

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235652</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE TIMBERS OF CASS COUNTY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>55432 COLBY ST DOWAGIAC, MI 49047</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide and to follow accepted and expected Infection Control practices for: 1.) hand hygiene during blood sugar testing and facility-wide clean laundry delivery, in 1 of 1 resident (Resident #101) reviewed for hand hygiene, and 2.) ensure shared equipment was disinfected between use, resulting in the potential for the spread of contagious and infectious disease and illnesses to residents who are susceptible, elderly, and/or physically compromised. Findings include: Review of facility policy, Glucometer Cleaning dated 1/2017, revealed, Policy: To prevent the transmission of infections the facility requires disinfecting Blood Glucose Meters between resident uses. Procedure: 1. Before and after using a Blood Glucose Meter, disinfect the meter by cleaning the outside by using a commercially available EPA-registered disinfectant detergent or germicide wipe (or a manufacture recommendation) .2. The facility will note the amount of time the disinfectant solution is to be in contact with the equipment or length of time the solution requires ensuring complete disinfection. For example, simply wiping equipment with a disinfectant-soaked swab may not be adequate. Wiping for a specific length of time or ensuring the equipment is wet or saturated for a specific length of time may be required. Cleaning timeframes may be dictated by CDC guidelines or by the disinfectant manufacturer in their instructions for use. 3. Technique recommendations include, but are not limited to .If glucometers are shared, the device must be cleaned and disinfected between each resident use .Perform hand hygiene with soap and water or alcohol hand sanitizer immediately after removal of gloves . Review Assure Platinum Blood Glucose Monitoring System User Instruction Manual unknown date, revealed, .Maintenance Cleaning &amp; Disinfecting Guidelines: Healthcare professionals should wear gloves when cleaning the Assure Platinum meter. Wash hands after taking off gloves. Contact with blood presents a potential infection risk .suggest cleaning and disinfecting the meter between patient use. Option 1 .to use a wipe, remove from container and follow product label instructions to disinfect the meter. Take extreme care not to get liquid in the test strip and key code ports of the meter use one wipe to clean and a second wipe to disinfect . Review of Sani-Cloth Germicidal Disposable Wipe date unknown, revealed, .Directions For Use .To Disinfect .To disinfect nonfood contact surfaces only: Unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes. Let air dry .Cleaning Procedure: All blood .must be thoroughly cleaned from surfaces .before disinfection by the germicidal wipe .use first germicidal wipe to remove heavy soil .Contact Time: Use second germicidal wipe to thoroughly wet surface. Allow to remain wet two (2) minutes, let air dry . According to the CDC (Centers for Disease Control), COVID-19 Healthcare Quality and Worker Safety Information, May 18, 2020, at <a href="https://www.cdc.gov/handhygiene/providers/index.html">https://www.cdc.gov/handhygiene/providers/index.html</a>, revealed, HealthCare Providers . When and How to Perform Hand Hygiene . Multiple opportunities for hand hygiene may occur during a single care episode . Use an Alcohol-Based Hand Sanitizer immediately before touching a patient . before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, and after contact with blood, body fluids or contaminated surfaces. Wash with Soap and Water when hands are visibly soiled . Glove Use When and How to Wear Gloves Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur. Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment. Perform hand hygiene immediately after removing gloves. Change gloves and perform hand hygiene during patient care, if gloves become damaged, gloves become visibly soiled with blood or body fluids following a task, moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs . Review of a Face Sheet revealed Resident #101 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Resident #101 During an observation and interview on 5/27/2020 at 11:20 PM, Licensed Practical Nurse (LPN) I entered Resident #101's room with supplies needed to test his blood sugar level. Without performing hand hygiene, LPN I donned gloves, used a lancet to prick resident's finger to obtain a sample of blood and placed it on the glucometer to test blood sugar. LPN I removed her gloves and exited Resident #101's