

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 3/18/2025
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NAME OF PROVIDER OR SUPPLIER MARSHALL NURSING AND REHABILITATION COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 575 N MADISON ST MARSHALL, MI 49068
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F0000 SS=	INITIAL COMMENTS Marshall Nursing and Rehabilitation Community was surveyed for a revisit survey on 3/18/25. Census: 51	F0000		
F0755 SS= F	Pharmacy Srvcs/Procedures/Pharmacist/Records §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to 1) ensure	F0755		3/12/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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	<p>glucometers (devices used to check blood sugar/glucose) were calibrated according to manufacturer recommendations; and 2) ensure the compatibility of glucometers and glucose test strips, potentially affecting 17 residents that required blood glucose monitoring.</p> <p>Findings include:</p> <p>On 3/18/25 at 8:28 AM, the Madison North nursing station was observed to have a Madison North Accucheck Log binder and a Madison South Accucheck Log binder. The Quality Control Logs in each book did not identify the brand of glucometer being calibrated, however, an Arkray Assure Platinum glucometer Reference Manual was noted in the back of each binder.</p> <p>The Quality Control Logs in each binder were noted to include columns to document the low control range and high control range for calibration purposes. The columns were blank for the dates reviewed between 3/12/25 and 3/18/25, thus upon review of the logs, being unable to determine if the control results were within acceptable parameters.</p> <p>On 3/18/25 at 8:54 AM, an Assure Platinum brand glucometer and an EVENCARE G2 glucometer were observed on top of the Forest medication cart. The Forest Accucheck Log binder was observed to include Quality Control Logs, however, they did not identify the brand of glucometer being calibrated.</p> <p>In an interview and observation that began on 3/18/25 at 9:49 AM, Registered Nurse (RN) "C" reported glucometer calibration was typically performed on night shift. RN "C" stated they would calibrate a glucometer if they felt a blood glucose result was inaccurate. RN "C" reported they were uncertain if they would have to</p>			

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	<p>calibrate a glucometer when opening a new bottle of test strips but stated they would think so.</p> <p>The Madison South medication cart was observed to contain an Assure Platinum glucometer. RN "C" showed a bottle of Accucheck Guide glucose test strips, which had a use by date of 2/24/25. RN "C" stated they had not used those strips that day, as they had just been provided with them.</p> <p>The same medication cart was also observed to contain a Freestyle Precision Neo glucometer and test strip, which RN "C" reported was the backup device that they had used that morning. RN "C" was uncertain of how often the glucometer was calibrated but stated it should have been calibrated the night prior. RN "C" stated the calibration log was at the other nursing station (Madison North).</p> <p>In an interview and observation that began on 3/18/25 at 10:16 AM, Licensed Practical Nurse (LPN) "D" reported glucometer calibration was typically completed on third shift. LPN "D" stated they may have had to calibrate a glucometer if there was suspicion that it was not functioning correctly. LPN "D" described that when opening a new bottle of glucose test strips, they would record the lot number on the Quality Control Log, and third shift would complete the calibration.</p> <p>The Madison North medication cart was observed to contain an Assure Platinum glucometer and ReliOn Premier brand glucose test strips. LPN "D" showed an additional Assure Platinum glucometer from the cart and reported that was their backup glucometer.</p> <p>In an interview and observation that began on 3/18/25 at 10:28 AM, RN "E" reported they would not have to calibrate a glucometer, as that was completed on third shift. When opening a</p>			

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	<p>new bottle of glucose test strips, they would label the bottle with the open date. RN "E" did not describe that they would perform calibration upon opening a new bottle of test strips.</p> <p>The Forest medication cart was observed to contain a ReliOn Premier BLU glucometer, ReliOn Premier BLU glucose test strips and an Assure Platinum glucometer. RN "E" reported they used the ReliOn Premier BLU glucometer for checking resident blood sugars.</p> <p>In an interview on 3/18/25 at 10:40 AM, Director of Nursing (DON) "B" reported glucometer calibration was completed on third shift. If there was a question pertaining to a blood glucose value, an additional calibration may have needed to be done. When asked if anything needed to be done upon opening a new bottle of glucose test strips, DON "B" reported the bottle needed to be labeled with the open date, and the lot number was to be recorded in the calibration binder (Accucheck Log binder). When asked if calibration needed to be completed when a new bottle of glucose test strips was opened, DON "B" reported they did not know. DON "B" then stated they would perform a calibration. DON "B" stated the Assure Platinum glucometers were the brand being calibrated on Madison unit. When queried about the calibration for the Freestyle Precision Neo glucometer, DON "B" stated it should have been in the book.</p> <p>During the same interview, DON "B" reported Assure Platinum glucose test strips were to be used with the Assure Platinum glucometer. DON "B" reported they would receive a false blood sugar level if using the wrong test strips.</p> <p>On 3/18/25 at 11:04 AM, DON "B" was observed to clarify to LPN "D" that the ReliOn brand test strips in the Madison North medication cart could</p>				

