

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235517	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/13/2020
NAME OF PROVIDER OF SUPPLIER MEDILODGE OF CAMPUS AREA		STREET ADDRESS, CITY, STATE, ZIP 2815 NORTHWIND DR EAST LANSING, MI 48823	
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 - Some	<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 follow Covid 19 infection control policies and procedures resulting in the potential for the spread of Covid 19 among the population of 53 residents in the facility. Findings include: On 10/8/20 at 9:40 AM, Licensed Practical Nurse (LPN) C was observed standing at the medication cart on the 100 unit. When interviewed, LPN C was asked to explain how she cleaned a glucometer (an instrument that uses a blood sample to determine blood sugar) after she used it on a resident. LPN C indicated she used the cleaner found in her medication cart called Sani Professional which contained an EPA # of 157. An observation of the container indicated the cleanser was used for washing a person's hands not for cleaning equipment. No other container used for sanitizing equipment was found on the bottom of the medication cart. On 10/8/20 at 9:50 AM, LPN D was interviewed on the 200 unit. When asked how she cleaned the glucometer in her medication cart, she stated she used bleach spray. LPN D said she wet the glucometer for 5 minutes then let it air dry. On 10/8/20 at 2:20 PM, Housekeeper (HK) E was interviewed. HK E was asked which disinfectant she used to clean resident rooms. HK E stated she used a 3:1 bleach spray for cleaning resident rooms. When HK E was queried as to the contact time for bleach spray, she stated you spray it and have 5 minutes to wipe it up. I don't let it sit for 5 minutes. I wipe it up in a minute or two. On 10/8/20 at 2:30 PM, Housekeeping Supervisor (HKS) F was interviewed. According to HKS F, the facility used a bleach spray (EPA#: -32) for cleaning resident rooms. When queried about the contact time for the bleach spray, HKS F stated the contact time is 5 minutes. You wait 5 minutes and then you wipe it dry. When HKS F was asked what happened if the bleach spray dried in 2 (two) minutes. HKS F stated you wipe it up. You don't re-spray. On 10/8/20, a record review of the N-List, which contained the list of disinfectants used to kill Covid was reviewed for product EPA # of 157. No product with that EPA number was found on the N-List. A search on the N-List for EPA # -32 revealed this was a Clorox product with a contact time of 5 minutes. Contact time is defined as the amount of time a disinfectant must stay wet on a surface to disinfect that surface. On 10/9/20, three residents had a positive covid test. All three resident were transferred to the facility's covid hub for additional care. On 10/13/20 at 10:00 AM, in an interview with Administrator A, she stated three staff tested positive for Covid since 10/9/20. One staff member, who was tested on [DATE], had a positive result and two other staff members tested positive at a local urgent care. On 10/13/20 at 10:23 AM, Certified Nursing Assistant (CENA) N was interviewed. When she was asked what she used to clean the blood pressure machines, CENA N stated she used alcohol wipes. According to CMS (Centers for Medicare and Medicaid) Covid-19 focused survey protocol, Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled. Review of the CDC's Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 revealed, Disinfectants used at a facility should be EPA-registered, hospital-grade disinfectants with an emerging [MEDICAL CONDITION] pathogens claim against [DIAGNOSES REDACTED]-CoV-2. List N on the EPA website lists products that meet EPA's criteria for use against [DIAGNOSES REDACTED]-CoV-2 (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-diagnoses-redacted-cov-2). All EPA-registered, hospital-grade disinfectants have a contact time which is required to kill or inactivate pathogens. Environmental surfaces must remain wet with the product for the entire contact time duration to work appropriately. Contact times range from 30 seconds to 10 minutes. Keeping a surface wet for 10 minutes is seldom accomplished with a single application. It is important for facilities to know that their product is appropriate (List N as above) and is being used for the entire contact time. Also, it is helpful for the facility to assign responsibility for cleaning and disinfection of specific surfaces and equipment (who cleans what). According to the EPA's website (https://www.epa.gov/coronavirus/disinfectant-use-and-coronavirus-covid-19), How does EPA know that the products on List N work on [DIAGNOSES REDACTED]-CoV-2? While surface disinfectant products on List N have not been tested specifically against [DIAGNOSES