

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235050	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/27/2024
NAME OF PROVIDER OR SUPPLIER  Harold and Grace Upjohn Community Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2400 Portage St Kalamazoo, MI 49001	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47659</b></p> <p>This citation pertains to Intake MI00146941.</p> <p>Based on observation, interview, and record review, the facility failed to 1.) Follow enhanced barrier and contact precautions for 2 (Resident #104 and #105) of 5 sampled residents reviewed for infection prevention and control 2.)Provide notification of confirmed Covid-19 infections in the facility and 3.) Wear personal protective equipment (PPE) appropriately resulting in the potential for the development and transmission of communicable diseases and infections.</p> <p>Findings include:</p> <p>Resident #104</p> <p>Review of an Admission Record revealed Resident #104 was originally admitted to the facility on [DATE] with pertinent diagnoses which included dementia.</p> <p>Review of Resident #104's Orders revealed, Enhanced Barrier Precautions (EBP) are in place to prevent the spread of MDRO'S (Multidrug-resistant organisms) every shift. For safety all staff are to wear gown and Gloves when providing high contact care. Start date: 6/17/24.</p> <p>During an observation on 12/27/24 at 9:24 AM, Resident #104's room was noted to have a sign on the door that stated Enhanced Barrier Precautions. There was a cart next to Resident #104's door with gowns and gloves available. Resident #104's door was open and Registered Nurse (RN) L was observed from the hallway administering medications to Resident #104. RN L told Resident #104 I am now going to flush your catheter. RN L flushed Resident #104's catheter. It was noted that RN L was not wearing a gown as she flushed Resident #104's catheter.</p> <p>During an interview on 12/27/24 at 9:25 AM, Registered Nurse (RN) L confirmed that Resident #104 had orders in place for enhanced barrier precautions. RN L reported that all staff were supposed to wear gloves and gowns when providing direct care for Resident #104. RN L confirmed that she did not wear a gown while she was providing care for Resident #104's catheter. RN L reported that she was busy with administering medications and chose to not take the time to put it on. RN L confirmed that staff not following EBP increased the risk of spreading MDRO's in the facility.</p> <p>Resident #105</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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>Review of an Admission Record revealed Resident #105 was originally admitted to the facility on [DATE] with pertinent diagnoses which included heart failure.</p> <p>Review of Resident #105's Orders revealed, I am on Contact Isolation for my UTI (Urinary Tract Infection) every shift for Enterococcus (type of bacteria that has the potential to cause a serious infection of it spreads to other areas of the body) until 1/3/25. Start date: 12/27/24.</p> <p>During an observation on 12/27/24 at 9:29 AM, Resident #105's room door was noted to have a sign on it that stated Contact Precautions: Everyone Must put on gloves before room entry and discard before room exit. Put on gown before room entry and discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. At 9:30 AM, Life Enrichment Aide (LEA) O entered Resident #105's room without donning (putting on) a gown or gloves. LEA O delivered a newspaper to Resident #105 and took his meal tray from the room. It was noted that LEA O did not wash her hands after exiting Resident #105's room.</p> <p>During an interview on 12/27/24 at 9:25 AM, RN L reported that she was the nurse caring for Resident #105, but that she did not know why he had orders for contact precautions. RN L confirmed that all staff entering Resident #105's room were suppose to don gloves and a gown prior to entering Resident #105's room.</p> <p>During an observation on 12/27/24 at 12:36 PM, Certified Nursing Assistant (CNA) G enters Resident #105's room to deliver a meal tray. It was noted that CNA G did not don a gown and gloves prior to entering Resident #105's room.</p> <p>During an interview on 12/27/24 at 1:36 PM, CNA G confirmed that she had entered Resident #105's room without donning gloves and gown. CNA G reported that she was unaware that Resident #105 was on contact precautions. CNA G confirmed that facility staff were supposed to don gloves and gowns prior to entering a resident room if the resident was on contact precautions.