STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	238510	A. BUILDING _____ B. WING _____	2/7/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EATON COUNTY MEDICAL CARE FACI	530 W BEECH ST CHARLOTTE, MI 48813

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMMENTS Eaton County Medical Care Facility was surveyed for an Abbreviated survey on 2/7/2024. Intakes: MI00140885 Census: 118	F0000		
F0757 SS= D	Drug Regimen is Free from Unnecessary Drugs §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-§483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure one of three residents (Resident #1) received the right antibiotic for the right indication, resulting in the potential for adverse affects associated with antibiotic use. Findings Included: The facility Administrator and Director of Nursing were not available during the onsite survey. Registered Nurse (RN) "C", was the contact staff member in place.	F0757	Facility is submitting and IDR for this citation. ELEMENT I: Resident #1 is no longer a patient within the facility. ELEMENT II: All residents have the potential to be affected by failing to assure the right antibiotic for the right indication with antibiotic use. ELEMENT III: The facility□s Infection Surveillance Program was reviewed with no changes recommended. The facility□s Prophylactic Empiric Antimicrobial Use Policy was reviewed with no changes recommended. All nurses will be re-educated regarding the purpose and goal of the facility□s Infection Surveillance Program and the Prophylactic Empiric Antimicrobial Use Policy. ELEMENT IV: The Clinical Leadership team will conduct weekly audits of antimicrobial orders and supporting documentation to ensure that they meet facility policy and regulatory requirements. The Director of Nursing is responsible for ensuring substantial compliance and will review audit findings and share findings during QAPI meetings with the Administrator to identify patterns and trends. ELEMENT V: The facility will be in substantial compliance	3/12/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/01/2024

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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	Reisdnet #1 (R1) no longer resided at the facility at the time of the onsite survey. Review of R1's electronic medical record (EMR) revealed R1 was admitted to the facility on 10/6/2023. Review of R1's baseline (care plan put into place prior to full assessment completion) care plans dated 10/11/2023, revealed R1 had kidney failure, however chronic (several over a long period of time) urinary tract infections (UTIs) was not one of R1's diagnoses. Review of a hospital history and physical dated 10/2/2023, revealed no documented history of UTIs. Review of a "Physician Progress Note" dated 10/9/2023, revealed no indication R1 had any history of chronic UTIs, and had no fever or chills. Review of a "Physician Progress Note" dated 10/11/2023, revealed no indication R1 had any history of chronic UTIs. Review of a "Physician's Order Note" dated 10/11/2023 at 5:46 PM, revealed "Patient (R1) showing increased signs of confusion and incontinence (uncontrolled leaking of urine or stool) episodes. Action: obtain U.A. (urinary analysis, lab test done on urine in order to identify infection) and send to (name of hospital) for possible UTI." Review of a "Nurse's Note" dated 10/11/2023, revealed "...UA collected via straight cath (catherter tubing inserted into the bladder to obtain a urine sample then removed) 400ml (millileters) coudy (sp), dark and fowl smelling		by March 12th, 2024.	

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	urine obtained...Specimen sample in specimen refridgerator ready to pick up in the morning." The note also had the questions, "If worsening, describe initial onset and progression., Is this a marked change from the resident/patient's baseline. If yes, describe:.." These questions had no documented answers. Another nurse's note dated 10/12/2024 and timed at 9:58 AM revealed, "Describe observation/situation (redacted staff member's name) spoke to (redacted physician's name) about increased confusion, foul urine that was cloudy, and agitation. Straight cath was done by night nurse and urine was sent to lab. Per (the physician) start IV (intravenous) Rocephin (antibiotic) and run (infuse) saline (mixture of salt and water) after for fluids as patient (R1) is not drinking or eating at this time..." A "Physician's Progress Note" dated 10/12/2023 at 3:15 PM, revealed, "...The nurse asked me (the physician) to see the patient (R1) regarding Recent urinary symptoms with decreased intakes and confusion,...She (R1) is having the urinary symptoms...No fevers or chills." Review of a "Physician's Progress Note" dated 10/13/2023 at 8:50 PM, revealed, "...Nurse has asked me (the physician) to evaluate the patient about her UTI with signs of sepsis with acute altered mental status, ER (emergency room) visit...History of Presented Illness: The patient has positive urinary tract infection. The patient is on antibiotic treatment...Assessment/Plan: 1. Acute (not chronic meaning just occurred without a history of multiple UTIs) urinary tract infection with possible (not confirmed) sepsis. Continue IM Rocephin..." (intramuscularly-a shot into the muscle, and of note the Rocephin was ordered via IV not IM) The progress note revealed that R1's family wanted her to transfer to the hospital for			