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	<p>not be used with the Assure Platinum glucometer and were intended for use with the backup glucometer. DON "B" reported being made aware that morning that they were out of Assure Platinum glucose test strips.</p> <p>During the same observation and interview, DON "B" provided a separate binder, which was located at the Madison North nurse's station. DON "B" reported it was initiated on 3/18/25 for calibration of the backup glucometer, which was a ReliOn Premier BLU brand. Review of the log reflected a low control result of "113" and a high control result of "388" on 3/18/25.</p> <p>Review of the label for a ReliOn Premier brand glucose test strip vial reflected a control solution range for level 2 (high control) was 198-267 mg/dL (milligrams per deciliter/unit of measurement). According to the calibration log, the level 2 control result for 3/18/25 was not within acceptable parameters. There was no documentation of follow-up actions taken.</p> <p>On 3/18/25 at 12:24 PM, LPN "D" was observed to have a ReliOn Premier BLU glucometer, which they reported they would be using for afternoon blood glucose checks. LPN "D" reported it was not the same ReliOn Premier BLU glucometer from the Forest medication cart.</p> <p>During an interview on 3/18/25 at 1:18 PM, DON "B" reported the calibration binder that had been initiated for the ReliOn Premier BLU glucometer that day belonged to the Forest medication cart glucometer. DON "B" could not recall if she had used ReliOn brand control solution for the calibration. She stated the only open calibration solution the facility had was Assure brand. DON "B" reported if glucometers were not calibrated with the proper solution, it did not work. DON "B" acknowledged the calibration she had</p>			

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	<p>performed on the ReliOn Premier BLU glucometer on 3/18/25 was out of range for the high control result. DON "B" was unaware that LPN "D" had a separate ReliOn Premier BLU glucometer and was unsure if it had been calibrated.</p> <p>A calibration log was not provided prior to the exit of the survey for the Freestyle Precision Neo glucometer that RN "C" had been using to obtain resident blood sugars, nor the ReliOn Premier BLU glucometer that LPN "D" reported they would be using.</p> <p>According to the Arkray Assure Platinum glucometer Reference Manual, "...Only use Assure Platinum Test Strips with an Assure Platinum Blood Glucose Meter...PERFORMING A CONTROL SOLUTION TEST...The test strip vials have Assure Dose Control Solution ranges printed on the labels. Compare the result displayed on the meter to the Assure Dose Control Solution range printed on the test strip vial. Before using a new meter or a new vial of test strips, you should conduct a control solution test following the procedure with two different levels of control solutions (Normal-Level 1 and High-Level 2)..."</p> <p>According to the ReliOn Premier BLU glucometer User Manual, "...Checking the System...ReliOn Premier BLU Blood Glucose Meter and Test Strips should be checked using ReliOn Premier Control Solutions, available in two levels (Level 1 and Level 2)...Before using a new meter or a new vial of test strips, you should conduct a control solution test...Use ReliOn Premier Control Solutions only...Comparing the Control Solution Test Results The test result of each control solution should be within the range printed on the label of the test strip vial. Repeat the control solution test if the test result falls</p>			

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F0880 SS= E	outside of the range..." Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain 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. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a) (1) A system for preventing, 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 the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must	F0880		3/12/2025	

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	<p>prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow manufacturer recommendations for the sanitary use and disinfection of glucometers (device used to check blood sugar/glucose), potentially affecting 17 residents that required blood glucose monitoring.</p> <p>Findings include:</p> <p>On 3/18/25 at 10:28 AM, the Forest Hall medication cart was observed to have a ReliOn Premier BLU glucometer and an Assure Platinum glucometer. Registered Nurse (RN) "E" reported they used the ReliOn Premier BLU glucometer to check resident blood sugars. They reported that after cleaning a glucometer (with a disinfecting wipe), it could be wrapped in the wipe for two minutes. RN "E" indicated they used Super Sani-Cloth Germicidal Disposable Wipes for the cleaning and disinfecting of glucometers.</p> <p>On 3/18/25 at 10:16 AM, Licensed Practical Nurse (LPN) "D" reported Super Sani-Cloth</p>			

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	<p>Germicidal Disposable Wipes were used for the cleaning and disinfecting of glucometers.</p> <p>On 3/18/25 at 12:24 PM, LPN "D" was observed to have a ReliOn Premier BLU glucometer, which they reported they would be using for their afternoon blood glucose checks.</p> <p>According to the ReliOn Premier BLU glucometer User Manual, "...This system is for single-patient use only and should not be shared...This device is not intended for use in healthcare or assisted-use setting, such as...long-term care facilities because it has not been cleared by the FDA for use in these settings...Use of this device on multiple patients may lead to the transmission of Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HVC), Hepatitis B Virus (HBV), or other bloodborne pathogens...We have validated Clorox Healthcare Bleach Germicidal Wipes with 0.55% sodium hypochlorite as the active ingredient for disinfecting the ReliOn Premier BLU Meter...Do not use other cleaners or disinfectants because other chemicals have not been validated and may damage the meter..."</p> <p>The Arkray Assure Platinum glucometer Reference Manual reflected, "...To minimize the risk of transmitting blood-borne pathogens, the cleaning and disinfecting procedure should be performed as recommended in the instructions below...CLEANING AND DISINFECTING PROCEDURES...DO NOT WRAP THE METER IN A WIPE..."</p> <p>The facility's Plan of Correction education record, pertaining to glucometer cleaning and disinfecting, reflected a time saving tip was to wrap the glucometer with a wipe for the required contact time, while disposing of supplies and assisting the resident.</p>			

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	In an interview on 3/18/25 at 1:18 PM, Director of Nursing (DON) "B" was unaware that the ReliOn Premier BLU glucometer was intended for single-patient use only. DON "B" reported glucometers were not to be wrapped (in disinfecting wipes), unless the manufacturer's instructions specified.				