trash down the hallway to the soiled utility room and then performed hand hygiene. When queried, CNA M confirmed she did not clean her face shield or change her mask when she left room [ROOM NUMBER] and did not normally practice cleaning/disinfecting face shields after leaving isolation rooms. CNA M reported she had the same concern about cleaning and disinfecting PPE (personal protective equipment) but did what the facility expected her to do. There is no hand sanitizer in the hallway in this area and CNA M reported she did not carry any hand sanitizer in her pockets. CNA M reported there were a couple spots at the end of the hall near the dining room and the nurses' cart if she needed hand sanitizer and it is in the resident rooms as well. CNA M reported she gets 2 KN95 masks per pay period and reuses them often at work during the 2 week duration. CNA M reported she stores her masks and face shield in her locker at the end of her shift. In an interview on [DATE] at 12:47 p.m., CNA Q reported Resident #1 who is in droplet isolation precautions pending COVID-19 testing results still had her meal tray, but when she is done eating, CNA Q reported she will take the tray out of the room to the kitchenette without PPE on because she is not to leave the room with gloves or a gown on in the hallway. CNA Q reported she will put the meal tray in a bin with the other dishes. In an interview on [DATE] at 1:00, Culinary Aide (CA) P reported staff bring the meal trays from the presumptive positive for COVID-19 residents to the dining area and put the plates and utensils in the black bins with the other dishes. CA P did not have extra PPE on for the handling of potentially contaminated dishes other than gloves. Review of Progress notes for Resident #1 revealed: [DATE]: COVID Screening Note: res (resident) states she has had moth (mouth) pain for a couple days that has now moved into her</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.

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<p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>throat. phys (physician) notified and stated to continue to monitor at this time. [DATE] at 9:35 a.m.: Nurses Notes: res presents (with a) (complaint of) sore throat and change in taste and smell. Res placed on droplet precautions and re-tested for covid-19 [DATE] at 11:12 a.m.: Nurses Notes: updated DPOA (durable power of attorney). (related to change of condition) with resident (related to) sore throat, change in taste and appetite. Covid test had been performed this morning. [DATE] at 10:50 a.m.: Updated DPOA. (related to) POSITIVE covid 19 test result. Informed (DPOA) resident is moving to room [ROOM NUMBER] on the covid unit. (sic) Review of the Medication Administration Record/Treatment Administration Record (MAR/TAR) for Resident #1 revealed: Order Date [DATE]: Res to remain on droplet precautions until test results are returned [DATE] at 3:07 a.m.: Nurses Notes: (Resident #1) pulse ox(imetry) 83% on 3 L (liters oxygen), some confusion and period of blank stare. Resident wheezing. Sent to (hospital emergency room) for evaluation. [DATE] at 11:13 a.m.: Nurses Notes: (Resident #1) on [MEDICAL CONDITION] at the hospital. At this point, resident was in need of mechanical ventilation. Resident currently on a vent. (sic) Resident #2 Review of the Progress Notes for Resident #2 revealed on [DATE] she had a fever of 101.4 degrees Fahrenheit, a pulse of 119 and pulse oximetry of 90%, fatigued and less alert than normal and placed on droplet precautions. COVID 19 test done and came back positive the same day and then moved to the COVID unit. [DATE] at 6:29 p.m.: Nurses Note: Resident noted to be trembling and shivering in room before dinner. Resident (complains of) having the chills and being cold. Resident sent to (hospital emergency room) for evaluation. Resident #3 Review of the Progress notes for Resident #3 revealed: [DATE] at 5:26 p.m.: COVID Screening Note: blood pressure [DATE] [DATE] at 10:37 p.m.: Nurses Note: This resident's BS (blood sugar) =75, and BP (blood pressure) =, [DATE] at (4:30 p.m.). Pushed fluids and her BP cam up to [DATE], had to sit (with) her at suppertime to get her to drink her supper. BS (at bedtime) =167. Call NP (nurse practitioner) to apprise her of situation. She had me place resident on droplet precautions and obtain a Covid test. XXX[DATE] at 3:09 p.m.: Updated (DPOA) (related to) POSITIVE Covid 19 test. [DATE] at 7:35 p.m.: she was moved to COVID Unit at approximately 4:00 p.m. [DATE] at 7:20 p.m.: Nurses Notes: Resident continued to be unresponsive to verbal stimuli throughout the shift. Resident not alert enough today to take any medications. Daughter requesting her mother be sent to (hospital emergency room). (sic) Resident #4 During an observation of the 500 hall on [DATE] at approximately 12:00 p.m., Resident #4 in room [ROOM NUMBER] bed 2 had a caddy on the outside of her door indicating she is in droplet isolation precautions and was in her room. Resident #4 is the isolated resident and Resident #7 is her roommate in bed 1 that is not in isolation but share the same room. During an observation and an interview on [DATE] at approximately 12:00 p.m., Culinary Aide (CA) S reported she is aware the facility is testing a few residents on the hallway for COVID-19 and did not do anything different for meal serving or cleaning with those residents. CA S reported she uses regular