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	evaluation. In regards to the above "Physician's Progress Notes dated 10/13/2023 at 8:50 AM, and review of R1's UA results revealed R1's urine was sent to the hospital lab on 10/11/2023 at 11:06 AM, but the urine results were not reported to the facility until 10/14/2023 (three days later). The UA results indicated that a urine culture (a test of the urine over 72 hours to observe what bacteria grows, this test also includes a sensitivity which reveals what antibiotics the bacteria is susceptible to stop the growth of the bacteria, healing the infection) was setup due to the abnormal results of R1's UA, although no urine culture and sensitivity (C&S) results were in R1's EMR, including no documentation in R1's progress notes related to any C&S results. Review of a "Hospital Transfer" note dated 10/13/2023 at 11:28 AM, revealed R1 was transferred at that time to the hospital. Review of R1's hospital UA and C&S results revealed that on 10/13/2023 at 3:44 PM, R1 was positive for an UTI, and on 10/16/2023 at 9:51 AM, R1's C&S revealed entercococcus faecalis was the bacteria identified in R1's urine. The C&S also revealed that the bacteria was susceptible to five different antibiotics in which Levaquin was one of those. The C&S did not list Rocephin on the antibiotic susceptibility list. A progress note dated 10/14/2023 at 3:05 AM, revealed R1 had returned to the facility, and at 6:37 AM a note was documented that the hospital discharge orders were to start R1 on Levaquin (an antibiotic) to be taken by mouth. The note further revealed R1's physician was notified, however the physician ordered for R1 to not start taking the oral antibiotics, but rather continued with the IV Rocephin antibiotic without any C&S results			

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	reported at that time from the hospital 10/13/2023 UA. Review of a nursing progress note dated 10/16/2023 revealed, "...Reviewed UA from recent hospital visit with (Physician's name redacted), new orders to DC (discontinue) IV Rocephin, give Levaquin 500mg now, then 250mg daily x 6 days..." In an interview and record review on 2/7/2024 at 2:30 PM, with Registered Nurse (RN) "C", and RN "D", who was the Infection Control Preventionist (ICP), revealed that the October 2023 antibiotic line listing (list of residents, their infection and the treatment, listed R1 for being on Levaquin and Rocephin, however the line listing revealed that R1 did not meet the McGeer's criteria (a tool used that lists the signs and symptoms that a resident needs to have in order to determine the presence of a possible infection) for a suspected UTI, nor had a C&S result listed. RN C"C stated that she would print a list every morning to discuss with in the team meeting what new antibiotics were ordered, and the indication for use. RN "C" stated that if a resident did not meet the McGeer's criteria, and the physician wanted an antibiotic started, even before a C&S was resulted. then a risk versus benefit document was filled out by the physician. In an interview on 2/7/2024 at 3:43 PM, RN "E", who was the ICP at the time R1 had the UTI, explained that if there was an order for an antibiotic but the resident did not meet McGeer's criteria, and in absence of an UA or C&S result she would have the resident sign a risk versus benefit form, that the physician would fill out, and start the antibiotic "empirically and prophylactically", if the resident did not meet the criteria for an infection per the McGeer's criteria.			

