

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235541	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/06/2024
NAME OF PROVIDER OR SUPPLIER The Lodge at Taylor		STREET ADDRESS, CITY, STATE, ZIP CODE 22950 Northline Rd Taylor, MI 48180	

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** 38208</p> <p>Based on observation, interview and record review the facility failed to perform proper hand hygiene and gloving during wound care for one resident (R205) out of three residents reviewed for infection control practices.</p> <p>Findings include:</p> <p>On 11/6/24 at 10:40 AM Licensed Practical Nurse (LPN) A was observed performing wound care for R205. LPN A entered the resident's room and did not perform hand hygiene. A hand sink was located inside of the room. LPN A proceeded to apply two pairs of gloves to each hand and removed the soiled dressings. All gloves were removed, and hand hygiene was not performed. LPN A then applied two more pairs of gloves to each hand and completed wound care. R205 was observed to have an approximately two-centimeter by three-centimeter open cancer lesion on side of the left breast. LPN A removed all gloves and hand hygiene was not performed. LPN A applied another pair of gloves and proceeded to assist with further care.</p> <p>On 11/6/24 at 11:02 AM, during an interview with LPN A, it was reported that hand hygiene should have been performed when moving from Dirty to clean dressings. It was further reported, I did not wash hands because I doubled gloved.</p> <p>An interview on 11/6/24 at 12:30 PM with the Director of Nursing (DON), it was reported that before starting wound care that hand hygiene should be performed, then hand hygiene should be performed after removing soiled dressing and before applying clean dressings, and then after administration of that treatment. The DON further reported double gloving should not be substituted for hand hygiene.</p> <p>Review of R205's electronic medical record revealed admission into the facility on [DATE] with a diagnosis of malignant neoplasm (cancer) of right female breast and need for assistance with personal care. According to Brief Interview for Mental Status dated 8/13/24, R205 had scored 13 out of 15 (intact cognition).</p> <p>Review of policy Hand Hygiene dated 12/13/23, documented, All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. It was further documented in the policy, 6 a. - The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning (applying) gloves, and immediately after removing gloves.</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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