room without performing hand hygiene. Upon returning to the medication cart with the used glucometer, LPN I used a disinfectant wipe the glucometer for less than 1 minute then placed it in the top drawer next to another glucometer. LPN I stated, The glucometer is cleaned for 1 minute and put back in the medication cart to be used on another resident. During an interview on 5/27/2020 at 11:30 PM, Assistant Director of Nursing (ADON) C stated, The glucometer should be wiped down and stay wet for two (2) minutes after each use. The glucometers used in the facility are shared between residents. At this time, LPN I took the glucometer from the top drawer without a glove on, wrapped it in a disinfectant wipe, and placed it on top of two (2) tissue in the medication cart bottom drawer. It was noted, LPN I did not disinfect the glucometer nor the drawer that shared space with the contaminated glucometer. During an interview received via email on 5/28/2020 at 2:22 PM, Nursing Home Administrator (NHA) A indicated hand hygiene during glucometer use should be performed before and after use to prevent the transmission of potential contact-based infection. With staff educated on glucometer cleaning and performing hand hygiene upon hire, annually, and as necessary. During an observation and interview on 5/27/20 at 3:35 PM, surveyors prepared to exit facility building via the designated COVID-19 screening area. Business Office Assistant (BOA) R was assigned to take the temperature of surveyors using a non-contact infrared forehead thermometer. After taking the temperature of the first surveyor, BOA R took the second surveyor's temperature without performing hand hygiene or disinfecting the thermometer in between use. BOA R offered both surveyors the same ink pen she had used to initial the screening log. Noted at this time on the table next to the screening log, was a pen/pencil cleaner, spray disinfectant, and a can of disinfectant wipes. When asked if, when, and how the shared thermometer and ink pen were cleaned, BOA R replied, I've never signed-off on any paper to say I know to clean shared equipment between use.</p> <p>Hand Hygiene According to the Centers for Disease Control (CDC), Hand hygiene is an important part of the U.S. response to the international emergence of COVID-19. [MEDICATION NAME] hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings. Retrieved from: <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html</a> In an interview on 5/27/20 at 11:10 A.M., Housekeeping/Laundry Aide (HLA) N reported being responsible for delivering clean laundry to resident rooms. HLA N indicated it was not necessary to perform hand hygiene upon entering or exiting resident rooms since I don't touch anything except maybe a doorknob now and then. Note that doorknobs are a potentially contaminated article because they are high touch surface areas (meaning they are touched multiple times by multiple people with varying degrees of hand hygiene between cleaning). In an interview on 5/27/20 at 11:28 A.M., Housekeeping Supervisor (HS) M reported hand hygiene should be performed by Laundry Aide when laundry is delivered to a resident in isolation, but is not necessary when laundry is delivered to residents who are not in isolation. In electronic correspondence (email) on 5/28/20 at 11:58 A.M., Nursing</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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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>Home Administrator (NHA) A was asked by this surveyor to respond to the following questions: What is the expectation of laundry staff to perform hand hygiene when delivering laundry to individual resident rooms? Do they (laundry staff) need to perform hand hygiene upon entry and exit of each resident room? Electronic correspondence (email) received on 5/28/20 at 1:50 P.M. from NHA in response to those questions was, We follow and train our staff on the CDC guidance for Laundry handling, all linens and bedding are delivered to the linen closets. Note Centers for Disease Control (CDC) Guidance for Laundry Handling provides guidance on Laundry Handling, not expectations of hand hygiene practices of laundry employees. Referenced from: <a href="https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html">https://www.cdc.gov/infectioncontrol/guidelines/environmental/background/laundry.html</a> Screening Station Review of a facility policy, Cleaning/Disinfecting Resident-Care Items and Equipment revealed, Policy: . equipment, including reusable items . will be cleaned and disinfected according to current CDC recommendations for disinfection . Procedure: The following categories are used to distinguish the levels of sterilization/disinfection necessary for items used . 