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	Per ncbi.nlm.nih.gov empirical treatment is the start of treatment with no knowledge of the cause or indication for the treatment. In an interview on 2/7/2024 at 3:59 PM, RN "F", who was also the Assistant Director of nursing (ADON) stated R1 had a few episodes of confusion, but usually the McGeer's criteria needed to be met, and the results of a urine C&S were needed to be completed in order to start an antibiotic. RN "F" said if the resident did not meet the McGeer's criteria then the physician would fill out a risk vs. benefits form in order to start either prophylactic or empirical antibiotics. RN "F" stated that the physician could order antibiotics for things like, the family wants an antibiotic started, or thinks the antibiotic needed to be started right away, and not wait for UA and C&S results. Review of a "Prophylactic/Empiric Antimicrobial (antibiotics) therapy: Risk vs. Benefit" document dated 10/13/2023 revealed, R1 was started on Rocephin IV 1 GM (gram). and under "McGreer's Criteria (the following criteria no met)" it was documented, NOT MET". Under, "Risk vs. Benefit Statement" documentation revealed, "(R1) resides in out facility and presents with increased confusion, foul and cloudy urine, and agitation was sent, waiting on the results. The benefit to empirically treat outweighs the risk of antibiotic resistance and diarrhea." The document had no resident or resident representative signature, and there was no line for a resident or resident representative to sign in order to show the resident/resident representative was informed of the risks versus benefits of antibiotic treatment with no indication for use, however the physician had signed the document. Review of McGeer criteria for an UTI revealed at least one of the following sign and symptoms			

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	must be present, acute dysuria (Pain or burning sensation while passing urine) or pain, swelling of testes, epididymis, or prostate. Fever or leukocytosis (A higher than normal level of white blood cells in the blood) plus at least one other criteria of either acute pain in the individuals back, suprapubic (pelvic area pain), blood in the urine, new or increased incontinence, urgency, or frequency. The criteria also included if no fever or leucocytosis, two or more items from the above list are documented. The criteria specifically notes that a change in behavior, urine odor, to color, or appearance of sediment in the urine are note included in the criteria.			
F0881 SS= D	Antibiotic Stewardship Program §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)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure for one of three residents (Resident #1), symptom criteria was met, and the right antibiotic was for the right indication, resulting in the potential for adverse events associated with antibiotic use. Findings Included: The facility Administrator and Director of Nursing were not available during the onsite survey. Registered Nurse (RN) "C", was the contact staff member in place.	F0881	Facility is submitting an IDR for this citation. ELEMENT I: Resident #1 is no longer a patient within the facility. ELEMENT II: All residents have the potential to be affected by failing to assure that symptom criteria for antimicrobial use is reviewed, the right antibiotic is selected for the right indication and the consideration of potential adverse events associated with antibiotic use is reviewed. ELEMENT III: The facility□s Antimicrobial Stewardship Policy and McGeer□s Criteria for Infection Surveillance was reviewed with no changes recommended. All nurses will be re-educated on the facility□s Antimicrobial Stewardship Program and the use of McGeer□s Criteria in Infection surveillance. ELEMENT IV: The Clinical Leadership team will conduct weekly audits of antimicrobial orders and supporting documentation to ensure that	3/12/2024

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	Resident #1 (R1) no longer resided at the facility at the time of the onsite survey. Review of R1's electronic medical record (EMR) revealed R1 was admitted to the facility on 10/6/2023. Review of R1's baseline (care plan put into place prior to full assessment completion) care plans dated 10/11/2023, revealed R1 had kidney failure, however chronic (several over a long period of time) urinary tract infections (UTIs) was not one of R1's diagnoses. Review of a hospital history and physical dated 10/2/2023, revealed no documented history of UTIs. Review of a "Physician Progress Note" dated 10/9/2023, revealed no indication R1 had any history of chronic UTIs, and had no fever or chills. Review of a "Physician Progress Note" dated 10/11/2023, revealed no indication R1 had any history of chronic UTIs. Review of a "Physician's Order Note" dated 10/11/2023 at 5:46 PM, revealed "Patient (R1) showing increased signs of confusion and incontinence (uncontrolled leaking of urine or stool) episodes. Action: obtain U.A. (urinary analysis, lab test done on urine in order to identify infection) and send to (name of hospital) for possible UTI." Review of a "Nurse's Note" dated 10/11/2023, revealed "...UA collected via straight cath (catheter tubing inserted into the bladder to obtain a urine sample then removed) 400ml (milliliters) coudy (sp), dark and fowl smelling urine		orders for Antimicrobials meet criteria per facility policy and regulatory requirements. The Director of Nursing is responsible for ensuring substantial compliance and will review audit findings and share findings during QAPI meetings with the Administrator to identify patterns and trends. ELEMENT V: The facility will be in substantial compliance by March 12th, 2024.	

