

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2020
NAME OF PROVIDER OF SUPPLIER MEDILODGE OF CAMPUS AREA		STREET ADDRESS, CITY, STATE, ZIP 2815 NORTHWIND DR EAST LANSING, MI 48823	
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 that the therapy department disinfected equipment with products registered by the Environmental Protection Agency (EPA) as effective against Covid-19 and followed manufacturer's recommendations for use resulting in the potential for spread of Covid-19 infection to all 32 residents currently receiving services from the therapists. Findings include: According to a document provided by the facility titled, Cleaning and Disinfecting Your Facility, dated 4/1/2020, and published by the Centers for Disease Control, Recommend use of EPA-registered household disinfectant. Follow Instructions on the label to ensure safe and effective use of the product. According to the EPA, an EST number defines an establishment as any site where a pesticide product, active ingredient, or device is produced. Found online at: epa.gov/compliance/pesticide-establishment-registration-and-reporting. On 5/14/2020 at 11:15, Director of Therapy K (Director K) was interviewed via phone as follows: All therapists wiped down all therapy equipment with wipes after use, and let it dry for ten minutes or more; all the little pieces and everything that was touched during treatment. Director K read the name of the wipes: SaniCloth HD-PDI Germicidal Wipes. The canister had a green top. When asked, Director AK could not tell this surveyor what contact time meant, but denied that therapy staff kept the item wet for ten minutes. When asked, Director K stated the EPA Registration Number listed on the canister was -4-9480. Nursing Home Administrator was asked to provide a list of all disinfectants and why and where they were used in the facility. The list included the SaniCloth HD-PDI wipes, and an EPA number of 9480-4 was listed. A copy of the labeling from the SaniCloth HD-PDI Germicidal Wipes canister was also provided. A review of the Safety Data Sheet for the Sailcloth HUD-PD Germicide, dated 12/20/19, reflected an EPA Registration Number of -4-9480. A review of the label from the canister reflected an EPA Registration Number of -4-9480 and an EPA Est. Number of 9480-NY-1. A review of the EPA's List:N Products with Emerging [MEDICAL CONDITION] Pathogens AND Human Coronavirus claims for use against [DIAGNOSES REDACTED]-CoV-2, dated 4/1/2020, reflected the SaniCloth HD Germicidal Wipes were not on the list. The list was found online at: https://cfpub.epa.gov/giwiz/disinfectants/index.cfm.</p> <p>On 5/13/2020 at approximately 9:25 AM, Registered Nurse (RN) G was observed in the hallway, cleaning a vital signs machine with a cloth wipe obtained from a supply tub with a green top, that was stored in the basket on the machine.</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.