

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Clarkston		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 Clintonville Rd Clarkston, MI 48346	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47283</p> <p>This citation pertains to Intake # MI00143570</p> <p>Based on observation, interview, and record review facility failed to follow-up and resolve a grievance timely for one (R901) of one Resident reviewed for grievances resulting in feelings of frustration. Findings include:</p> <p>A record review revealed R901 was a long-term resident of the facility, originally admitted to the facility on [DATE]. R901's admitting diagnoses included congestive heart failure, metabolic encephalopathy, and breast cancer. A review of the Minimum Data Set (MDS) assessment dated [DATE], R901 had a Brief Interview for Mental Status (BIMS) score of 14/15, indicative of intact cognition. R901 was dependent on staff assistance with their mobility in bed and toileting hygiene.</p> <p>A complaint received by the State Agency dated 3/25/24 revealed that R901 waited for an extended period to get changed when they had requested for staff assistance on a specific date.</p> <p>An initial observation was completed on 4/2/24, at approximately 11:30 AM. R901 was observed sitting up in a wheelchair in their room, next to their bed. R901 was queried about the allegation that they had waited a long time for staff assistance when they needed a change recently. R901 confirmed that the incident happened on 3/22/24 during their day shift, a few hours before the end of the day shift. When queried further R901 reported that they had turned on their call light when they needed a brief change. R901 added that a Certified Nursing Assistant (CNA) who was assigned came to the room and stated that they were going to get another staff member to assist with the brief change and did not return. R901 reported that they had waited for almost three hours before the CNA from the afternoon shift and the assigned nurse assisted with the brief change. R901 was queried if they had addressed their concern with the facility nursing leadership. R901 reported that it was brought to the administration's attention by the staff who had assisted them that afternoon. R901 also reported that they were too upset, and they did not fill out a paper form. R901 was queried if they had received any follow-up from the facility administration and reported that they did not receive any follow-up from the facility leadership. A follow-up observation was completed later that day at approximately 2 PM and R901 confirmed and provided the same details about the alleged the incident from 3/22/24.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Clarkston		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 Clintonville Rd Clarkston, MI 48346	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R901's care plan revealed the interventions that included, Assist me to turn and or reposition body with pillows/support surfaces, protect bony prominences as I allow; Provide briefs for dignity and peri-care after each incontinent episode. An initial request to the facility administrator was sent via e-mail on 4/2/24 at 3:19 PM to provide all grievances for R901 from 2/1/24 to current date. The facility administrator provided one grievance form for R901 dated 3/1/24 with follow-up and had confirmed that they did not have any other grievances on file.</p> <p>An interview was completed with staff member D who wished to remain anonymous on 4/3/24 at approximately 7:15 AM. Staff member D reported that they were familiar with R901. Staff member D was queried about any recent care concerns with R901. Staff member D reported that they were aware of the incident where R901 had waited for an extended period to get their brief changed. Staff member D reported that per R901 the CNA who was assigned to R901 did not return to assist and waited almost 3 hours.</p> <p>An interview with Licensed Practical Nurse (LPN) E was completed on 4/3/24 at approximately 9:30 AM. LPN E was queried if they remembered any care concerns during their shift for R901 in the recent past. LPN E reported they recall an incident that happened a couple of weeks ago, where R901 had waited for an extended period to get their brief changed. LPN E reported that they had assisted the resident to get changed. LPN E added that R901 was not able to complete the form and they had notified Director of Nursing (DON) of the incident.</p> <p>An interview with the DON was completed on 4/3/24 at approximately 12:05 PM. The DON was queried about the facility's grievance process. The DON reported that if a resident/family member reported any concerns that the facility would provide a grievance form. The DON was queried what was the process if a resident/family member was not able to complete a form. The DON reported that the staff would assist them to fill out a form and the facility leadership team would investigate and follow up on the concern. The DON was queried if they had any grievances related to care for R901 and they had checked their phone and reported a follow up with a staff member on 3/26/24. The DON reported they would check their office and report back. Later they had confirmed that they did not have any grievance for R901.</p> <p>An interview with MDS Coordinator (Staff member B) was completed on 4/3/24 at approximately 3:30 PM. Staff member B reported the care concern that was brought to their attention on 3/22/24 and they went in to see R901. Staff member B reported that when they went to R901's room staff members had already assisted R901. Staff member B was queried if they had initiated their grievance and followed up on the incident. Staff member B reported that they were leaving out of town that evening and they did not initiate a grievance form.