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	obtained...Specimen sample in specimen refrigerator ready to pick up in the morning." The note also had the questions, "If worsening, describe initial onset and progression., Is this a marked change from the resident/patient's baseline. If yes, describe:.." These questions had no documented answers. Another nurse's note dated 10/12/2024 and timed at 9:58 AM revealed, "Describe observation/situation (redacted staff member's name) spoke to (redacted physician's name) about increased confusion, foul urine that was cloudy, and agitation. Straight cath was done by night nurse and urine was sent to lab. Per (the physician) start IV (intravenous) Rocephin (antibiotic) and run (infuse) saline (mixture of salt and water) after for fluids as patient (R1) is not drinking or eating at this time..." A "Physician's Progress Note" dated 10/12/2023 at 3:15 PM, revealed, "...The nurse asked me (the physician) to see the patient (R1) regarding Recent urinary symptoms with decreased intakes and confusion,...She (R1) is having the urinary symptoms...No fevers or chills." Review of a "Physician's Progress Note" dated 10/13/2023 at 8:50 PM, revealed, "...Nurse has asked me (the physician) to evaluate the patient about her UTI with signs of sepsis with acute altered mental status, ER (emergency room) visit...History of Presented Illness: The patient has positive urinary tract infection. The patient is on antibiotic treatment...Assessment/Plan: 1. Acute (not chronic meaning just occurred without a history of multiple UTIs) urinary tract infection with possible (not confirmed) sepsis. Continue IM Rocephin..." (intramuscularly-a shot into the muscle, and of note the Rocephin was ordered via IV not IM) The progress note revealed that R1's family wanted her to transfer to the hospital for			

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	evaluation. In regards to the above "Physician's Progress Notes dated 10/13/2023 at 8:50 AM, and review of R1's UA results revealed R1's urine was sent to the hospital lab on 10/11/2023 at 11:06 AM, but the urine results were not reported to the facility until 10/14/2023 (three days later). The UA results indicated that a urine culture (a test of the urine over 72 hours to observe what bacteria grows, this test also includes a sensitivity which reveals what antibiotics the bacteria is susceptible to stop the growth of the bacteria, healing the infection) was setup due to the abnormal results of R1's UA, although no urine culture and sensitivity (C&S) results were in R1's EMR, including no documentation in R1's progress notes related to any C&S results. Review of a "Hospital Transfer" note dated 10/13/2023 at 11:28 AM, revealed R1 was transferred at that time to the hospital. Review of R1's hospital UA and C&S results revealed that on 10/13/2023 at 3:44 PM, R1 was positive for an UTI, and on 10/16/2023 at 9:51 AM, R1's C&S revealed entercococcus faecalis was the bacteria identified in R1's urine. The C&S also revealed that the bacteria was susceptible to five different antibiotics in which Levaquin was one of those. The C&S did not list Rocephin on the antibiotic susceptibility list. A progress note dated 10/14/2023 at 3:05 AM, revealed R1 had returned to the facility, and at 6:37 AM a note was documented that the hospital discharge orders were to start R1 on Levaquin (an antibiotic) to be taken by mouth. The note further revealed R1's physician was notified, however the physician ordered for R1 to not start taking the oral antibiotics, but rather continued with the IV Rocephin antibiotic without any C&S results			

