

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235639</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE OAKS AT BYRON CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2280 BYRON VIEW DR SW BYRON CENTER, MI 49315</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> <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 maintain adequate infection control practice during COVID-19 infection control survey, for 2 of 2 residents (Resident #101 and Resident #102) reviewed for infection control, 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: 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 facility policy, Perineal Care for the Incontinent Guideline revised date 11/09/2018, revealed, .PURPOSE To provide incontinence care that will keep skin from being exposed to prolonged periods of urine and feces. PROCEDURES .6. Reapply protective ointment after each incontinence episode. NOTE: it is not necessary to totally remove previously applied protective cream (white). Simply remove soiled top layer. Excessive scrubbing can cause damage to the skin. Reapply cleanser as needed . Pay particular attention to infection prevention and control techniques when performing pericare, to prevent introduction of contamination that may lead to a urinary tract infection. 8. Care should be taken with denuded or excoriated skin, shearing and dressings . Resident #101 Review of a Face Sheet revealed Resident #101 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #101, with a reference date of 5/7/2020, revealed a Brief Interview for Mental Status (BIMS) score of 6, out of a total possible score of 15, which indicated Resident #101 was cognitively impaired. Further review of Resident #101's MDS revealed she required extensive assistance of one person for toileting. Review of Resident #101's Order Summary dated 5/6/2020, revealed Left gluteal Left Thigh Special Instructions: Cleanse buttock and thigh with wound cleanser, pat dry. Apply A&amp;D to both buttocks and thigh, every shift and with each incontinent episode. Three Times A Day . Review of Resident #101's Progress Note dated 05/13/2020 12:55 PM Wound CARE note: Resident's pressure injury on her left buttock and left thigh assessed. Left buttock noted to have a pink tacky surface wound bed . During an observation and interview on 5/20/2020 at 10:55 AM, Associate Director of Nursing (ADON) D gathered supplies in preparation of performing perineal (cleaning the private areas) and wound care for Resident #101. Without performing hand hygiene, ADON D donned (put on) gloves and went to 100 hall clean linen room to retrieve multiple washcloths and towels. Placing clean towels on top of 100 hall treatment cart without a barrier, ADON D placed wound care supplies from cart to top next to towels. Then opened 2-gauze sponge packages and sprayed wound cleanser inside package. Taking all wound care supplies and clean towels, ADON D entered Resident #101's room. It was noted ADON D continued to wear the gloves she had donned in hallway and had touched multiple surfaces (door knobs, resident shared wound cleanser, and cart drawers). ADON D wore these gloves and not performing hand hygiene upon entering resident room. Once in room, ADON D moved resident's personal items from top of bedside table to bedside dresser. One personal item had been transferred, ADON D placed a clean towel on top of bedside table as a barrier and placed additional towels and wound care supplies on it. Still wearing the gloves she had worn in hallway, ADON D went to Resident #101's television cupboard and retrieved a basin and bottle of soap and entered resident bathroom, filling basin with soap and water, then placed it on the bedside table. ADON D doffed (removed) gloves and entered bathroom and washed hands with soap and water for CDC recommended amount of time. After donning clean gloves, ADON D placed two (2) washcloths in basin, moved resident's walker, and pulled bed linen to foot-of-bed. Resident #101 was sitting on edge of bed and required assistance from ADON D to stand with aide of walker. Upon Resident #101 standing, ADON D pulled resident's slacks down and transferred her to a supine position in bed. Once resident was ready, ADON D removed the visibly urine and bowel movement (BM) soiled brief and placed in bedside trash. ADON D then doffed gloves, and without performing hand hygiene, went to resident's closed and got a clean brief, lying it on bed next to resident. ADON D performed hand hygiene with soap and water then left room to retrieve hand sanitizer from treatment cart, placing it on bedside table. After using hand sanitizer, ADON D donned clean gloves, and assisted Resident #101 to position legs so she could clean resident's front perineal area. Applying soap to wet washcloth, ADON D began to clean resident's perineal area in a back and forth motion (4 times), folded the washcloth and wiped once on left thigh. After placing in designated bag on top of trash can, ADON D then took a clean cloth and cleaned resident's labia in a back and forth motion (2 times), folded washcloth and wiped from top to bottom once and placed dirty washcloth into dirty bag. At this time it was noted the washcloth had visible BM on it. With a clean washcloth, ADON D rinsed resident's genital area in a back and forth motion (3 times) and placed in bag. Taking a dry towel, ADON D pat-dried front perineal area of resident, then put towel in dirty bag, doffed gloves, and used hand sanitizer. It was noted ADON D did not use soap and water to clean hands per facility policy or CDC guidelines after coming in contact with BM and urine. ADON D donned clean gloves and arranged the interdry dressing under Resident #101's abdominal fold, moved blanket from next to resident, and rolled draw sheet farther under resident. Observed BM on draw sheet, ADON D stated, I'll have to get another one (referring to draw sheet). It was noted at this time, Resident #101's vest was rolled partially in the draw sheet. After doffing gloves and not performing hand hygiene, ADON D opened television cupboard to get a package of wet wipes. At bedside table, ADON D used hand sanitizer and donned clean glove. Using the bed controller, ADON D raised resident's bed to a working height and assisted resident onto right side. With one (1) wipe, ADON D took 1 swipe down in between resident's buttocks, revealing BM on wipe. It was noted at this time, 1-quarter size open wound on left buttock. With a clean wet wipe, ADON D wiped multiple times over the wound on left buttock. After doffing gloves, ADON D used hand sanitizer and did not use soap and water per facility policy or CDC guidelines after coming in contact with BM. ADON D donned clean gloves and wet the end of a drying towel and applied soap to the wet end and began to clean inside of right