

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235504</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE OASIS AT ADRIAN REHABILITATION AND NURSING CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>130 SAND CREEK HWY ADRIAN, MI 49221</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 - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review, the facility failed to properly isolate 2 out of 7 residents (Resident #1 and 3) upon admission to the facility for 14 days related to Covid 19, resulting in the potential to infect Resident #2, and failed to ensure hand hygiene was performed as appropriate (Resident #3) and staff were educated on required contact times (time it takes for the disinfectant to kill the pathogen) for disinfectants used, resulting in the potential for the spread of infection Covid 19. Findings Included: Resident #1 (R1): Review of the facility's Admission Criteria for [MEDICATION NAME] Isolation, dated 5/28/2020, revealed under bullet #1, Admissions from home will be placed in 14 day isolation. Review of a facility map that revealed the halls and rooms indicated that the D hall was the designated Covid 19 rooms. Per the facility face sheet R1 was admitted to the facility on [DATE]. A progress note, dated 7/19/2020, revealed R1 was moved to a different room, but did not reveal what room he was originally admitted to nor what room he was moved too. Another progress note, dated 7/20/2020, revealed R1 was admitted to the facility on [DATE] from his home, and also revealed, Resident (R1) will be placed in [MEDICATION NAME] droplet isolation until 7/31/2020. Review of R1's physician orders, dated 7/20/2020, revealed R1 was ordered to be in [MEDICATION NAME] droplet isolation until 7/31/2020. Per, <a href="https://www.merriam-webster.com/dictionary/[MEDICATION NAME]">https://www.merriam-webster.com/dictionary/[MEDICATION NAME]</a> means, guarding from or preventing the spread or occurrence of disease or infection In an observation on 7/21/2020, at 11:59, R1 was observed in the secured C hall unit wandering in the common area without a mask on. Director of Nursing (DON) B was heard to tell R1 he needed to put a mask on. An isolation cart was noted to be next to R1's room door, of room C15, that contained Personal Protective Equipment (PPE) for isolation precautions. In an interview on 7/21/2020, at 12:00 PM, DON B stated R1 was admitted to the D hall, but was transferred to the secured unit into room C15 bed on the next day, because he was an elopement risk and wandered. DON B said R1 self-quarantined at home for 14 days prior to his admission, but was not able to state why he had self quarantined at home. DON B stated R1's roommate (R2) in C15 bed two had three negative Covid 19 test results. Resident #2 (R2): Upon review of R2's face sheet it was revealed that R2 was admitted to the facility on [DATE]. Record review of three Covid 19 laboratory results for R2 revealed that on 6/13, 6/29, and 7/21/2020, R2 tested negative for Covid 19. Review of R2's physician assessments dated 6/9, 6/23, and 6/25/2020 also revealed R2 was assessed to have negative symptoms of Covid 19. Further review of a physician's orders [REDACTED]. No other isolation orders were found in R2's Electronic Medical Record (EMR) after the date of 7/1/2020. In an interview on 7/23/2020, at 11:00 AM, Certified Nurse Aid (CNA) C, who worked on the secured unit where R1 and R2 resided, stated R1 was on droplet precautions until 7/31/2020, because he was admitted from home. CNA C said R1 was not compliant with his quarantine/isolation precautions, but she would encourage R1 to stay in his room. CNA C also stated that R2 was not in quarantine/isolation precautions. In an interview on 7/23/2020, at 12:55 PM, Infection Control Preventionist (ICP) D stated that the D hall was the designated hall, of rooms five through 16, for newly admitted residents for a 14 day quarantine. ICP D said R1 was admitted to the D hall for his 14 day quarantine, but because he wandered the hall it was decided that he would be moved to the C hall. ICP D said R1 remained in isolation precautions in his room on C hall in order to complete his 14 days of quarantine. Per the Centers for Disease Control and Prevention guidelines at <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a>, under Considerations for new admissions or readmissions to the facility Long Term Care Facilities should, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19., and Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission. New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). According Centers for Medicare and Medicaid Services (CMS) Memo QSO-20-28-NH, dated 4/24/2020, under Resident Cohorting, Separation, and Admission Number 12.