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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235450 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/09/2020 |
| NAME OF PROVIDER OF SUPPLIER ALLENDALE NURSING AND REHABILITATION COMMUNITY | | STREET ADDRESS, CITY, STATE, ZIP 11007 RADCLIFF DR ALLENDALE, MI 49401 | |
| 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 include: During an observation on 4/8/20 at 9:15 a.m., several staff had loose fitted homemade masks that covered their mouth and nose throughout the facility and observed adjusting their masks with no follow up hand hygiene after touching mask and face. During an observation and an interview on 4/8/20 at approximately 9:20 a.m., Assistant Director of Nursing (ADON) A reported the facility received homemade masks that were donated and distributed to the staff. While talking to this surveyor, ADON A adjusted her mask with her hands and headed to room [ROOM NUMBER] with no hand hygiene observed. During an observation on 4/8/20 at 10:31 a.m., Certified Nursing Assistant (CNA) G adjusted the homemade mask on her face several times at the nurses' station on the 100 hall and touched the computer and desk with no hand hygiene noted. The mask was loose fitting with a headband like elastic that wraps around her head. The ADON A observed at another nursing station adjusting her mask several times around a nursing cart and opening drawers with no hand hygiene observed. CNA H walked in the hallway touching and adjusting her homemade face mask with no hand hygiene observed. During an observation and an interview on 4/8/20 at 11:36 a.m., two Certified Nursing Assistants (CNA's) observed on the 200 halls at a charting station approximately 3 feet from each other and one CNA had her mask pulled down from her chin. In the hallway about 15 feet across from them was a rack with resident clothing that is clean and being delivered to the residents with a cloth covering the top of the rack, and the clothing observed uncovered and unprotected from the shoulder down. The Housekeeping Assistant (HA) J reported the cloth covering is what the facility provided her to use when delivering clean clothes to the residents. In an interview on 4/8/20 at 12:32 p.m., Housekeeping Supervisor (HS) I reported that the facility only had a cloth covering that covered the tops of the clothing rack to deliver the residents clothing and the facility did not have anything that fully covered the clothing when delivering to the residents. During an observation and an interview on 4/8/20 at 12:40 p.m., the 100 hall dining room had two stacks of clothing protectors on a table near the door entry. The Infection Control Nurse (ICN) D walked in the room at this time and reported the clothing protectors were to be in a cabinet and distributed when ready to use. ICN D then removed the clothing protectors and took them to the laundry room. At this time a male CNA entered the dining room touching and adjusting his mask and then helped to assist a resident to a table and no hand hygiene noted. In an interview on 4/9/20 at 9:10 a.m., the Director of Nursing (DON) reported she expected staff to practice hand hygiene after touching their faces and adjusting their masks. The Nursing Home Administrator (NHA) reported the facility did not have a protection covering the clothing the day before because it fell on the floor and was dirty and had to clean it. The NHA reported she started a PIP (Process Improvement Plan) regarding the masks and hand hygiene.</p> <p>According to a CMS (Center for Medicare and Medicaid) document submitted by the facility titled, COVID-19 Longer Term Care Facility Guidance dated 4/2/2020 reflected. Long term care facilities should ensure all staff are using appropriate PPE (personal protective equipment) when they are interacting with patients and residents to the extent PPE is avail and per CDC (Center for Disease Control and Prevention) guidance on conservation of PPE: for the duration of the state of emergency in their State, all long term care facility personnel should wear a facemask while they are in the facility . Review of a facility policy titled, Hand Washing/Hand Hygiene dated 4/2020 reflected, Wash hands and other skin surfaces when: . after immediate contamination with blood, other body fluids or potentially contaminated articles (such as face masks). Review of a facility policy titled, Linens: Processing, Transporting, Storage dated revised 5/17 reflected, The facility will maintain clean bed and bath linens in good condition and available. Facility personnel must handle, store, process and transport linen in a manner that prevents the spread of infection .</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.