STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235492	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sheffield Manor Nursing & Rehab Center	15311 Schaefer Rd Detroit, MI 48227

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38208 Based on observation, interview, and record review the facility failed to ensure enhanced barrier precautions (EBP- personal protective equipment used to prevent the spread of infections) were worn during the administration of medications via a gastric tube for one resident (R6) out of three residents reviewed for infection control practices. Findings include: On 1/22/25 at 8:55 AM, signage was observed on R6's door reminding staff that EBP should be worn when providing care. Licensed Practical Nurse (LPN) D was observed entering R6's room to administer medications via the resident's gastric tube. LPN D did not apply a gown before administering medications. Review of R6's electronic medical record (EMR) documented an original admission into the facility on [DATE] with a pertinent diagnosis of gastrostomy status (gastric tube). Review of Minimum Data Set (MDS) dated [DATE], R6 required substantial/maximal assistance with most Activities of Daily Living (ADLS). Review of Brief Interview for Mental Status (BIMS) dated 4/10/24, R6 scored 14 out of 15 (intact cognition). Record review of R6's ADL Care plan created on 10/14/24 documented Substantial / Maximal Assistance (Enhanced Barrier Precautions). An interview was conducted on 1/22/25 at 11:16 AM, LPN D reported that when administering medications to residents with a gastric tube, a gown and gloves should be worn by nursing staff. On 1/22/25 at 3:30 PM an interview with Director of Nursing (DON) was conducted and revealed that LPN D should have applied EBP before administering the medication to R6 via the gastric tube. It was further reported that those precautions should help to prevent the spread of infections in the facility. (continued on next page)

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of facility's policy Enhanced Barrier Precautions (EBP) dated 3/26/24, the following was documented: It is the intent of this facility to use Enhanced Barrier Precautions (EBP) in addition to Standard Precautions for preventing the transmission of CDC (Centers for Disease Control and Prevention) targeted multidrug-resistant organisms (MDROs). Enhanced Barrier Precautions are indicated for residents with any of the following: 1) infection or colonization with a CDC-targeted MDRO when contact precautions do not otherwise apply or 2) a wound or medical device, even if the resident is not known to be infected or colonized with a MDRO and should remain in place for the duration of a resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that place them at higher risk.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. 22349 Based on interview and record review, the facility failed to maintain an effective Antibiotic Stewardship program when protocols for appropriate antibiotic administration were not implemented and infection criteria was not met for thre residents (R3, R60, and R71.) This had the ability to affect residents that were prescribed and administered antibiotics while residing at the facility. Findings include: On 1/23/25 at 11:23 AM the facility's Antibiotic Stewardship Program was reviewed with the Director of Nursing (DON). The DON said that the facility had recently hired an Infection Control Nurse, Registered Nurse (RN) E but RN E was not in the facility at the time of infection control program review. The DON said she is an Infection Preventionist and had been responsible for the facility's Infection Prevention Program including Antibiotic Stewardship prior to the hiring of RN E. The facility's Infection Prevention Program was reviewed and indicated that the facility follows McGeer's Criteria (a surveillance tool used to ensure definitive criteria has been met to identify true infections) when prescribing antibiotics and utilized a form; McGeer Criteria for Infection Surveillance Checklist (MCISC). Review of the facility's December 2024's Antibiotic Administration Report revealed the following: R3 According to the Antibiotic Administration Report (line listing), R3 had been prescribed the antibiotic Cipro 500 milligram (mg). There was no start or stop date on the report. There is a note that reads; do repeat urinalysis (UA). There was no Infection Report, MCISC, or UA included in that report. The DON reviewed R3's Electronic Health Record (EHR). There was no MCISC. The UA results from 12/10/24 indicated no culture and sensitivity report was done because there were not enough bacteria present. The Infection Screening Evaluation indicated the resident had only one symptom, pain in bladder area. The DON said, There is a concern with this. It did not appear to meet the criteria for a urinary tract infection. Further review of R3's EHR revealed the resident was diagnosed with bladder cancer and had frequent pain in that area. R60 According to the Antibiotic Administration Report (line listing), R60 had been prescribed the antibiotic Keflex 500 mg for skin infection. There was no start or stop date or signs and symptoms of infection in the report. There was no Infection Screening Evaluation or MCISC form included in the report. The DON said, The start and stop dates should be in this report. I'll look in the resident's record. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The DON reviewed R60's Electronic Health Record (EHR) and revealed there was no MICSC. A progress note written by the Nurse Practitioner on 12/20/24 indicated the resident did not have any drainage from the surgical site. The DON said, This is not following McGeer's protocol. There should have been a follow-up to explain why the resident was prescribed antibiotics. R71 According to the Antibiotic Administration Report (line listing), R71 had been prescribed the antibiotic Gentamycin external topical ointment 0.1% for a respiratory infection. The DON said, This is a mistake. Gentamycin external topical ointment is not a treatment for a respiratory infection. No other antibiotics were listed for R71 on the report. A review of R71's EHR revealed three antibiotics had been prescribed for the resident. R71 had been prescribed Gentamycin ointment for a right heel skin infection from 12/18/24 - 1/3/25. Not a respiratory infection. On 12/18/24 R71 had also been diagnosed with pneumonia and prescribed Zithromax 250 mg for 7 days, and Doxycycline 100 mg twice a day for 7 days (12/18/24 - 12/25/24). On 1/23/25 at 1:45 PM the Nursing Home Administrator (NHA) was interviewed and said the facility had three different Infection Control Nurses since April of 2024 (9 months). The NHA said, We have just hired a new Infection Control nurse, and we hope this works out. It's been difficult maintaining someone in this position. According to the facility's Antibiotic Stewardship program effective 10/14/22 in part reads; Protocols will be developed and followed that promote health & wellness through responsible use of antimicrobials in an effort to prevent unnecessary treatment and resultant antibiotic resistance. Current literature stresses that it is important to treat active infections, not asymptomatic colonization in older adults as the emergences of drug resistant infections are rapidly outpacing the development of new antibiotic therapies. Efforts to improve antibiotic stewardship should include education and steps to address the social and behavioral factors that drive the demand for and inappropriate prescribing of antibiotics. The CDC has supported efforts to educate guests/residents and the general public regarding the threat of antibiotic resistance related to the inappropriate use of antibiotics such as for the treatment of viral infections. 1. The program will encourage appropriate prescribing; and reduce adverse effects which often include gastrointestinal problems, C. Difficile diarrhea, yeast infections and antibiotic resistance in aging adults. 2. The medical director and director of nursing will use his/her influence as medical and nursing leaders to help ensure antibiotics are prescribed only when appropriate. 3. The Infection Preventionist will be responsible for promoting and overseeing antibiotic stewardship activities in the facility. Responsibilities include educating employees about the importance of antibiotic stewardship, and adhering to programs that prevent the spread of infection and improve antibiotic use. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. The medical director, primary care providers and pharmacy consultants will be utilized for their drug expertise and/or training in improving antibiotic use. This includes the selection, dosing, appropriate route, of administration and days of therapy 9. Healthcare acquired (nosocomial) infections and use of antimicrobial agents will be tracked and trended. Infection surveillance and trending of infections will be a key component of our QAPI process. The facility has adopted the McGeer's criteria for infection surveillance definitions. The McGeer Criteria for Infection Surveillance Checklist (MCISC) was identified.