4. Reusable items are cleaned and disinfected between residents (e.g., stethoscopes, durable medical equipment) . Durable medical equipment (DME) must be cleaned and disinfected before reuse by another . Review of a facility document Steps for COVID 19 Screening for Residents/Visitors/Staff revealed, 1. Door will remained (sic) locked: you must ring the doorbell and a staff member will let you in. 2. You must sanitize your hands. 3. Print and sign name in the book provided along with date, time and put a check mark in the box stating that you sanitized your hands. 4. The staff member that opened the door for you will then take your temperature, write in the temperature and initial that took your temperature. 5.) You must immediately go to the breakroom and wash your hands with soap and water for a least 20 seconds. 6.) If you are a staff member you may then punch in for work. Then you may enter through the double doors. You must wear a mask covering your mouth and nose at all times!!! 7.) These steps must be followed each and every time you enter the building. 8.) Upon leaving the facility you must sanitize your hands, get temperature checked and sign out what time you are leaving . Note - no mention of cleaning/disinfection of thermometer between use. In electronic correspondence (email) on 5/28/20 at 11:50 A.M., Nursing Home Administrator (NHA) A indicated the facility document Steps for COVID 19 Screening for Resident/Visitors/Staff is the process all staff (staff being screened and staff who perform screening) were trained on. NHA A also indicated no separate policy or procedure in place for staff who perform screening. During an observation on 5/27/20 at 9:35 A.M., surveyors entered facility. Noted Registered Nurse (RN) F seated at the Entrance (being used as the Screening Area - the single point of entry/exit of the building to screen employees/visitors entering the building for symptoms of or possible exposure to COVID-19). Surveyors were directed to the hand sanitizing dispenser to perform hand hygiene. Surveyors were then directed, one at a time while maintaining social distancing, to a table next to the hand sanitizer dispenser to sign in and answer screening questions. The table contained a bottle of alcohol hand sanitizer spray, one ink pen, an ink pen sanitizing device, a box of surgical masks, an employee sign-in book, a visitor sign-in book, and two non-contact digital thermometers. Note - the one ink pen on the table for sign-in did not fit in the ink pen sanitizing device and was not sanitized between uses. RN F took temperature of the first surveyor using one of the non-contact digital thermometers. RN F then took the temperature of the second surveyor using the same non-contact digital thermometer. The measurement end of the thermometer directly touched the second surveyor's skin. RN F did not clean/disinfect thermometer before taking temperature of first surveyor. RN F did not clean/disinfect thermometer between taking temperature of first and second surveyor. RN F did not clean/disinfect thermometer after taking temperature of second surveyor. In an observation/interview on 5/27/20 at 10:50 A.M., Receptionist C was stationed at the Entrance (Screening Area). Receptionist C was asked if the thermometer was cleaned/disinfected between uses. Receptionist C indicated the thermometer is cleaned between uses with disinfecting wipes. No wipes were present during observation/interview. Receptionist C was not able to produce wipes when asked for them. In an interview on 5/27/20 at 11:00 A.M., Registered Nurse (RN) F indicated the thermometers used at the Screening Area should be cleaned between uses. RN F reported using the alcohol hand sanitizer spray (on the table) and a towel to clean the thermometer between uses. RN F also reported not having wipes available at the Screening Entrance. In an observation/interview on 5/27/20 at 2:10 P.M., Housekeeping Supervisor (HS) M was stationed at the Entrance (Screening Area). Noted sanitizing hand wipes located on table. Note - the sanitizing hand wipes were not present on previous observations of the table. When asked about the sanitizing hand wipes, HS M stated, we have been using those today to wipe the thermometer. During observation, noted one staff member approach screening area for temperature check by HS M prior to exiting building. Thermometer was not wiped down before or after use. Noted another staff member approach screening area for temperature check by HS M prior to entering building. The same thermometer was used for both temperature checks. Thermometer was not wiped down before or after use.</p>		