

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235727	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER The Oaks at Belmont		STREET ADDRESS, CITY, STATE, ZIP CODE 6081 W River Drive Belmont, MI 49306	
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** Based on observation, interview and record review the facility failed to properly implement Contact Precautions (infection control measures used to prevent the spread of infections that can be transmitted through direct or indirect contact with residents or their environment) for 1 resident (Resident #56) of 6 residents reviewed for infection control, resulting in the potential for cross contamination of conjunctivitis (redness and swelling of the eye, very contagious, commonly known as pink eye) to a vulnerable resident population. Findings include: Review of a Face Sheet revealed Resident #56 was originally admitted to the facility on [DATE]. Review of Resident #56's Physician Orders revealed, Contact Precautions Special Instructions: Conjunctivitis .Start date: 1/7/25. During an observation on 01/07/2026 at 12:13 PM of Resident #56's room, signage next to the door indicated Contact Precautions .everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit . Resident #56 was observed sitting in her reclining chair. During an observation on 01/07/2026 at 12:19 PM on 200 hall, Certified Nursing Assistant (CNA) M walked into Resident #56's room carrying the resident's lunch tray, adjusted the resident's belongings on the table and set up the meal. CNA M was not wearing a gown or gloves. CNA M then exited the room, without performing any type of hand hygiene, obtained another resident's lunch tray and delivered it to that resident down the hall. When CNA M exited the second resident's room, this surveyor stopped CNA M prior to her fetching another tray from the cart. In an interview on 01/07/2026 at 12:23 PM, CNA M reported she was aware Resident #56 was on Contact Precautions, then reviewed the sign posted and stated that it only applied when providing direct care. CNA M reported that she should have performed hand hygiene between residents. During an observation on 01/07/2026 at 12:25 PM on 200 hall, CNA L walked into Resident #56's room and asked the resident to wake up and eat lunch. CNA L was observed rubbing Resident #56's back and helping her to adjust in her chair. CNA L was not wearing a gown or gloves. CNA L exited the room without performing hand hygiene. In an interview on 01/07/2026 at 12:26 PM, CNA L reported that she was not aware Resident #56 was on Contact precautions and stated that it only pertained to direct care like toileting and transfers. CNA L then explained that Airborne Precautions would require full PPE prior to entering the room, and Enhanced Barrier Precautions would apply when working with catheters and wounds. In an interview on 01/07/2026 at 12:31 PM, Director of Nursing (DON) B reported that Resident #56 was placed on Contact Precautions that morning and that staff should be donning a gown and gloves prior to entering the room and performing hand hygiene prior to exiting the room. DON B reported that staff were likely getting Contact Precautions mixed up with Enhanced Barrier Precautions. Review of Resident #56's Progress Note dated 1/7/25 at 11:33 AM revealed, Resident assessed for redness and drainage, provider ordered eye drops for bacterial conjunctivitis . Review of Resident #56's Progress Note dated 1/7/25 at 12:20 PM revealed, Resident assessed by provider and noted conjunctival erythema (redness). New order for sulfacetamide sodium (antibiotic) . for conjunctivitis . Resident placed on contact precautions .		

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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