</p> <p>During an observation and interview on 12/26/24 at 10:00 AM, this surveyor entered the facility and noted that there were no signs on the facility door or entrance area informing visitors of positive Covid-19 infections in the facility. Occupational Therapist (OT) Q reported that she thought one unit in the facility was required to wear masks due to residents with confirmed cases of Covid-19 on that unit. OT Q was not able to to provide this surveyor with any further information.</p> <p>During an interview on 12/26/24 at 10:33 AM, RN M reported that she knew that the facility had residents that had recently tested positive for Covid-19, but she did not know any further information. When this surveyor queried to what kind of precautions were in place and what kind of PPE should be worn on the other unit, RN M reported that she did not know.</p> <p>During an observation on 12/26/24 at 10:35 AM, The [NAME] unit was noted to be closed, but there was no sign on the door to indicate that there were confirmed Covid-19 infections on the unit, or what kind of PPE should be worn beyond the closed doors.</p> <p>During an interview on 12/26/24 at 10:38 AM, Licensed Practical Nurse (LPN) E reported that staff were required to wear a mask on the [NAME] unit. LPN E reported that she did not know why there were not signs on the door of the unit to indicate the mask requirement.</p> <p>(continued on next page)</p>		

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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>During an interview on 12/26/24 at 10:47 AM, LPN H reported that she was did not know any information about the facility's requirements for PPE on the [NAME] unit where there were residents with confirmed Covid-19 infections. It was noted that LPN H was working on the [NAME] unit.</p> <p>During an interview on 12/26/24 at 10:50 AM, RN C reported that all staff on the [NAME] unit were supposed to wear surgical masks in all areas of the [NAME] unit.</p> <p>During an observation on 12/26/24 at 10:54 AM, CNA J was noted to be in the common area of the [NAME] unit without a mask on.</p> <p>During an interview won 12/26/24 at 11:08 AM, CNA J reported that she was not wearing a mask on the unit because she did not know that she was required to. CNA J reported that she had not been informed by any staff that she needed to wear a mask and there was no sign indicating that masks were required to be worn. CNA J confirmed that she was caring for the residents on the unit that had Covid-19.</p> <p>During an observation on 12/26/24 at 1:10 PM, CNA J was walking down the hall on the [NAME] unit wearing a surgical mask improperly and exposing her nose.</p> <p>During an observation on 12/26/24 at 1:11 PM, RN C was sitting at the nurses station on the [NAME] unit wearing a surgical mask improperly and exposing her nose.</p> <p>During an observation on 12/26/24 at 1:17 PM, It is noted that there was a medical equipment service provider walking out of the [NAME] unit without a mask on.</p> <p>During an observation on 12/26/24 at 1:24 PM, Medical Doctor (MD) P was noted walking down the hall on the [NAME] unit wearing a surgical mask improperly and exposing his nose.</p> <p>During an observation on 12/26/24 at 1:38 PM, Medical Records (MR) S staff member was noted sitting at the nurses station on the [NAME] union wearing his surgical mask improperly and exposing his nose and mouth.</p> <p>During an observation on 12/26/24 at 1:58 PM, CNA D was assisting a resident to reposition in a chair on the [NAME] unit in the common area. It was noted that CNA D was wearing her surgical mask improperly exposing her nose and mouth.</p> <p>During an observation on 12/26/24 at 2:01 PM, RN S exited a resident room on the [NAME] unit wearing her surgical mask improperly exposing her nose. She went to the medication cart and grabbed some items and then returned to the residents room with her mask on improperly.</p> <p>During an observation on 12/26/24 at 2:05 PM, It was noted that there were two men on the [NAME] unit completing repairs to the facility's dining area that were not wearing masks.</p> <p>(continued on next page)</p>		

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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>During an interview on 12/26/24 at 2:30 PM, Infection Preventionist (IP) K reported that the facility did have multiple cases of Covid-19 in August through September 2024. IP K confirmed that during the outbreak in August-September 2024 she completed audits of staff and did observe breaches in infection control practices, including improperly wearing PPE. IP K reported that the facility's educator completed re-education with the staff on PPE and hand hygiene during the previous outbreak. IP K reported that the facility had a resident test positive for Covid-19 on 12/20/24, and there were three more residents that tested positive after the first resident. IP