

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235728	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2023
NAME OF PROVIDER OR SUPPLIER MICHIGAN VETERANS HOME OF CHESTERFIELD TOWNSHIP			STREET ADDRESS, CITY, STATE, ZIP CODE 47901 SUGARBUSH RD CHESTERFIELD TOWNSHI, MI 48047	
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F000	INITIAL COMMENTS The Michigan Veterans Home was surveyed for a Recertification and abbreviated survey on 01/30/2023 to 01/31/2023. Intake: MI00134170. Census: 94.	F000	Past noncompliance: no plan of correction required	
F688 SS=D	Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3) 483.25(c) Mobility. 483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and 483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. 483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to apply and/or document refusals of a palm protector for one resident (R82) out of one reviewed for range of motion, resulting in the potential for contractures and/or delay in treatment. Findings include:	F688	Resident #82 care plan and task list were reviewed immediately and updated as appropriate. The resident was assessed and has had no affects related to the deficient practice. An occupational therapy evaluation order was placed for additional splinting options and the evaluation was completed on 1/31/23. The homes QAA Committee conducted a root cause analysis (RCA) and determined that the task in the electronic medical record was not set up to allow for care giver documentation of refusal of the splint; and in this case the residents refusal to put the splint back on after care. The facility has determined that any members who have splints or braces as adaptive equipment are potentially at risk due to the deficiency. All members with splints or braces have been assessed and are at baseline. All members potentially at risk have been reviewed and medical records updated as deemed appropriate. The homes policies were reviewed and deemed appropriate. The home developed a specific procedure for documentation of refusals of splints/braces. All direct care staff will be educated to the new procedure. The home will randomly audit five members usage of adaptive splints/braces and documentation of refusals weekly x4,	2/28/23
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE
			Electronically Signed	02/15/2023

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F688	<p>Continued From page 1</p> <p>On 1/30/2023 at 9:55 AM, an interview was conducted with R82 regarding their stay in the facility. R82 stated that they enjoyed being in the facility, however they would like their therapy to be a little more intense. R82 stated that they would like to work more on their hands and sitting up. Nothing was noted on R82's hands.</p> <p>A review of the medical record revealed that R82 admitted into the facility on 8/23/2022 with the following diagnoses, Muscle Wasting and Atrophy and Unspecified Injury at Unspecified Level of Cervical Spinal Cord. A review of the most recent Minimum Data Set assessment dated 11/28/2022 revealed a Brief Interview for Mental Status score of 13/15 indicating an intact cognition. R82 also required total two-person assistance with bed mobility and transfers.</p> <p>A review of the physician orders noted the following, "Order: Remove Palm Protectors and evaluate skin integrity of bilateral hands, replace palm protectors, notify provider of any skin issues. Directions: Every Evening Shift. Status: Active. Start Date:9/7/2022 15:00 (3:00 PM)." Further review of the Treatment Administration Record for the month of January did not reveal any refusals of palm protector application.</p> <p>A review of the task noted the following, "Wash bilateral hands, ensure care between fingers, dry thoroughly and replace palm protectors. Notify Nurse of any skin issues observed." Further review of the task list for the last thirty days did not reveal any refusals of palm protector application.</p> <p>On 1/31/2023 at 9:41 AM, R82 was observed in the bed with no palm protectors on. R82 stated that they have not worn them 'in a while' and</p>	F688	then five random members biweekly x2, until such time the QAPI committee determines substantial compliance has been met. The DON is responsible for sustained compliance.	

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F688	<p>Continued From page 2 that no one has tried to put them on. R82 stated that sometimes they will use a towel because the current splint they have is uncomfortable.</p> <p>On 1/31/2023 at 10:32 AM, an interview was conducted with Therapy "A" regarding R82 not being observed wearing palm protectors. Therapy "A" stated that R82 refused them all the time and Occupational Therapy (OT) has tried three different type of hand splints. Therapy "A" stated that they have asked the nursing staff to be sure they document refusals.</p> <p>On 1/31/2023 at 12:54 PM, an interview was conducted with the Director of Nursing (DON) regarding R82's palm protectors. The DON stated that their expectation is that if R82 is in fact refusing to wear the palm protectors then that should be documented in the medical record.</p> <p>A review of a facility policy titled, "Assistive Devices and Equipment" noted the following, "Policy: The home maintains and supervises the use of assistive devices and equipment for members."</p>	F688		
F880 SS=D	<p>Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)</p> <p>483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>483.80(a) Infection prevention and control program. The facility must establish an infection</p>	F880	<p>Resident #82 has been assessed and has had no negative outcomes related to the deficient practice. She remains in the facility and has been released from contact precautions. No other residents have been identified as being affected by the deficient practice. The facility's Quality Assessment and Assurance (QAA) Committee has conducted a Root Cause Analysis (RCA) to identify the cause that resulted in the alleged deficient practice. The RCA has been presented to the Homes Governing Body. The homes policy (in accordance</p>	2/28/23