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	reported at that time from the hospital 10/13/2023 UA. Review of a nursing progress note dated 10/16/2023 revealed, "...Reviewed UA from recent hospital visit with (Physician's name redacted), new orders to DC (discontinue) IV Rocephin, give Levaquin 500mg now, then 250mg daily x 6 days..." In an interview and record review on 2/7/2024 at 2:30 PM, with Registered Nurse (RN) "C", and RN "D", who was the Infection Control Preventionist (ICP), revealed that the October 2023 antibiotic line listing (list of residents, their infection and the treatment), listed R1 for being on Levaquin and Rocephin, however the line listing revealed that R1 did not meet the McGeer's criteria (a tool used that lists the signs and symptoms that a resident needs to have in order to determine the presence of a possible infection) for a suspected UTI, nor had a C&S result listed. RN "C" stated that she would print a list every morning to discuss with in the team meeting what new antibiotics were ordered, and the indication for use. RN "C" stated that if a resident did not meet the McGeer's criteria, and the physician wanted an antibiotic started, even before a C&S was resulted. then a risk versus benefit document was filled out by the physician. In an interview on 2/7/2024 at 3:43 PM, RN "E", who was the ICP at the time R1 had the UTI, explained that if there was an order for an antibiotic but the resident did not meet McGeer's criteria, and in absence of an UA or C&S result she would have the resident sign a risk versus benefit form, that the physician would fill out, and start the antibiotic "empirically and prophylactically", if the resident did not meet the criteria for an infection per the McGeer's criteria.			

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	Per ncbi.nlm.nih.gov empirical treatment is the start of treatment with no knowledge of the cause or indication for the treatment. In an interview on 2/7/2024 at 3:59 PM, RN "F", who was also the Assistant Director of nursing (ADON) stated R1 had a few episodes of confusion, but usually the McGeer's criteria needed to be met, and the results of a urine C&S were needed to be completed in order to start an antibiotic. RN "F" said if the resident did not meet the McGeer's criteria then the physician would fill out a risk vs. benefits form in order to start either prophylactic or empirical antibiotics. RN "F" stated that the physician could order antibiotics for things like, the family wants an antibiotic started, or thinks the antibiotic needed to be started right away, and not wait for UA and C&S results. Review of a "Prophylactic/Empiric Antimicrobial (antibiotics) therapy: Risk vs. Benefit" document dated 10/13/2023 revealed, R1 was started on Rocephin IV 1 GM (gram). and under "McGreer's Criteria" it was documented, "NOT MET (R1 did not meet criteria for a suspected UTI). Additional review of the "Risk vs. Benefit Statement" documentation revealed, "(R1) resides in our facility and presents with increased confusion, foul and cloudy urine, and agitation. Urinalysis was sent, waiting on the results. The benefit to empirically treat outweighs the risk of antibiotic resistance and diarrhea." The document had no resident or resident representative signature, and there was no line for a resident or resident representative to sign in order to confirm the resident/resident representative was informed of the risks versus benefits of antibiotic treatment with no indication for use, however the physician had signed the document. Review of the facility's policy and procedure,			

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	238510	A. BUILDING _____ B. WING _____	2/7/2024

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	dated as reviewed 11/2023, revealed the title, "Antibiotic Stewardship Program", and under "Measures of Antibiotic Prescribing, Use, and Clinical Outcomes", "1. Antibiotic Prescribing, a. Clinical assessment, i. Documentation is reviewed and McGeer's criteria is utilized to define the clinical symptoms for an infection when prescribing an antimicrobial.", and under "b. Completeness of antibiotic prescribing documentation, i. Antimicrobial orders are reviewed for completeness of 1. Right Drug-cultures reviewed...,Right Diagnosis-every antimicrobial receives an appropriate diagnosis...". The objectives listed in the policy were, "1. Promote the appropriate use of antimicrobials." Review of McGeer criteria for an UTI revealed at least one of the following signs and symptoms must be present, acute dysuria (Pain or burning sensation while passing urine) or pain, swelling of testes, epididymis, or prostate. Fever or leukocytosis (A higher than normal level of white blood cells in the blood) plus at least one other criteria of either acute pain in the individuals back, suprapubic (pelvic area pain), blood in the urine, new or increased incontinence, urgency, or frequency. The criteria also included if no fever or leucocytosis, two or more items from the above list are documented. The criteria specifically notes that a change in behavior, urine odor, or color, or appearance of sediment in the urine are note included in the criteria. According to the State Operations Manual (SOM), under "URINARY TRACT INFECTIONS", "Catheter-Related Bacteremia (presence of bacteria in the blood stream) and UTIs...Someone with nonspecific symptoms such as a change in function or mental status, foul smelling or cloudy urine and/or, bacteriuria...does not necessarily warrant antibiotic treatment."			

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