thigh. It was noted at this time a nickel-size open wound. After multiple swipes over the wound using the soapy end of the towel, ADON D took the dry end of the towel and pat-dried over the wound and thigh. Then, doffed gloves, used hand sanitizer, and donned clean gloves. At this time, ADON D took a cleanser-soaked gauze and cleaned over the top of the wounds on the right thigh. Three swipes over the wound were observed before ADON D folded the gauze and swiped twenty-one (21) more times over both wounds,</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 - Few</b>	<p>(continued... from page 1)</p> <p>sometimes using a back and forth motion. Taking a new cleanser-soaked gauze, ADON D used it to clean the wound on the left thigh, swiping over the wound in a back and forth motion eight (8) times before folding the gauze and swiping back and forth over the wound three (3) more times. Using the last cleanser-soaked gauze, ADON D patted the left thigh wounds four (4) times, then applied ordered ointment to open wounds. It was noted ADON D did not doff gloves, perform hand hygiene, nor don clean gloves before applying ordered medication per facility policy or CDC guidelines. ADON D doffed gloves, used hand sanitizer, placed her glasses on her face, and gathered more clean gloves. Without performing hand hygiene, ADON D donned clean gloves, covered Resident #101 with sheet, and then doffed gloves. Without performing hand hygiene, ADON D opened room door, went to treatment cart, used hand sanitizer, took keys from pants pocket and took a disposable wound measure tape from drawer. Placing keys back in pants pocket, ADON D re-entered resident's room and donned gloves without performing hand hygiene. Removing the sheet covering Resident #101, ADON D used the measure tape to take measurements of each wound while touching skin with gloved hands. After placing measure tape in garbage, ADON D doffed gloves, used hand sanitizer, donned gloves and used the bed controller to place bed in low position, grabbed the soiled brief and BM soiled draw sheet and placed them in designated bags. With same gloves on and not performing hand hygiene per facility policy and CDC guidelines, ADON D assisted Resident #101 with putting on clean brief and pulling slacks up above knees, then helped resident to a sitting position to the edge-of-bed. Placed walker in front of resident, assisted resident to a standing position and gave resident a high-five. After cleaning basin in bathroom and putting dirty linen bag into another bag, ADON D doffed gloves and without performing hand hygiene, opened the curtain between Resident #101 and roommate, used hand sanitizer and donned clean gloves and picked up garbage from floor. After doffing gloves and not performing hand hygiene, ADON D placed resident's personal items back on the bedside table, then washed hands with soap and water. ADON D stated, Hands should be washed with soap and water for 20 seconds per policy. Hand hygiene during perineal care should be done before beginning care and after gloves are soiled. During wound care, soap and water should be used. I don't know know if I did hand hygiene after I got stool (BM) on my gloves while doing care with (Resident #101). I do hand hygiene before I touch any other surface like dirty to clean on a resident. I would change gloves and do hand hygiene. When gloves are changed hand hygiene should be done. Resident #102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #102's Order dated 9/24/2019, revealed, Accucheck before meals and at hs (at bedtime) . During observation and interview on 5/20/2020 at 12:05 PM, Registered Nurse (RN) O drew insulin in a needled syringe and gathered 2-lancets and 2-alcohol wipes, and resident's glucometer, placing all on top of 200 hall medication cart without a barrier. After entering room, RN O used hand sanitizer and placed syringe and alcohol wipes on top of magazines on Resident #102's bedside table. No barrier was between personal items and the syringe and alcohol wipes. Finding Resident #102 in wheelchair with eyes closed, breathing, and not responding to RN O prompts, RN O left the room with the syringe out-of-sight and unattended to get a communal pulse oximeter. After using the pulse oximeter on Resident #102, RN O donned gloves without performing hand hygiene and used a lancet from her pocket to draw blood from forefinger. Using the glucometer to read the resident's blood sugar level, RN O injected insulin into the resident's abdomen and placed it back on the table on top of personal items. Once again, RN O left the room, leaving the syringe out-of-sight and unattended on the bedside table to retrieve a vital sign (VS) machine. Upon re-entering the room, RN O donned gloves retrieved from the bathroom and without performing hand hygiene. After taking Resident #102's vital signs using a blood pressure cuff and pulse oximeter, RN O doffed gloves and left the room with the syringe and VS machine without performing hand hygiene. Back at the 200-hall medication cart, RN O wiped the machine down with a disinfectant wipe but did not wipe off the blood pressure cuff nor the pulse oximeter. RN O: stated, The resident-specific glucometer is cleaned when it gets dirty since it is only used by the specific resident and not shared. All shared equipment like the VS machine, blood pressure cuff, and pulse oximeter should be cleaned after each use. Hand hygiene should be done when entering and leaving a room. I've not been here very long and haven't had training on the facility's policies. During an interview on 5/20/2020 at 2:50 PM, Director of Nursing (DON) B stated, A glucometer should be cleaned after each use if it is used by multiple residents. If it is a resident-specific glucometer then it is cleaned periodically. It has been several months, and the facility has a lot of new staff since training or education has been done. There is not a routine education program. The facility has not done group staff education in awhile and it is due. New staff has not received task-specific training. There should be a barrier on a bedside table for medications. Nursing staff should not put a syringe on top of personal belongings and not leave medication unattended. Hand hygiene should be done prior to and after assisting a resident. Hand hygiene during perineal care should be done prior to donning gloves. Gloves should be changed when soiled. Perineal care is done by going from front to back. Gloves soiled with BM should be changed and hand hygiene with soap and water for 20 seconds. Hand hygiene during wound care should be done after removal of dirty dressing by washing hands with soap and water and donning clean gloves. Gloves should be changed if a wound is particularly dirty, gloves are contaminated or there is feces on the gloves.</p>		