

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/30/2024
NAME OF PROVIDER OR SUPPLIER  Marshall Nursing and Rehabilitation Community		STREET ADDRESS, CITY, STATE, ZIP CODE  575 N Madison St Marshall, MI 49068	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45038</p> <p>This citation pertains to intakes: MI00145052, MI00145688</p> <p>Based on observation, interview, and record review the facility failed to follow Enhanced Barrier Precautions (EBP), an infection control intervention designed to reduce transmission of multidrug-resistant organisms, for one Resident (#6) out of three resident reviewed for the appropriate use of infection control standards.</p> <p>Findings Included:</p> <p>Resident #6 (R6)</p> <p>Review of the medical record revealed R6 was admitted to the facility 10/04/2023 with diagnoses that included atrial fibrillation, malnutrition, open wound left great toe, osteomyelitis, urinary retention, abnormal gait and mobility, urinary tract infection, hypertension, gastro-esophageal reflux, constipation, chronic pain, benign prostatic hyperplasia (enlarged prostate), hyperlipemia (high fat content in blood), anorexia, tachycardia (fast heart rate), atherosclerotic heart disease (build up of fats, cholesterol, and other substances in and on artery walls), chronic obstructive pulmonary disease (COPD), asthma, and type 2 diabetes. The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 07/10/2024, revealed R6 had a Brief Interview for Mental Status (BIMS) of 13 (intact cognition) out of 15.</p> <p>During observation and interview on 08/20/2024 at 09:19 a.m. R6 was observed lying down in bed. Urinary collection bag was observed on left of side of bed, clear yellow urine. R6 explained that he had a suprapubic catheter (tube that drains urine from the bladder through an insertion through the abdominal wall).</p> <p>Review of R6 medical record demonstrated results of a urine collection, collected 08/11/2024, which revealed Pseudomonas aeruginosa and enterococcus faecalis. Review of R6 physician orders demonstrated cephalexin 500mg (milligrams) one time a day, for UTI (urinary tract infection) was initiated on 08/09/2024 and was discontinued on 08/19/2024.</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 - Few</p>	<p>On 08/30/2024 at 10:00 a.m. observed a sign on R6's room door which stated, Enhanced Barrier Precautions. The sign demonstrated that everyone must clean their hands, including before entering and when leaving the room. The sign also demonstrated that Providers and staff must also: wear glove and a gown for the following high contact Resident care activities: dressing, bathing showering, transferring, changing linens, providing hygiene, changing briefs or assigning with toileting, device care of use: central line, urinary catheter, feeding tube, tracheostomy, wound care any opening requiring a dressing a dressing. A three drawer isolation cabinet was also observed inside of R6's room which contained gloves, mask, and gowns.</p> <p>On 08/30/2024 at 10:02 a.m. observed Licensed Practical Nurse (LPN) G enter R6's room and observed LPN G perform a dressing change to R6's suprapubic catheter site. LPN G was observed to be wearing gloves during the procedure, but no isolation gown was present. Also observed LPN G flush R6's suprapubic catheter by disconnecting the tubing and flushing with sterile water. Observed LPN G wearing mask and gloves during that procedure, but no isolation gown was present.</p> <p>On 08/30/2024 at 10:14 a.m. observed Certified Nursing Aide (CNA) H emptying R6's urinary collection bag. CNA H was observed to be wearing gloves but was not observed wearing an isolation gown during that task.</p> <p>During an interview on 08/30/2024 at 11:11 a.m. Director of Nursing (DON) B explained Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities. DON B explained that high contact Residents would include those Residents that had device care or use for central lines, urinary catheters, feeding tubes, and tracheostomy/ventilator tubes. DON B confirmed that R6 was on EBP because he had a suprapubic catheter. DON B confirmed that facility staff should be wearing gloves and gowns when conducting R6's suprapubic catheter care and dressing change and when emptying R6's urinary collection device. DON B explained that she was aware that Licensed Practical Nurse (LPN) G did not wear a gown when performing the suprapubic catheter dressing change and was aware that Certified Nursing Aide (CNA) H did not wear a gown when emptying R6's urinary collection device during this surveyor's observation of R6's care.</p> <p>DON B explained that she had asked LPN G and CNA H about their process immediately after having knowledge that this surveyor had observed R6's provided care. DON B explained that she had identified that EBP was not conducted and had immediately started re-education of EBP for the facility staff.</p>		