

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/05/2024
NAME OF PROVIDER OR SUPPLIER  Medilodge of Holland		STREET ADDRESS, CITY, STATE, ZIP CODE  1221 East 16th Holland, MI 49423	

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 - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38905</p> <p>Based on observation, interview and record review, the facility failed to have an active plan for reducing the risk of Legionella and other opportunistic pathogens of premise plumbing.</p> <p>Findings include:</p> <p>During an interview with Maintenance Director (MD) C, at 1:02 PM on [DATE], it was found that he mostly takes care of the Water Management Plan (WMP). When asked if there was a team that he would meet with to go over the plan, MD C stated only if things go wrong. When asked what kind of tests are performed on the facilities water supply? MD C stated he tests for free chlorine monthly and a Legionella test every six months. When asked when the last Legionella sample had been done, MD C stated it had been over 6 months due to a staff leaving and the bottles not getting ordered. When asked what was used to test for free chlorine in the water supply, MD C handed the surveyor free chlorine test strips. MD C stated the test strips had expired and that he needed to get more. Observation found that the test strips used a color gradient and went from ,d+[DATE] parts per million (ppm) with no accurate way to get a concentration to the tenth of a ppm. Further observation found the test strips had expired on ,d+[DATE]. All logged chlorine test samples were found to be .25 ppm. When asked what the facility uses as a control limit, MD C, stated .25 ppm.</p> <p>A record review of the facilities Water Management Program policy, not dated, found that section one under Policy Explanation and Compliance Guidelines states I. A water management team has been established to develop and implement the facility's water management program, including facility leadership, the Infection Preventionist, maintenance employees, safety officers, risk and quality management staff, and Director of Nursing. The policy goes on to state 8. The water management team shall regularly verify that the water management program is being implemented as designed. Auditing assignments will reflect that individuals will not verify the program activity for which they are responsible. 9. The effectiveness of the water management program shall be evaluated no less than annually. Routine infection control surveillance data, water quality data, and rounding data shall be utilized to validate the effectiveness.</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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