K confirmed that the facility should have put signs up to ensure that staff and visitors of the facility were aware that the [NAME] unit had residents with Covid-19, and that this was missed. IP K reported that nurses were responsible for communicating infection control requirements on the units and all nurses should have been aware of what the requirements were when residents in the facility have Covid-19. IP K confirmed that the facility required all staff members to wear surgical masks in all areas of the [NAME] unit when there were residents with Covid-19. IP K confirmed that she had not completed any infection control audits of staff since residents began to test positive on 12/20/24 for Covid-19. IP K confirmed that staff were expected wear surgical masks over there nose and mouth at all times, and that wearing masks below the nose and mouth was not effective.</p> <p>During a follow up interview on 12/26/24 at 4:05 PM, IP K reported that she had re-educated all staff working on the [NAME] unit about proper infection control practices and wearing PPE correctly.</p> <p>During an observation on 12/27/24 at 11:50 AM, RN F was sitting at the nurses station on the [NAME] unit wearing her surgical mask improperly, exposing her nose and mouth.</p> <p>During an interview on 12/27/24 at 1:09 PM, RN F reported that she did not recall the re-education on infection control in August or September 2024. RN F reported that she was not aware of any other recent infection control education. RN F confirmed that staff were supposed to wear surgical masks on the [NAME] unit, and that they were suppose to be worn to cover their nose and mouth.</p> <p>Review of the facility's Enhanced Barrier Precautions dated 6/11/24, revealed, Policy: It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms .3. Implementation of Enhanced Barrier Precautions: .b.PPE for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room [ROOM NUMBER]. High-contact resident care activities include: .Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes .9. Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk .</p> <p>(continued on next page)</p>		

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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>Review of the facility's Transmission Based Precautions policy dated 2024, revealed, Policy: It is our policy to take appropriate precautions to prevent transmission of pathogens, based on the pathogens' modes of transmission. For training and quick referencing purposes, a summary of precautions is contained at the end of this policy .10. Contact Precautions-a. Intended to prevent transmission of pathogens that are spread by direct or indirect contact with the resident or the resident's environment .c. Healthcare personnel caring for residents on Contact Precautions wear a gown and gloves for all interactions that may involve contact with the resident or potentially contaminated areas in the resident's environment .d. Donning personal protective equipment (PPE) upon room entry and discarding before exiting the room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination (e.g. VRE, C. difficile, noroviruses and other intestinal tract pathogens, RSV) .</p> <p>Review of the Facility's COVID-19 Prevention Response and Reporting policy dated 2023, revealed, It is the policy of this facility to ensure that appropriate interventions are implemented to prevent the spread of COVID-19 and promptly respond to any suspected or confirmed COVID-19 infections. COVID-19 information will be reported through the proper channels as per federal, state and/or local health authority guidance .4. The facility will establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 infection to include: a. Ensuring that everyone is aware of the recommended IPC practices in the facility by posting visual alerts (e.g., signs, posters) at the entrance and in strategic places to include instructions about current IPC recommendations .</p> <p>Review of the Facility's Infection Prevention and Control Program policy dated 6/11/24 revealed, This facility has established and maintains 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 as per accepted national standards and guidelines .Standard Precautions .c. All staff shall use personal protective equipment (PPE) according to established facility policy governing the use of PPE .13. Resident/Family/Visitor Education and Screening: .c. Isolation signs are used to alert staff, family members, and visitors of transmission-based precautions .16. Staff Education: .b.All staff shall demonstrate competence in relevant infection control practices. C. Direct care staff shall demonstrate competence in resident care procedures established by our facility .</p>		