

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2020
NAME OF PROVIDER OF SUPPLIER NEWAYGO CO MEDICAL CARE FACILI		STREET ADDRESS, CITY, STATE, ZIP 4465 W 48TH ST FREMONT, MI 49412	
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.</p> <p>Based on observation, interview, and record review, the facility failed to (A) ensure that all staff utilized CDC (Center for Disease Control) recommended PPE (personal protective equipment) while in the facility, (B) effectively screen and monitor the employee/visitor screening tool utilized when entering the building, (C) develop and effectively educate staff on policies and procedures/updates to prevent the transmission of COVID-19. Findings: (A) During an observation on 04/28/20 at 8:25 A.M., maintenance worker U, was not properly wearing a mask; the mask was below his chin, not covering his nose and mouth. During an observation on 04/28/20 at 8:27 A.M., receptionist T was not wearing a mask. During an observation on 04/28/20 at 8:57 A.M., receptionist T was not wearing a mask. During an observation on 04/28/20 at 11:43 A.M., the south office on Sunflower unit was occupied by a staff person who was not wearing a mask. The south office was shared with three other staff persons. On 4/19/20 at 11:43 AM, an unknown staff person was observed eating a meal at a table adjacent to the nurse desk on the Sunflower Unit. According to Registered Nurse (RN) P, staff are instructed to eat in designated common areas on the unit. RN P confirmed there were independently ambulatory residents living on the unit. During an interview on 04/28/20 at 11:45 A.M., Registered Nurse (RN) P stated that staff were required to wear face masks at all times in the building. According to a CMS (Center for Medicare and Medicaid) document titled, COVID-19 Long Term Care Facility Guidance dated 04/02/2020 reflected, Long term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents to the extent PPE is avail and per CDC 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. During an interview on 04/29/20 at 3:50 P.M., the Infection Control Preventionist (ICP) A indicated being familiar with the CMS document dated 04/02/20. A memo titled Employee Covid-19 update: 04-07-2020 specified Please make sure that you are keeping your face covered when working the units/neighborhoods/care areas. Even when at the nurses station. Pulling your facemask below your mouth and nose even when speaking to coworkers is not effective transmission. (B) During an observation on 04/28/20 at 11:15 A.M., the employee/visitor COVID-19 screening sign in sheets sat on a table near the facility entrance. During a random review of the employee/visitor screening sign in sheets, 5 employees incorrectly completed the sign in sheets by not providing an indication that they were Free from COVID-19 Symptoms. Further review of the employee/visitor screening sign in sheets revealed that Dining Service Assistant (DSA) L, indicated this morning on the screening sign in sheet, stomach ache under the category Free from COVID-19 Symptoms. During an interview on 04/28/20 at 11:24 A.M., ICP A stated that she was not made aware that DSA L had entered the facility and reported for duty with a stomach ache. During an interview on 04/28/20 at 11:30 A.M., DSA L stated that she had not reported her stomach ache to the facility Infection Control Preventionist, the Director of Nursing, or the Dietary Manager. During an interview on 04/28/20 at 11:10 A.M., ICP A indicated that the employee/visitor screening sign in sheets were reviewed once a week. During an interview on 4/28/2020 at 12:05 PM, ICP A reported Human Resource (HR) staff were following up with employees who indicated they were NOT FREE from COVID-19 signs and symptoms on the screening documentation. (C) According to a memo distributed to employees at the facility titled 3/19/2020 Employee Update several updates were communicated including 4. (Name of Facility) is starting an information board for updates on the COVID-19 virus. This will be located in the employee entrance, in the current locked cabinet with employee's years of service notices. 5. Please remember when coming into work that you must complete a temperature and be able to answer no to the questions that are located at the table prior to starting work. There is a sheet for each employee in the 3-ring binder that you must put the date, temperature and place a check mark in the box that states all ?s (sic) no. If you answer any question yes or your temperature is above 100 you must speak with a nurse prior to reporting to work. The notice also indicated a self-directed approach to staying current with changes or updates as indicated 7. The best places to keep up with what is currently recommended are CDC.gov or Michigan.gov these sites are updated at least daily and more frequently as needed. The memo included a post script Please note: The above information is subject to change as our local, state and federal government changes their guidelines to our facility. According to a memo titled EMPLOYEE COVID-19 UPDATE: 3/26/2020, an announcement encouraging staff to be on the lookout for an All staff general information meeting regarding questions, concerns and supply availability regarding COVID-19. Times and dates of this meeting to be held are being discussed at this time. This is not a mandatory meeting. If you are working in house this day, we ask you to join us if able. If you are not working and unable to attend, the meeting minutes and discussion will be available to use on the employee COVID-19 update board in the back hallway, in the communication books on each neighborhood and in the supervisors book. The memo also directed staff to review a red folder on each unit regarding COVID-19 policies and procedures. Review of the facility policy for Isolation-Categories of Transmission-Based Precautions revised 3/20/2020 reflected Transmission Based Precautions shall only be used when transmission cannot be reasonably prevented by less restrictive measures. 1. Transmission-Based Precautions will be used whenever measures more stringent than Standard Precautions are needed to prevent or control the spread of infection. The policy did not address pandemic situations or measures that may be needed to implement the extended or reuse of appropriate PPE in the event there was a shortage or delay in receiving appropriate recommended PPE. During an interview on 4/28/2020 at 8:26 AM, ICP A reported the screening procedures related to updated CDC had been incorporated into the facility employee/visitor screening procedures. During an interview on 4/28/2020 at 9:01 AM, Certified Dietary Manager (CDM) B reported there were no current procedures for food service, for any COVID-19 positive residents. During an interview on 4/28/2020 at 9:52 AM, Licensed Practical Nurse (LPN) I reported she was not specifically educated about the additional signs and symptoms of COVID-19 infection such as loss of taste or smell. LPN I reported there was a red binder at the nurses station that contained updated policies and procedures related to COVID-19 but had not yet had a chance to review it. According to LPN I, she had not been educated about the new CDC guidance. During an interview on 4/28/2020 at 10:30 A.M., Hospice Nurse (HN) K reported she had not been made aware of the new CDC guidance related to additional signs and symptoms of possible COVID-19 infection that should be documented upon screening when entering the facility. During an interview on 4/28/20 at 3:50 P.M. ICP A reported the facility changed their screening procedures on 4/27/20, however proof of education/communication was not provided, upon request, of all COVID-19 specific policies and education. Review of a facility policy Staffing for Critical levels during a Natural Disaster/Emergency or Pandemic Situation dated 4/16/2020, reflected that (Name of Facility) makes every attempt to ensure that adequate staffing is available in all departments daily. During episodes of Pandemic situations or Natural Disasters/Emergencies, this may not be available. It is realized that the duties staff will be performing, may not fit under their normal classified pay status, and will only be used in the event of a Pandemic or Disaster declared emergency of the U.S. Government or State of Michigan. All inquiries or concerns relative to our facility's staffing should be directed to the Administrator or his/her designee. The policy did not outline any specific delegation of duties or directive to maintain staffing/designated staff in the event that care for contagious patients on an isolation unit would be required to reduce cross contamination to the extent possible.</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.