</p> <p>After the concern was brought to the attention of the facility administrator and DON, the facility provided a grievance form that was dated for 4/4/24 (14 days after the alleged incident) in addition to additional statements from the DON and Staff member B. Review of the grievance form revealed that they had educated the staff member CNA J on 4/2/24 who was assigned to care for R901 on 3/22/24 during the day shift. The education document had an original (printed) date of 11/27/23 that was crossed off and date of 4/2/24 was handwritten next to the original date. Further review revealed that the staff education was about CNA documentation at the end of the shift and rounding to make sure the resident's needs were addressed. The follow up/education did not reflect the specific incident/concern that was reported by the R901 to the State Agency, facility administration which was confirmed by the facility staff members.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Clarkston		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 Clintonville Rd Clarkston, MI 48346	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47283</p> <p>This citation pertains to Intake #MI00143695.</p> <p>Based on record review and interviews facility failed to timely identify and address the nutritional needs; and monitor weights for one (R907) of two residents reviewed for nutrition and weight loss. This deficient practice for a resident admitted with higher risk resulted in decreased intake, significant undetected weight loss, and overall decline in the status.</p> <p>Findings include:</p> <p>R907</p> <p>A record review revealed R907 was admitted to the facility for a short-term stay, after hospitalization on [DATE]. R907's admitting diagnoses included respiratory failure, pneumonia, congestive heart failure, and chronic obstructive pulmonary disease (COPD). Based on the Minimum Data Set (MDS) assessment dated [DATE], R907 had a Brief Interview for Mental Status (BIMS) score of 15/15, indicative of intact cognition. R907 was living independently in the community prior to admission to hospital on 2/10/24 with acute respiratory failure and congestive heart failure. R907 was discharged from the facility to home on 3/28/24.</p> <p>A complaint received from another State Agency revealed that R907 did not receive appropriate assistance and services that they needed during their stay at the facility. The complaint revealed that R907 was not positioned appropriately and did not receive the staff assistance they needed for feeding. R907 had lost between 15 lbs. - 20 lbs. during their stay at the facility.</p> <p>Review of R907's Electronic Medical Record (EMR) revealed an admission Minimum Data Set (MDS) assessment dated [DATE]. Review of an occupational therapy evaluation dated 2/24/24 revealed that R907 had limited Range of Motion (ROM) on both shoulders. R907 had also impaired strength in both upper extremities and significant impairment with sitting balance. R907 was able to feed independently. A review of admission physician orders revealed an order dated 2/23/24 that R907 was admitted to the facility with a regular diet. An admission nutrition assessment dated [DATE] revealed that R907 had an admission weight of 132.8 lbs.</p> <p>The Mini Nutritional Assessment (MNA) score on admission for R907 was 6, indicative of malnourishment. The assessment also revealed that R907 was at further risk for nutrition and hydration problems related to the current diagnoses and their co-morbidities. R907 had a recent decrease in appetite and did not have difficulty with chewing or swallowing. R907 was recommended to receive Med Pass (a nutritional supplement with added calories) 120ml.(milliliters) QD (every day) , ~240 Kilocalories, 11 gram of protein/serving for nutritional support. Further review of the physician orders and medication administration record did not reveal that R907 received their supplement as recommended by the Registered Dietician (RD). Review of R907's nutritional goals included to have a fair-good appetite and to consume at least 50% of their meals. The RD's plan for R907 revealed that they would continue to monitor and follow up as needed due to their nutritional risk.</p> <p>Review of R907's weight record revealed the following entries:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Clarkston		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 Clintonville Rd Clarkston, MI 48346	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>3/21/24 - 114.6 lbs. (18.2 lbs. weight loss in 25 days)</p> <p>2/25/24 - 132.8 lbs.</p> <p>2/23/24 at 22:59 - 132.8 lbs.</p> <p>2/23/24 at 14:15 - 132.8 lbs.</p> <p>After the weight entry on 2/25/24 (two days after the admission weight) the follow-up weight was completed on 3/21/24, approximately after three weeks. There was no monitoring of R907 weights in between despite all the identified risks.</p> <p>Review of R907's food acceptance record for 30 days from 3/5/24 through 3/28/24 revealed the following entries.</p> <p>Refused - 3 meals.</p> <p>Ate 0% - 6 meals.</p> <p>Ate less than 25% - 8 meals.</p> <p>Ate less than 50% - 9 meals.</p> <p>Review of R907's nursing progress notes revealed R907 was discharged home on 3/28/24 per R907 and family member's request. Further review of R907's progress note did not reveal any follow up by RD throughout the stay at the facility. An initial History and Physical was completed by the attending physician on 2/26/24. A progress note by the practitioner for attending physician dated 2/27/24 revealed they had followed up with the pain clinic regarding R907's pain management. There was no evidence of any further follow-up by the attending physician or their practitioner during R907's stay at the facility.</p> <p>A review of the therapy notes revealed R907 received skilled physical therapy (PT), occupational therapy (OT), and speech therapy (ST) services during their stay at the facility. Review of the OT discharge summary dated 3/23/24 revealed that R907 was dependent on staff assistance with their feeding with a decline in functional status.</p> <p>Review of R907's ST evaluation dated 3/1/24, revealed that R907 reported difficulty with chewing food, and they referred for ST evaluation. ST evaluation revealed R907 had swallowing deficits. R907's diet was downgraded from regular texture to pureed diet due to difficulty with chewing and swallowing of regular and mechanical soft (chopped up) food.</p> <p>Further review of R907's physician orders revealed R907 had orders for multiple diagnostic laboratory services (for blood work) dated 2/24/24, 3/5/24, and 3/12/24. R907's Electronic Medical Record (EMR) did not have any evidence of blood work results that were ordered by the physician/practitioner. There was no evidence of any follow up by the attending physician/practitioner. There was no follow up nursing documentation on the EMR.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Clarkston		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 Clintonville Rd Clarkston, MI 48346	