REDACTED]-CoV-2, the cause of COVID-19, EPA expects them to kill [MEDICAL CONDITION] because they: Demonstrate efficacy (e.g. effectiveness) against a harder-to-[MEDICAL CONDITION]; or Demonstrate efficacy against another type of human coronavirus similar to [DIAGNOSES REDACTED]-CoV-2. All surface disinfectants on List N can be used to [MEDICAL CONDITION] on surfaces such as counters and doorknobs. Because [DIAGNOSES REDACTED]-CoV-2 is a new virus, this pathogen is not readily available for use in commercial laboratory testing to see if a certain disinfectant product is effective at killing [MEDICAL CONDITION]. EPA reviews and registers antimicrobial pesticides, which include disinfectants for use on pathogens like [DIAGNOSES REDACTED]-CoV-2, the novel human coronavirus that causes COVID-19. In early March, EPA released its initial List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (List N). This list continues to be updated on a weekly basis. It is searchable and sortable, comes with helpful tips on how to use disinfectants properly, and features frequently asked questions to ensure correct product usage. As with any EPA-registered product, carefully read the label and only use the product as described in its directions. According to the EPA's Frequently Asked Questions page (https://www.epa.gov/coronavirus/frequent-questions-related-coronavirus-covid-19), What does the column Follow the disinfection directions and preparation for the following virus mean? Why [MEDICAL CONDITION] other than the human coronavirus listed in that column? This column shows the harder-to-[MEDICAL CONDITION] than the human coronavirus. Products qualify for the emerging [MEDICAL CONDITION] pathogen claim by showing that it works against the listed harder-to-[MEDICAL CONDITION]. Therefore, if the contact time for this harder-to-[MEDICAL CONDITION] is followed, EPA expects the product to be effective against [DIAGNOSES REDACTED]-CoV-2 on surfaces. You can also find this information on the product label.</p> <p>While walking down the 300 hall on 10/08/20 at 03:26 PM, from the hallway R5 was observed in his room laying down in his bed. Social Service Director (SSD V) and Employee (U) were observed in the room talking to R5, about his therapy services. SSD V was observed to have a N95 mask, goggles, gown and gloves on. Employee U was observed to have a mask and goggles on. Directly outside of R5's room were signs posted reflecting droplet, airborne and contact precautions. Also, a cart with Personal Protective Equipment (PPE) cart noted directly across R5's room. Based on observation, Employee U was observed to be in R5's room for approximately 8 minutes. Certified Nursing Assistant (CNA P) who was working the hall where R5 resided, was asked what PPE she was to wear prior to entering the rooms of R5 and other residents on the 300 hall. CNA P revealed, gloves, gown, goggles, a N95 mask and gloves. At 03:34 PM Employee U was then observed to be in the hall, just outside of R5's doorway entrance. Employee U was asked what type of PPE she was supposed to wear when entering R5's room. Employee U replied, A gown, but I did not know he was on isolation. Employee U was reminded that droplet, airborne, and contact isolation sheets were noted directly outside of his room and appeared to act as if she had not noticed them. On 10/09/20 at 07:56 AM the facility Administrator (ADM A) provided an updated list of new positive COVID-19 cases that included R5. Laboratory results reflected R5 was tested for COVID-19 on 10/05/20, and on 10/09/20 R5 tested positive for COVID-19. The facility's Contact Precautions sheet reflected that staff must put on gloves before room entry, and put on gown before</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>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>room entry. The facility's Droplet Precautions sheet reflected that staff should make sure their eyes, nose and mouth are fully covered before room entry. The facility's Airborne Precautions sheet reflected everyone must clean their hands, put on a fit tested N-95 or higher level respirator before entry. During an interview with ADM A on 10/13/20 at 08:45 PM, it was revealed that R5 had been moved to another HUB facility. In addition, Employee U who was observed to be in R5's room on 10/08/20 without appropriate PPE, tested positive for COVID-19. ADM A revealed staff were tested every Monday and Friday, and that Employee U has tested positive for COVID-19 over the past weekend. Progress notes dated 10/9/2020 at 10:33 PM reflected: Resident made aware that he as well as 2 additional residents testing positive for COVID-19. Resident aware of the need to move to an alternate location for quarantine. Referral sent to (name of alternate facility) for review.</p>		