

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Faith Haven Senior Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 6531 W Michigan Avenue Jackson, MI 49201	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38383</p> <p>This citation pertains to intake MI00144217.</p> <p>Based on interview and record review, the facility failed to ensure incontinence care was provided in a sanitary manner for one (Resident #6) of four reviewed for infection control.</p> <p>Findings include:</p> <p>Review of the medical record reflected Resident #6 (R6) admitted to the facility on [DATE] and readmitted [DATE], with diagnoses that included acute respiratory failure with hypoxia, dementia and diabetes. The quarterly Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 3/7/24, reflected R6 scored four out of 15 (severe cognitive impairment) on the Brief Interview for Mental Status (BIMS-a cognitive screening tool) and was frequently incontinent of bladder and occasionally incontinent of bowel.</p> <p>During an interview on 5/1/24 at 4:07 PM, Confidential Staff (CS) F reported that in March or April (2024), they observed CNA D dip a cloth, which had feces on it, in the toilet, rinse the cloth in the sink, then wash R6's buttocks with the same cloth. After observing the cloth being dipped in the toilet, CS F reportedly told CNA D they would take the cloth, but CNA D said she was not done with it. When CS F looked up, they observed the cloth being used on R6.</p> <p>During a phone interview on 5/2/24 at 12:38 PM, CNA D reported she had been a CNA for eight years and employed by the facility for four months. She reported that at the time of the interview, she was on suspension related to how she had cleansed a resident after they had a bowel movement. CNA D reported what she was doing was wrong, but she had done what she thought was right and sanitary. She reported one time, a resident (R6) had a bowel movement, and she cleaned a handful of the bowel movement up with a cloth. She then rinsed the cloth off in the toilet until the bowel movement came off. She then took the cloth to the sink to put hot water and soap on the cloth before using it on the resident again. CNA D reported her rationale for that practice was that the water in the sink came from the same source as the water in the toilet. At the time of the interview, CNA D reported she no longer considered the water in the toilet to be clean and sanitary, and the water in the toilet was not the same as the water that came from the sink.</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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