dishes and trays to serve food to those residents. At this time, staff observed removing meal trays from room [ROOM NUMBER], Resident #4's room, a presumptive positive for COVID-19 resident, and walked down the hallway to the kitchenette located at the end of that hall with no barrier, PPE (personal protective equipment), or a cart for transportation of meal trays. There were no contact precautions noted during the transfer of the used meal tray. CA O reported that residents who were Presumptive Positive for COVID-19 did not use special utensils or dinner ware. CA O reported she runs the dirty dishes through the dishwasher twice to make sure they are clean and disinfected since the outbreak of COVID-19. Review of the Progress Notes for Resident #4 revealed: [DATE] at 11:08 a.m.: Nurses Note: Updated residents' brother about COC (change of condition) (related to) fever and need for additional COVID 19 test. [DATE] at 11:39 a.m.: Physician/NP/PA's Progress Note: She is febrile at 100.3. Orders for droplet precautions and a COVID Swab placed. [DATE] at 12:43 p.m.: COVID Screening Note: Vital signs 100.3 (temp). slight cough. XXX[DATE] at 10:56 a.m.: POSITIVE covid 19 test. [DATE] at 5:12 p.m.: she was moved to COVID Unit at approximately 9:00 a.m. [DATE] at 10:38 a.m.: Physician/NP/PA's Progress Note: (Resident #4 is reported to have fever, increased cough with increased sputum production and increased shortness of breath. She has demonstrated a functional decline. [DATE] at 12:13 p.m.: Nurses Notes: Explained that resident did develop a fever last night of 102.2 with cough, chills, loss of appetite ect. (sic) Review of COVID-19 test results for Resident #4 revealed they collected the sample on [DATE] at 10:39 and last resulted on [DATE] and is positive for COVID-19. Resident #5 During an observation of the 500 hall on [DATE] at approximately 12:00 p.m., Resident #5 in room [ROOM NUMBER] bed 1 had an isolation caddy hanging on her door and is presumptive positive for COVID 19 and had a roommate, Resident #6 in bed 2 who is not in isolation. Review of the Progress Notes for Resident #5 revealed: [DATE] at 2:26 a.m.: Nurses Notes: res. up with assist to use (bathroom) at 1:45 a.m. and pt. (patient) hot to touch, (vital signs) obtained and revealed res. with (temperature) 103.4 temporal artery. Orders received to screen resident for covid 19 virus later this morning. [DATE] at 10:58 p.m.: (Resident #5) being febrile at 103.4 and being reswabbed for Covid 19 virus via voicemail. [DATE] at 8:27 a.m.: Physician/NP/PA's Progress Note: (Resident #5) has a runny nose, cough and fever that persist. She also has a poor appetite. I will repeat her COVID test today. Review of Resident #6's progress note revealed Resident #5 tested positive for COVID-19. Resident #5 had no further progress notes since [DATE] and is out of the building as of [DATE]. Resident #6 Review of Progress Notes for Resident #6 revealed: Physician/NP/PA's Progress Note: [DATE] at 11:00 a.m.: COVID swab was performed due to proximity of resident to other positive resident. (Resident #6) is NEGATIVE for COVID. Droplet precautions have been discontinued Resident #7 During an observation of the 500 hall on [DATE] at approximately 12:00 p.m., Resident #7 is in room [ROOM NUMBER] bed 1 and has a roommate, Resident #4 in bed 2 who is presumptive positive for COVID-19. Resident #7 is not on isolation precautions. During an observation and an interview on [DATE] at approximately 12:15 p.m., CNA T and CNA U reported Resident #5 and Resident #6 shared a room with droplet precautions in place for Resident #5 only in room [ROOM NUMBER] bed 1. Resident #7 shared a room with Resident #4 who is in droplet isolation precautions only in room [ROOM NUMBER] bed 2. Resident #3 is the only resident in room [ROOM NUMBER] and is on droplet isolation precautions. Review of Progress Notes for Resident #7 revealed: [DATE] at 9:26 a.m.: Physician/NP/PA's Progress Note: (Resident #7's) roommate has tested positive for COVID 19. A screen test has been performed and (Resident #7) will remain in droplet precautions until her screening test is resulted. [DATE] at 11:12 a.m.: Physician/NP/PA's Progress Note: COVID screening has come back positive. (Resident #7 had an exposure to positive roommate. She has been moved to the COVID unit for continued droplet precautions. She remains asymptomatic. (sic) Resident #8 Review of the Progress Notes for Resident #8 revealed: [DATE] at 2:17 p.m.: Nurses Notes: CNA reported resident being sleeper than normal with a decreased appetite and resident coughing more than her normal. Noted a dry barking cough this shift, LS (lung sounds) are clear bil (bilaterally) and diminished on exhale. new orders for covid swab and CXR (chest xray), droplet precautions are in place. [DATE] at 7:29 p.m.: Resident confirmed to be positive for the Coronavirus. Droplet precautions already in place. was moved to COVID Unit at approximately 6:30 p.m. On [DATE] at 12:10 PM, Certified Nurse Aide (CNA) E reported obtaining PPE has not been a concern. On [DATE] at 12:22 PM, LPN Unit Manager I reported no problems obtaining appropriate PPE. In an interview on [DATE] at 12:35 p.m., CNA T and CNA U reported they did receive training for COVID-19 and said they clean their face shields if they are visibly soiled with Sani-wipes which are located at the end of the hallway near the nurses' station. CNA T went in to