

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 394120	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 2/25/2025
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NAME OF PROVIDER OR SUPPLIER VILLA AT BORGESS PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3057 GULL ROAD KALAMAZOO, MI 49048
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F0000 SS=	INITIAL COMMENTS Villa at Borges Place was surveyed for an Abbreviated survey on 2/25/25. Intake: MI00150296 Census= 80	F0000		
F0880 SS= D	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	F0880	Element 1: Resident 101 remains at this facility. Enhanced Barrier Precautions (EBP) were implemented 2/25/25 with PPE cart and signage outside her room; care plan and orders updated for EBP 2/25/25. Resident 103 discharged to her home on 3/7/25 after completing her rehab stay at this facility. EBP signage was placed outside her door on 2/25/25 above the PPE cart and remained in place until she discharged. Resident 102 remains at this facility. Hand sanitizers outside his room at the PPE cart were refilled on 2/25/25. Element 2: All residents currently in-house are at risk of requiring EBP that have not been implemented. An audit of all in-house resident orders will be completed to ensure EBP is properly in place. All residents currently on EBP are at risk of signage not being outside their door or hand sanitizer not being available. Rooms of all residents currently on EBP will be audited to ensure proper PPE cart, signage and hand sanitizer is available.	3/21/2025

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

TITLE

(X6) DATE

Electronically Signed

03/11/2025

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>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 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 ensure an effective infection control program that included 1) implementation of Enhanced Barrier Precautions (EBP) per standards of practices for 2 of 3 residents (R101, and R103), and 2) ensure hand sanitizer was available outside a EBP room for 1 of 3 residents (R102) reviewed for infection control, resulting in the potential for cross-contamination, harborage of bacteria, and increased infections in a vulnerable population.</p> <p>Findings include:</p> <p>R101</p>		<p>Element 3:</p> <p>Infection Prevention Coordinator received Infection Prevention and Control Consultation education from the State Licensing Consultative Section (SLCS) on 2/27/25.</p> <p>All Licensed Nurses will receive education regarding Enhanced Barrier Precautions (EBP).</p> <p>Element 4:</p> <p>DON/Designee will audit 10 isolation carts per week for 4 weeks to check for hand sanitizer availability and proper isolation signage.</p> <p>DON/Designee will audit all new admission resident charts and 5 long term care resident charts per week for 4 weeks to check for EBP requirements in place.</p> <p>The DON is responsible for sustained compliance.</p> <p>Under the supervision of the QAPI committee, audits will be presented to the QAPI committee monthly and will continue until QAPI has determined sustained compliance has been achieved.</p>	

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	<p>Review of R101's medical chart, "Diagnoses" included orthopedic aftercare following surgical amputation.</p> <p>Review of R101's Order Summary dated 2/24/25 did not indicate EBP had been ordered for the resident's open wound.</p> <p>Review of R101's MAR/TAR (Medication/Treatment Administration Record dated 2/1/25-2/28/25 did not indicate EBP were being monitored.</p> <p>Review of R101's Care Plan did not indicate the resident had a wound vac or was placed on EBP.</p> <p>During an observation on 2/25/25 at 9:47 AM of R101's room there was no EBP signage or isolation cart outside or inside the room.</p> <p>During an observation, interview, and record review on 2/25/25 at 2:35 PM, Unit Manager (UM) "G" stated while looking through R101's medical chart, "(R101) came back last night (2/24/25) after having an angiogram and her right foot debrided. Her foot has an open wound where her toes were amputated. She has a wound vac. A resident with an open wound should be placed on Enhanced Barrier Precautions to prevent infection." UM "G" observed R101 in her room. Upon approaching the room, there was no signage stating the resident was on EBP. Observing the resident's room area, there was no isolation cart with PPE supplies or contaminated waste containers." The UM stated, "(R101) should have been placed on Enhanced Barrier Precautions last night when she came back from the surgery, and she was not.</p> <p>During an interview on 2/25/25 at 5:10 PM, Director of Nursing (DON) "B" stated, "EBP should have been put in place when (R101) came</p>				

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	<p>back from hospital with an open wound yesterday, 2/24/25."</p> <p>R103</p> <p>According to the Minimum Data Set (MDS) dated 2/10/2025, R103 scored 13/15 (cognitively intact) on her BIMS (Brief Interview Mental Status), with diagnoses that included calculus of kidney, and pyonephrosis (dangerous kidney infection).</p> <p>Review of R103's Order Summary dated 2/20/25, revealed, "Resident to be in Enhanced Barrier Precautions due to nephrostomy tube (tube inserted into the kidney to drain urine directly into a collection bag).</p> <p>During an observation, interview and record review on 2/25/25 at 4:05 PM, UM "G" reviewed R103's Order Summary stating, (R103) recently had a nephrostomy tube placed and should be on Enhanced Barrier Precautions." The UM went to R103's room and viewed the outside and inside of room. UM stated, "There is no Enhanced Barrier Precautions Signage on the door. There is an isolation cart with PPE inside the room, but no signage to make staff or visitors aware."</p> <p>R102</p> <p>According to the Minimum Data Set (MDS) dated 1/24/2025, R102 scored 14/15 (cognitively intact) on his BIMS (Brief Interview Mental Status), with diagnoses that included pressure wound, neuromuscular dysfunction of bladder, and obstructive and reflux uropathy.</p> <p>Review of R102's Order Summary dated 10/24/24 indicated EBP due to indwelling catheter and pressure wound.</p>				

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	<p>Observed on 2/25/25 at 3:52 PM, R102 to have Enhanced Barrier Precautions signage on door with an isolation cart just inside door. Above the isolation cart containing PPE, were two hand sanitizers. Both were empty.</p> <p>During an observation and interview on 2/25/25 at 3:54 PM, Licensed Practical Nurse (LPN) "E" attempted to use both hand sanitizers by R102's isolation cart. The LPN stated, "They are both empty and should have hand sanitizer in them especially since they are right by the isolation cart for infection control. Housekeeping is responsible for keeping them filled."</p> <p>Review of facility policy, "Enhanced Barrier Precautions" dated March 2024, revealed, "Enhanced barrier precautions (EBPs) are utilized to reduce the transmission of multi-drug-resistant organisms (MDROs) to residents Enhanced barrier precautions (EBPs) are used as an infection prevention and control intervention to reduce the transmission of multi-drug resistant organisms (MDROs) to residents ...Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: a. dressing; b. bathing/showering; c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); and h. wound care (any skin opening requiring a dressing) ... EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. a. Wounds generally include chronic wounds (i.e., pressure ulcers, diabetic foot ulcers, venous stasis ulcers, and unhealed surgical wounds), not shorter-lasting wounds like skin breaks or skin tears. b. Indwelling medical devices include central lines, urinary catheters, feeding tubes and tracheostomies. Peripheral IV catheters are not</p>				

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	considered an indwelling medical device for purposes of EBPs ...Standard precautions apply to the care of all residents regardless of suspected or confirmed infection or colonization status ...Signs are posted in the door or wall outside the resident room indicating the type of precautions and PPE required ...PPE is available outside of the resident rooms ..."				