</p> <p>On April 2, 2020, CMS recommended nursing homes work with State and local leaders to designate separate facilities or units within a facility to separate COVID-19 negative residents from COVID-19 positive residents and individuals with unknown COVID-19 status. How can a certified LTC facility separate (i.e., cohort) residents in their facility, or in other certified or noncertified facilities? A: There are a few scenarios that can occur for cohorting. Facilities should first dedicate space to care for residents with confirmed COVID-19, such as a dedicated floor, unit, wing, or other facility (as explained below). In addition, facilities should create a plan, which could include placement in separate observation areas or in single rooms, for: New admissions and readmissions whose COVID-19 status is unknown. In an interview on 7/21/2020, at 12:26 PM, Certified Nurse Aid (CNA) E stated that she cleaned all resident equipment after each use with the Clorox cleaning wipes that were used by the facility, and stated that the contact time for the wipes was two minutes. Observation of the Clorox container that CNA E retrieved revealed the EPA registration number was -12. Review of list EPA list N at, <a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2-covid-19#filter_col1">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2-covid-19#filter_col1</a>, revealed that the Clorox wipes with EPA registration number of -12 was, Sodium hypochlorite, Clorox Healthcare Bleach Germicidal Wipes, Clorox Professional Products Company, and under the column of, Contact Time (in minutes) it was revealed that the contact time was three minutes. In an interview on 7/21/2020, at 12:25 PM, CNA F, stated that the Clorox wipes used at the facility had a two minute contact time. In an interview on 7/21/2020, at 12:35 PM, CNA G stated that she did not know the contact time required for the Clorox wipes, nor did she know what that meant. CNA G stated that she was not educated on the contact times for the Clorox wipes, and stated that she thought it is one minute. CNA G also stated that she did not know that the item being cleaned/disinfected had to stay wet with the cleaning product for the required contact time. In an interview on 7/21/2020, at 1:30 PM, ICP D stated that she did not know the contact time for the Clorox bleach wipes, but stated it was 2 minutes. ICP D said she did not educate staff on the contact time or what contact time meant. In an interview on 7/24/2020, at 11:00 AM, Housekeeping Supervisor (HS) I was asked if the cleaning/disinfectant products use at the facility had been verified on the Environmental Protection Agency (EPA) list N of approved products with claims to kill [DIAGNOSES REDACTED] COV 2 (Covid-19). HS I stated that she did know what the EPA N list was.</p> <p>Resident #3 (R3) 07/23/20 at 11:00 AM R3 was observed sitting on his bed in his room with his call light on. Licensed Practical Nurse (LPN) J assisted R3 with his walker and ambulated to the bathroom. After R3 used the bathroom, LPN J did not instruct R3 to perform hand hygiene. LPN J ambulated R3 back to his bed and checked his blood sugar. Following the observation, LPN J stated she should have instructed R3 to wash his hands after he used the bathroom. R3's nurses progress notes dated 07/07/20 at 10:45 PM reflected he arrived with a family member by car and was admitted to the facility.</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>F 0880</p> <p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p>(continued... from page 1)</p> <p>Progress note dated 07/08/20 at 11:26 AM indicated R3 was recently admitted to the hospital on [DATE] and during his hospital stay was tested for COVID 19 with negative results. The same note indicated R3 would be placed in [MEDICATION NAME] droplet isolation until 07/09/2020. R3's Care Plan dated 07/09/20 revealed he had a Helicobacter Pylori infection (H. Pylori, type of bacterial infection in the stomach) in which he was prescribed antibiotics. The same care plan indicated R3 had the [DIAGNOSES REDACTED]. According to the July 2020 Monthly Infection Control Line Listing, R3 was admitted to room A10 bed 2. R3's progress note dated 07/15/20 at 2:07 PM, revealed he was transferred to D10 bed 2. Infection Control Preventionist (ICP) D was interviewed on 07/23/20 at 12:55 PM and stated new admissions were placed on the D unit. ICP D stated in the same interview, the length of isolation was based on the individual.</p>		