

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235347	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2020
NAME OF PROVIDER OF SUPPLIER SKLD ZEELAND		STREET ADDRESS, CITY, STATE, ZIP 285 N STATE ST ZEELAND, MI 49464	
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>Based on observation, interview and record review, the facility failed to properly implement infection prevention and control practices to prevent the potential for the development and transmission of COVID-19. Findings: An unannounced on-site investigation to conduct a COVID-19 Focused Survey began on 4/15/2020 at 9:30 AM. During an observation on 4/15/20 at 11:40 AM, approximately 10 residents from the locked unit were observed seated at 5 of the 6 round tables involved in various activities in the dining room. Six-foot social distancing practices set forth under CMS guidelines were not observed. During an interview on 4/15/20 at 11:55 AM, Activities Assistant, revealed that they now put 2 residents at table instead of 4 like they used to. We try to sanitize the tables, wipe down all activity material, an ask residents to wear the masks but, we have a difficulty with compliance because we can't make the residents wear it. During an observation of the Dementia Activity Room on 4/15/20 at 12:00 PM, Resident #1 got up from her recliner walked a few steps to the closest tables, touched another resident, their wheelchair, and table multiple times prior to staff intervention. Hand washing or sanitizing of the residents and the surface of table and resident's wheelchair did not take place after encounter. During an interview on 4/15/20 at 12:03 PM, Certified Nurses Aide (CNA) J, we only put 2 residents to a table, no residents are having any signs or symptoms of illness. CNA J stated, We try to get them to wear masks. On 4/15/20 at 2:25 PM, one resident's wheelchair was observed approximately a foot from another resident seated in a hallway recliner on the Dementia Unit. The Dementia Unit Dining Room had 3 residents seated around the same table. During an observation of the Dementia Activity Room on 4/15/20 at 2:32 PM, three tables had 2 residents at each table. One of the tables had residents seated next to each other rather than across. During an Interview on 4/15/20 at 2:48 PM, Certified Nurses Aide (CNA) R stated, We have two (residents) to a table so that they are 6 feet apart and not too many at a table. During an interview on 4/15/20 at 2:56 PM, Licensed Practical Nurse Unit Manager (LPNUM) S stated we try to keep those that need assisted dining in the back and keep those less assisted in the up front dining room. We are supposed to keep 2 at a table sometimes we have to move them, well we try to keep them 6 feet apart. (The Residents were observed sitting next to each other in the Dementia Unit Dining Room.) During an interview on 4/15/20 at 3:33 PM, Registered Nurse Infection Control, (RNIC) V revealed that she makes rounds as the Infection Control Nurse. For CMS we are supposed to keep 6 feet apart as much as we can. (Name of Dementia Unit) they (the staff) do try to keep them apart as much as they can, you just can't keep them (the residents) down, I do think staff do pretty at keeping them apart. RNIC V stated they tried to move the tables in different ways in the Dementia Dining Room but the residents just kind of sit and they won't wear masks. We tried to keep one at a table then they would move, the (Name of LPNUM S) said they moved at every meal. During an interview on 4/15/20 at 4:02 PM, the DON revealed the following about the Dementia Unit, It's a challenging unit, they are huge risk for falls, and resident to resident behaviors it's why we have 2 to a table an they are in chairs we are trying to utilize the whole area back there, and have assigned a supportive aide so they are under supervision. DON revealed that hand washing takes place before meals, and they try to promote wearing masks. Review of Coronavirus Disease 2019 (COVID-19) power point education from page 4 reflected the following: How Does COVID-19 Spread? -COVID-19 spreads the same way the flu and other respiratory diseases spread. - Through respiratory droplets produced when an infected person coughs or sneezes. - These droplets can land in the mouths and noses of people who are nearby or possibly be inhaled into the lungs. - Between people who are in close contact with one another (within about 6 feet). - By contact with infected surfaces or objects. Review of Preparing for COVID-19: Long-term Care Facilities, Nursing Homes website at https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html; guidance included to cancel all group activities and communal dining; make tissues and facemask's available for coughing people; when caring for residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection and restrict residents with a respiratory infection to their rooms; and all residents should wear a facemask when they leave their room, perform hand hygiene, limit their movement in the facility, and perform social distancing (stay at least 6 feet away from others).</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.