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F880	<p>Continued From page 3</p> <p>prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to 483.70(e) and following accepted national standards;</p> <p>483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p>	F880	<p>with CDC recommendations) states that donning a gown is required when providing direct or indirect care. The facility's policies titled Isolation Precautions, Transmission Based Precautions and Isolation Precautions: Enhanced Barrier Precautions have been reviewed and deemed appropriate. Staff will be re-educated on the policy with emphasis on donning a gown when providing direct or indirect care to residents in contact precautions. All staff that provide direct care to members will be re-educated to the reviewed policies and re-training will be provided on the facility's policy. All staff providing direct care to residents and all staff entering residents' rooms, whether for residents' dietary needs or cleaning and maintenance services have been re-educated on the topics including the facility's infection control program, hand hygiene, clean surfaces, the facility's COVID-19 plan, transmission-based precautions and isolation, disinfecting shared medical equipment, appropriate PPE use, linen handling, and standard infection control practices. The homes Infection Preventionist, or designee, will conduct the training and staff will have competency validated by using a post-training test.</p> <p>The Director of Nursing, or designee, will conduct a quality review of infection control standards among all staff providing direct care to members to include donning appropriate personal protective equipment during member for 5 random members weekly x4, then monthly x2. The findings of these quality reviews will be reported to the QAPI committee and will not be discontinued until such time that the QAPI</p>	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/17/2023
FORM APPROVED
OMB NO. 0938-0391

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F880	<p>Continued From page 4</p> <p>483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to don a gown for a contact precaution room for one resident (R82) out of one reviewed for isolation precautions, resulting in the potential for the spread of infection. Findings include:</p> <p>A review of the medical record revealed that R82 admitted into the facility on 8/23/2022 with the following diagnoses, Muscle Wasting and Atrophy and Unspecified Injury at Unspecified Level of Cervical Spinal Cord. A review of the most recent Minimum Data Set (MDS) assessment dated 11/28/2022 revealed a Brief Interview for Mental Status score of 13/15 indicating an intact cognition. R82 also required total two-person assistance with bed mobility and transfers.</p> <p>A review of the physician orders noted the following, "Order: Contact Precautions r/t (related to)continuing symptoms of ESBL(infection resistant to antibiotics)-post contact precautions sign outside the room and</p>	F880	<p>committee determines substantial compliance has been met. The Director of Nursing is ultimately responsible for sustained compliance.</p>	

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F880	<p>Continued From page 5 visible (not on door)-PPE cart outside room with donning (putting on) sign-minimum of touchless trash can inside room with doffing (removal of) sign (may choose to use 3 bin cart ...Status: Active."</p> <p>On 1/31/2023 at 9:40 AM, A contact precautions sign was observed in front of the room, as well as a Personal Protective Equipment (PPE) bin.</p> <p>On 1/31/2023 at 9:41 AM, Certified Nursing Assistant (CNA) "D" was observed at R82's bedside with gloves and no gown on. R82 stated that they were being cleaned up.</p> <p>On 1/31/2023 at 11:54 AM, an interview was conducted with Infection Control Preventionist (ICP) "C" regarding the observation. ICP "C" stated that if they are changing R82's (name of catheter) catheter then they should be wearing a gown, gloves, and goggles. ICP "C" stated that if they are going in to give care, they should be wearing a gown and gloves.</p> <p>A review of a facility policy titled, "Isolation Precautions" noted the following, "Contact precautions are measures that are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the member or the member's environment."</p>	F880		

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