

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235440	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER HOLLAND HOME - RAYBROOK MANOR		STREET ADDRESS, CITY, STATE, ZIP 2121 RAYBROOK SE GRAND RAPIDS, MI 49546	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to properly maintain infection control practices during a COVID-19 Infection Control Survey related to equipment cleaning in 3 of 3 residents (Resident #101, #102, & #103) reviewed for infection control, resulting in the potential for cross-contamination and the development and spread of disease. Findings include: Review of the policy/procedure Infection Control - Cleaning Environment, Resident Equipment, and Medical Devices, revised January 2019, revealed .(Facility Name) is committed to minimizing the risk of healthcare-acquired infections by establishing guidelines for the cleaning and disinfection of equipment .Non-critical medical equipment that is within the resident's environment and shared by residents (e.g. bedside commodes, resident lifts, etc) will be cleaned and disinfected after each use . Resident #101 Review of a Profile Face Sheet revealed Resident #101 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. In an observation on 4/22/20 at 9:36 a.m., Registered Nurse (RN) V obtained a vital signs machine from the hallway and entered Resident #101's room to check her blood pressure, pulse, and oxygen saturation. After checking Resident #101's vital signs, RN V exited the room, performed hand hygiene, and plugged the vital signs machine into an outlet near the nurses desk. Noted RN V did not clean/disinfect the vital signs machine or blood pressure cuff after use. In an interview on 4/22/20 at 10:35 a.m., Certified Nursing Assistant (CNA) W reported vital signs machines and mechanical lifts are cleaned and disinfected on night shift, and stated .but we also clean them two to three times each shift (during the day) . In an interview on 4/22/20 at 11:28 a.m., RN V reported vital signs machines and mechanical lifts are cleaned after each use only if a resident is on isolation precautions. RN V reported the vital signs machines and lifts are typically cleaned/disinfected .a few times per shift . and are not generally cleaned/disinfected between each use. Resident #102 Review of a Profile Face Sheet revealed Resident #102 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Resident #103 Review of a Profile Face Sheet revealed Resident #103 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. In an observation on 4/22/20 at 9:22 a.m., noted a mechanical sit-to-stand lift in the hallway outside Resident #103's room. Noted visible crumbs/debris on the foot plate of the lift. No staff were present in the hallway at this time. In an observation on 4/22/20 at 10:53 a.m., Certified Nursing Assistant (CNA) Z and CNA Q exited Resident #102's room after performance of a transfer with a mechanical sit-to-stand lift. CNA Z brought the mechanical sit-to-stand lift directly from Resident #102's room, into Resident #103's room. Noted visible crumbs/debris on the foot plate of the lift. No cleaning/disinfection of the mechanical sit-to-stand lift was observed after use with Resident #102. Observed CNA Z and CNA Q assist Resident #103 with a transfer from her recliner to her wheelchair with the mechanical sit-to-stand lift. Once the transfer was completed, CNA Z exited Resident #103's room with the mechanical sit-to-stand lift and placed the lift in the hallway outside Resident #103's room. Observed CNA Z and CNA Q perform hand hygiene, and continue down the hallway to assist another resident with care. No cleaning/disinfection of the mechanical sit-to-stand lift was observed after use with Resident #103. Noted visible crumbs/debris remained on the foot plate of the lift. In an observation on 4/22/20 at 11:32 a.m., noted a mechanical sit-to-stand lift in the hallway outside Resident #103's room. Noted visible crumbs/debris on the foot plate of the lift. In an interview on 4/22/20 at 11:34 a.m., CNA Z and CNA Q reported the mechanical lifts are cleaned/disinfected on third shift. CNA Q stated .another CNA also wipes them (the lifts) down at the end of each shift . In an interview on 4/22/20 at 11:40 a.m., Registered Nurse (RN) T reported that vital signs machines and mechanical lifts should be cleaned/disinfected after each use. In an interview on 4/22/20 at 4:15 p.m. Director of Nursing (DON) B reported that vital signs machines and mechanical lifts should be cleaned/disinfected after each use/between residents.</p>		

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.