room [ROOM NUMBER] (Resident #5) that is under droplet isolation precautions while pending COVID-19 test results, and handed Resident #5's used meal tray to CNA U who then walked the tray down the hallway to the kitchenette with her bare hands and no barrier or PPE. When queried, CNA T reported the tray removed is from Resident #5 and confirmed she had a roommate that is not in isolation precautions. On [DATE] at 12:37 PM Culinary Director CD L reported meals are delivered in an enclosed Cambro cart dedicated to the COVID-19 unit. CD L reported that following the meal the plates, plate covers, and trays are returned to the kitchen in the dedicated enclosed cart. CD L reported the items inside the cart from the COVID unit are washed separately from other facility kitchenware. CD L reported while these plates, plate covers, and trays are moving through the high temperature wash process the enclosed cart is sanitized. Once the dishes and cart are cleaned and sanitized by staff, the dishes are placed in the enclosed cart by staff to be used for the next meal for the dedicated COVID-19 unit. In an interview conducted [DATE] at 1:25 PM, Infection Control Coordinator IC B reported: Staff are expected to clean their face shields daily and as needed. IC B reported that a face shield is like a mask as it does not come in to contact with a resident like gloves or a gown. IC B reported that the staff who care for residents that are presumptive positive for COVID-19 wear the same face masks and face shields with no extra precautions or disinfection of PPE after leaving the COVID-19 droplet precaution, isolation room. IC B reported the first confirmed case of COVID -19 was a nurse on [DATE]. The first resident confirmed case at the facility was on [DATE] who died on e week following the diagnosis. IC B reported that a recent mass testing of employees the week before this interview revealed five employees tested positive for COVID-19 and were asymptomatic. Those employees are now on a medical leave. IC B reported that residents who display symptoms of COVID-19 and tested for [MEDICAL CONDITION] are placed in droplet precaution isolation while waiting for their test results. IC B reported the roommates of the symptomatic residents are not tested for COVID-19 unless the test results are confirmed</p>		

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Few	<p>(continued... from page 2)</p> <p>positive by the resident being tested . The roommates continue to cohort in the same room pending the test results. This indicates that a symptomatic resident suspected of having COVID-19 is not isolated from an asymptomatic resident which is not in accordance with the CDC Guidance last updated on [DATE]. IC B stated, we are changing policies as we go along. When queried about removal of used meal trays from presumptive positive resident rooms, IC B reported he is not concerned with staff removing the trays from the isolation rooms down the hall to the kitchenette because it is transferred in the open air and more concerned with the actual droplet and air transmission of the potential COVID-19, not too concerned with contact precautions. During several observations and record review on [DATE] of Residents with suspected COVID-19 cared for by Certified Nursing Assistants M, Q, T, and U wearing KN95 masks when entering their rooms. Review of a document provided by the facility revealed eleven staff members fit tested for N95 masks to care for residents with COVID 19 and the staff mentioned are not on that list and did not have N95 masks as recommended by the CDC.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html Review of the email dated [DATE] at 12:06 PM Risk Management Director (RDA) A reported, . at this time we have adequate supply of N95 masks to meet CDC Guidance. We use approximately .[DATE] N95 masks per day and have a .[DATE]-week supply on hand. We regularly seek out additional community resources and suppliers to obtain additional N95 masks to ensure we continue to have ample supply for usage. On [DATE] at 9:57 AM a telephone interview conducted with Public Health Department Registered Nurse (HDRN) : AA. HDRN AA reported she is in frequent contact with the facility. HDRN reported she has instructed the facility to follow COVID-19 Guidance from the CDC. HDRN reported the facility has not raised any issues regarding a shortage of PPE other than gowns. HDRN AA reported the Health Department is prepared to provide the facility with gowns if needed but that, to date, the facility has not requested a supply of gowns or other PPE. Facility administrator was notified of identified Immediate Jeopardy on [DATE] and a plan for removal was requested. Following ongoing dialogue with the facility, on [DATE] the facilities removal plan was approved by the state agency. On [DATE], surveyors verified the facility completed the following to remove the Immediate Jeopardy: 1. On [DATE] the facility identified residents affected or likely to be affected. At this time, no other residents were identified to meet the criteria for potentially being COVID-19 positive. 2. On [DATE] all residents at the facility are considered at risk and the facility continues to screen all residents daily on each shift for COVID-19. 3. On [DATE] a resident was identified as having symptoms of COVID-19 and was moved to the COVID-19 unit the same day. 4. On [DATE] the facility re-educated staff on the expectations and procedures for persons under investigation (PUI's) residents. 