

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235361	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER CHALET OF NILES, LLC		STREET ADDRESS, CITY, STATE, ZIP 911 S 3RD ST NILES, MI 49120	
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 - Few	<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 properly maintain infection control practices during a COVID-19 Infection Control Survey, for 2 of 2 residents (Resident #100 and #101), reviewed for infection control practices, resulting in the potential for cross contamination and transmission of infectious illnesses. Findings include: Review of the facility's policy Hand Hygiene (no date) revealed, .Hand hygiene is the single most efficient means of preventing the spread of infection .decontaminate hands if moving from a contaminated body site to a clean body site during resident care .decontaminate hands after contact with an inanimate object in the immediate vicinity of the resident .Decontaminate hands after removing gloves . Review of the facility's policy Incontinence Care (no date), revealed .If feces present, remove .Discard soiled materials and gloves. Perform hand hygiene. Apply latex free non-sterile gloves. Resident #100 Review of the electronic medical record (EMR) Profile revealed Resident #100 was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set (MDS) assessment, completed on 3/27/20, revealed Resident #100 required assistance of 2 staff for transfers, hygiene, and toileting. Review of Resident #100's Minimum Data Set ((MDS) dated [DATE], revealed Resident #100 was severely cognitively impaired. During an observation on 3/31/20 at 12:00 PM, Resident #100 was seated in bed and CNA G and CNA M entered her room to perform incontinence care and to transfer her to her wheelchair for lunch. CNA M organized the supplies necessary for incontinence care and began care. CNA G with gloves on stood at the edge of Resident #100's bed and held Resident #100 in position for incontinence care. When incontinence care was finished, CNA G removed gloves and exited Resident #100's room to retrieve her wheelchair. No hand hygiene was observed. CNA G wiped down Resident #100's visibly soiled wheelchair with a towel and entered Resident #100's room. No hand hygiene observed. CNA G donned gloves and stood by Resident #100 in bed touching the her and her bed. CNA G doffed gloves and exited Resident #100's room, no hand hygiene was observed. Resident #101 Review of the electronic medical record (EMR) Profile revealed Resident #101 was a [AGE] year-old female admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. A Minimum Data Set (MDS) assessment, completed on 1/20/20, revealed Resident #101 required assistance of 2 staff for transfers, hygiene, and toileting. Review of Resident #101's Minimum Data Set ((MDS) dated [DATE], revealed Resident #101 was cognitively intact. During an observation on 3/31/20 at 2:30 PM, Resident #101 was lying in bed and CNA G and CNA I entered her room to perform incontinence care. CNA G held Resident #101 on her left side as CNA I with gloves on removed stool from Resident #101's bottom. No glove removal or hand hygiene observed. CNA I placed a new partially rolled incontinence pad against Resident #101's back, with gloved hands on her right shoulder and hip assisted Resident #101 to roll on to her right side, CNA G unfurled the clean pad beneath her, and CNA I assisted her to lay flat on her back. CNA G removed gloves and exited Resident #101's room. No hand hygiene observed. In an interview on 3/31/20 at 4:00 PM, CNA I indicated did not remove soiled gloves after removing stool from Resident #101's bottom. CNA I indicated should have cleansed Resident #101's bottom, removed the soiled gloves, and performed hand hygiene prior to placing a clean incontinence pad beneath Resident #101.</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.