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the complainant (another state agency staff) was completed on 4/3/24 at approximately 10:05AM. The Complainant reported that they were following up on the R907 while they were living in the community. The Complainant had reported that R907 had lost over fifteen pounds of weight during their stay at the facility and was receiving purred food, and the staff did not provide the assistance they needed with eating.</p> <p>During an interview with Registered Dietician RD A on 4/3/24, at approximately 1:35 PM, they were queried on the facility's weight monitoring process. RD A reported that the admission weight was getting completed within seven days of admission and they were completing monthly weights unless there were other clinical risk factors identified based on the RD and interdisciplinary team assessment. RD A was queried about the admission weight time frame and if they had completed weekly weights. RD A reported that it was not a standard process rather dependent on individual assessment parameters. RD A was queried about R907 and their significant weight loss and why they were not identified and addressed timely. RD A reported that when R907 triggered for weight loss they were discharged from the facility. RD A was queried further about their initial Mini Nutritional Assessment (MNA) dated 2/27/24 with a score of 6 (score of 1 less than 17 indicates malnourishment) and identified as at risk for nutrition and hydration why there was not timely monitoring and follow up. RD A agreed on the concern and reported they had challenges obtaining weekly weights and they would follow up with the team.</p> <p>An interview with the Nurse practitioner C was completed on 4/4/24, at approximately 9:05 AM. Nurse practitioner C was queried about R907's significant weight loss and if they were notified. Nurse practitioner C reported that they were notified of R907's weight loss prior to going home and they did not have time to follow up and address. The Nurse practitioner was queried on how they would have addressed it and reported that they would have ordered laboratory tests, more frequent weight monitoring (weekly or even daily) and would have recommended the RD to follow-up. The Nurse practitioner was queried of they were aware of the labs that were ordered for R907 that were not completed and if they had followed up. Nurse practitioner C reported that the facility had a change in lab providers, and they were not aware that labs were not completed, and they did not have access to check on their computer during the interview.</p> <p>An interview with the Director of Nursing (DON) was completed on 4/3/24 at 12:05 PM. The DON was queried about the facility's weight process and reported that staff were getting admission weights as soon as a resident was admitted to the facility (within the first few hours). The DON reported that they were doing weekly weights and then they were changed to monthly weights after four weeks unless the recommendations/order from the RD or physician/practitioner stated otherwise.</p> <p>A follow up interview was completed with the DON later that day at approximately 3 PM. The DON was queried about weight monitoring that was not followed and the significant weight loss for R907 with no follow-up from the RD and practitioner. The DON reviewed the EMR for R907 and reported that they understood the concerns. The DON also reviewed the EMR and confirmed later that R907 did not have any evidence that laboratory (blood) tests were completed as ordered for 2/24/24, 3/5/24, and 3/12/24.</p> <p>A facility document titled Weight Monitoring with the most recent revision date of 1/24, read in part Based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status</p> <p>Compliance Guidelines:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Clarkston		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 Clintonville Rd Clarkston, MI 48346	

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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Weight can be a useful indicator of nutritional status. Significant unintended changes in weight (loss or gain) or insidious weight loss (gradual unintended loss over a period of time) may indicate a nutritional problem.</p> <p>1. The facility will utilize a systematic approach to optimize the resident's nutritional status. This process includes:</p> <ul style="list-style-type: none"> a. identifying and assessing each residence nutritional status and risk factors b. Evaluating\ analyzing the assessment information c. developing and consistently implementing pertinent approaches d. monitoring the effectiveness of interventions and revising the mass necessary <p>2. A comprehensive nutritional assessment will be completed upon admission on residents to identify those at risk for unplanned weight loss/gain or compromised nutritional status. Assessment should include the following information:</p> <ul style="list-style-type: none"> a. General appearance b. Height c. Weight d. Food and fluid intake e. Fluid loss/gain f. Laboratory/diagnostic evaluation . <p>5. Weights will be obtained upon admission, readmission and weekly for first four weeks after admission and at least monthly unless ordered by the physician. If a resident declines to be weighed this should be noted in resident's record .</p> <p>7. A significant change in weight is defined as:</p> <ul style="list-style-type: none"> a. 5% change in weight in 1 month (30 days) b. 7.5 change in weight in 3 months (90 days) c. 10% change in weight 6 months (180 days) .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Clarkston		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 Clintonville Rd Clarkston, MI 48346	