5. On [DATE] the facility updated the policy and procedures to reflect the CDC (Centers for Disease Control) guidelines. Although the immediate jeopardy was removed on [DATE], the facility remained out of compliance at a severity of no actual harm with potential for more than minimal harm that is not immediate jeopardy due to the fact that sustained compliance for infection control had not yet been verified by the State Agency. In an interview on [DATE] at 11:14 a.m. Certified Nursing Assistant (CNA) C reported she takes her face shield home every day at the end of her shift. Reported she did not sterilize her face shield or masks. CNA C reported she gets 2 KN95 masks per pay period. In an interview on [DATE] at 11:25 a.m., Licensed Practical Nurse (LPN) V reported she puts her face masks in a plastic baggie at the end of her shift to store for the next shift and takes her masks and face shield home. LPN V reported staff could put them in their lockers if they wanted to at the end of their shift. In an interview conducted [DATE] 11:27 a.m. LPN W reported she stores her PPE in a plastic bag and keeps it in her car. LPN W reported, everyone does it differently, but that she does not like to leave her PPE at the facility. In an interview conducted [DATE] at 11:35 a.m. at CNA Z reported she takes her face shield home with her. In an interview on [DATE] at 11:37 a.m. Certified Nursing Assistant (CNA) J reported she is allotted 2 masks per pay period and stores them in a baggie at the end of her shift. CNA J reported she cleans her face shield before and after every shift and stores them in her locker. CNA J reported the facility hands them 2 new masks in a baggie and at the end of her shift she stores the masks in the same baggie. In an interview conducted [DATE] at 12:30 IC B indicated that there is no documentation of the expectation or specific direction for the care and storage of PPE issued to and used by staff. IC B reported the facility does not have a policy or procedure for the reuse of PPE. IC B reported staff get updated and informed verbally about PPE use and infection control practices that is consistent with the facility policy that reflects the CDC Guidance. When queried, the Director of Nursing (DON) and IC B reported they expected staff to place their used masks in a paper bag after their shift and reported the brown bags were readily available in their offices. When queried if staff knew where the brown bags were the DON and IC B reported staff knew where the brown bags were. When queried if their brown bag supply had been decreasing, they reported they did not think about that. The DON and IC B confirmed the staff are handed their 2 mask allotment in a plastic baggie and are not given a brown bag to store their used masks at the same time. The DON and IC B reported they needed to educate the staff about the storage of their masks and were not as concerned about the face shields. Review of the CDC Guidance of [DATE] reflected. Use N95 or higher Respirator. Review of the CDC Website (https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html) included a list of acceptable NIOSH approved alternatives to the N95 respirators and included: N99, N100, P95, P100, R95, R99, and R100, that may be used if N95 respirators are not available. The list did not include the KN95 mask as an acceptable alternative for respiratory protect if N95 respirators were not available. Review of the CDC guidance last updated [DATE] revealed: . If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community, follow the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. This guidance should be implemented immediately once COVID-19 is suspected. . Residents with known or suspected COVID-19 should be cared for using all recommended PPE, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. . Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community. The health department can assist with decisions about testing of asymptomatic residents. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html The CDC Guidance of [DATE], reflected. Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Review of the CDC guidance titled Strategies for Optimizing the Supply of Facemasks revealed: Purpose: This document offers a series of strategies or options to optimize supplies of facemasks in healthcare settings when there is limited supply. . Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays. . Implement limited re-use of facemasks. Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for [DIAGNOSES REDACTED]-CoV-2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask removal and replacement be done in a careful and deliberate manner. . HCP should leave patient care area if they need to remove the facemask. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html Review of the CDC Guidance of [DATE] reflected. Use N95 or higher Respirator. Review of the CDC Website (https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Frespirator-supply-strategies.html) included a list of acceptable NIOSH approved alternatives to the N95 respirators and included: N99, N100, P95, P100, R95, R99, and R100, that may be used if N95 respirators are not available. The list did not include the KN95 mask as an acceptable alternative for respiratory protect if N95 respirators were not available.</p>		