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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47283</p> <p>This citation pertains to Intake # MI00142974</p> <p>Based on interview and record review the facility failed to ensure a comprehensive infection control program that consistently identified infections based on symptoms and justified the use of antibiotics, (using McGeer's Criteria for the definition of infections), as well as calculated infection rates, demonstrated on-going tracking, trending, in-services, education, and environmental rounding. resulting in the R902 developing a change of condition resulting in hospitalization related to a Urinary Tract Infection.</p> <p>Findings include:</p> <p>A complaint received by the State Agency revealed that R902 developed Urinary Tract Infection at the facility and they were transferred to the hospital on 2/20/24 after a family member had identified the change in R902's condition and they were admitted to the hospital.</p> <p>On 4/2/24 at approximately 12:30 PM, a verbal request was made to the facility administrator and the Director of Nursing (DON) to meet with the facility's infection preventionist. At approximately 2:50 PM, an interview was completed with the facility Administrator and DON. During the interview, this surveyor queried who oversaw the facility's infection prevention and control program. The DON reported that they were overseeing the infection prevention and control program. This Surveyor queried if they have completed their training and had their certification. The DON reported that they did not have the certification and they were in the process of getting their training. The Administrator reported that training was scheduled for this week and the current DON was covering as the interim DON and they had just accepted the position. When queried if they had any staff member who was a certified infection preventionist who was responsible for the infection prevention and control program, the Administrator reported that the facility had identified the non-compliance infection control program requirements. The Administrator added that that the facility had a past noncompliance document. When queried on their compliance date, the Administrator reported that they did not have a compliance date yet. The Administrator reported that would provide additional documentation.</p> <p>On 4/3/24 at approximately 10:00 AM, the Administrator stated that their MDS coordinator (Staff member B) was a certified infection preventionist and they would be covering in the interim and provided a copy of Staff member B's certificate. A review of the document received via e-mail on 4/3/24 at 11:01 AM titled Facility Past Non-Compliance dated 3/8/24 identified that facility the was not in compliance with the comprehensive infection prevention and control requirement and had date of completion of 4/5/24.</p> <p>Review of additional infection control documents received via e-mail on 4/4/24 at 4:22 PM revealed an infection control line listing for February 2024, March 2024, and April 2024. The line listing for February had 4 resident's name listed. The list did not have R902, who was transferred to hospital on 4/20/23 with change in condition and was admitted to hospital with a urinary tract infection and readmitted to the facility on [DATE]. The documents provided did not have any calculated infection rates, trending, environmental rounding/audits etc.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235461	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2024
NAME OF PROVIDER OR SUPPLIER Mission Point Nsg & Phy Rehab Ctr of Clarkston		STREET ADDRESS, CITY, STATE, ZIP CODE 4800 Clintonville Rd Clarkston, MI 48346	
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 - Many</p>	<p>An interview with MDS coordinator (staff member B) was completed on 4/3/24, at approximately 12:00 PM. Staff member B reported that had training and they had been certified since 3/4/24. Staff member B reported that the facility was not aware that there was a certified infection preventionist and they had just provided a copy of the certificate. They were reviewing the charts for residents who were on antibiotics to ensure they were meeting the McGeer's criteria and completing the care plans. Staff member B confirmed that they were not completing the rest of the infection prevention and control program requirements and that they had a plan in place and they will be assisting the DON.</p> <p>Review of the facility provided Infection Prevention and Control Program with the most recent revision date of 5/23 read in part The 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</p> <p>Policy Explanation and Compliance Guidelines:</p> <ol style="list-style-type: none"> 1. The designated infection preventionist is responsible for oversight of the program and serves as a consultant to our staff on infectious diseases, resident room placement, implementing isolation precautions, staff and resident exposure, surveillance, and epidemiological investigations of exposures of infectious diseases. 2. Surveillance: <ol style="list-style-type: none"> a. A is system of surveillance is utilized for prevention, 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 a facility assessment and accepted national standards. b. The infection preventionist serves as the leader in surveillance activities, maintains documentations of incidents, findings and any corrective actions made by the facility and report surveillance findings to the facilities Quality Assurance and Performance Improvement committee. c. Nurses participate in the surveillance through assessment of residents and reporting changes in condition to the residence physician and management staff, per protocol for notification of changes and in-house reporting of communicable diseases and infections . 		