

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235475</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEACONSHIRE NURSING CENTRE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>21630 HESSEL DETROIT, MI 48219</b>	
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 0576  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure residents have reasonable access to and privacy in their use of communication methods.</b>  Based on interview and record review the facility failed to ensure prompt mail delivery on Saturdays for all 78 residents that resided in the facility, resulting in resident dissatisfaction and the potential for delay in receipt of personal mail. Findings include: On [DATE]20 at 11:00 A.M. during the Confidential Group Meeting residents were asked about mail delivery at the facility. Five (R#'s P, Q, R, S, U) of nine residents responded, mail was delivered Monday through Friday, but mail was not delivered to residents on Saturdays. Resident Q explained there was no staff to deliver mail and any mail delivered on Saturday was left with the Security Guard. The resident explained mail was held until the following week and distributed to the residents by the Activity Aides. At 1:30 P.M. the Activity Director was asked about the mail delivery process. In summary, the Director reported the Activity Aides on the weekend passed packages to residents if they were delivered to the facility but the mail was not passed to residents. The mail reportedly was left in the Business Office and after staff screened the mail for checks, the mail was then distributed the next week to the residents. On [DATE]20 at 4:00 P.M. the Administrator was queried about the delivery of mail on Saturday. During the interview the Administrator reported resident's mail should be delivered daily and to her understanding the task was done by the Activity Department. On 3/10/2020 at 2:00 P.M. review of the Facility's policy Titled: Resident Mail dated (November 2017)documented : *Resident mail will be delivered to residents daily unopened *The Activity Department will sort and deliver mail daily.		
F 0583  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Keep residents' personal and medical records private and confidential.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to provide privacy bag to promote dignity for a resident with a urinary catheter bag, effecting one resident (R#15) out of 23 residents reviewed for privacy and dignity, resulting in R#15 having feelings of embarrassment. Findings Include: On 3/8/20 at 10:00 a.m., during observation of R#15, urinary catheter bag was seen hanging from bed with no privacy cover. On [DATE] at 1:24 p.m., during observation of R#15, urinary catheter bag was seen hanging from bed with no privacy cover. On [DATE] at 1:25 p.m., during interview with R#15, when asked how he felt about not having his urinary bag covered for privacy, R#15 stated, It embarrasses me when my kids come in and they can see it and ask questions about it. On [DATE] at 2:30 p.m., during interview with Administrator, when asked if a privacy bag should be given to all residents with a urinary catheter bag, Administrator stated, Yes. On 3/10/20, record review revealed R#15 was admitted into the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. According to Minimum Data Set (MDS) dated [DATE], R#15 had intact cognition and was extensive assist with Activities of Daily Living (ADLs) and transfers. On 3/10/20, review of policy Appropriate Use of Indwelling Catheters documented the following.8. All urinary catheter bags must be covered with a privacy bag to provide privacy and promote dignity.		
F 0658  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure services provided by the nursing facility meet professional standards of quality.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to document the administration of narcotics, follow documentation principles, and follow the 6 rights of medication administration for three residents (Resident #5, #33, #57) out of eight residents reviewed medication administration, resulting in the potential for inaccurate medication administration and narcotic diversion. Findings include: Resident #57 During a count of controlled substances on 3/8/20 at 10:31 a.m., Nurse C reported Resident #57 had 25 [MEDICATION NAME]-[MEDICATION NAME] ([MEDICATION NAME]) 10-325mg pills. Review of a Pharmacy Controlled Substance Proof-of-Use Record for Resident #57 revealed, [MEDICATION NAME]-[MEDICATION NAME] 10-325mg had 26 pills. Nurse C reported she gave Resident #57 a pain pill around 10:00 a.m. and did not chart in the electronic record or on the controlled substance sheet. Review of a Admission Record revealed, Resident #57 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED].#57 included: - [MEDICATION NAME]-[MEDICATION NAME] 10-325mg Give 1 tablet by mouth every 4 hours as needed Review of Medication Admin Audit Record for 3/8/20 revealed, there was no administration for Resident #57 for [MEDICATION NAME]-[MEDICATION NAME] 10-325mg at 10:00 a.m. Resident #5 In an observation on 3/10/20 at 8:53 a.m., Nurse A stood at a medication cart. The laptop on the cart was not on and the electronic record for Resident #5 was not displayed. Resident #5 walked up to Nurse A at the medication cart. Nurse A handed inhalers (Breo and [MEDICATION NAME]) to Resident #5. Resident #5 inhaled the Breo Ellipta inhaler. Resident #5 then inhaled two puffs of the [MEDICATION NAME] inhaler. Nurse A did not document immediately after administration of medication. Review of a Admission Record revealed, Resident #5 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Order Summary Report active as of 3/10/20 for Resident #5 included: -Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/INH 1 puff inhale orally one time a day -[MEDICATION NAME] HFA 90mcg inhale 2 puffs twice daily Review of Medication Administration Record [REDACTED]#33 from the medication cart. Nurse B then placed the pill in a medication cup. Nurse B did not count the remaining number of [MEDICATION NAME]. When asked how many were left, Nurse B answered two. Nurse B did not document the removal of the [MEDICATION NAME] on the Pharmacy Controlled Substance Proof-of-Use Record. Nurse B entered Resident #33's room and administered the medication. Nurse B then exited room, stood at the medication cart, and did not document the removal of the [MEDICATION NAME]. Review of a Admission Record revealed, Resident #33 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Order Summary Report active as of 3/10/20 for Resident #33 included: -[MEDICATION NAME] Tablet 7.5-325 MG ([MEDICATION NAME]-[MEDICATION NAME]) Give 1 tablet by mouth every 6 hours as needed Review of a Pharmacy Controlled Substance Proof-of-Use Record on 3/10/20 at 9:37 a.m. revealed, Resident #33's [MEDICATION NAME] 7.5-325mg was last signed out at 1:00 a.m. on 3/10/20 and three remained. In an interview on 3/10/20 at 9:39 a.m., Nurse B reported the controlled substance sheet should be signed out when a medication is removed. In an interview on 3/10/20 1:16 p.m., the Director of Nursing (DON) reported controlled substances should be signed out on the count sheet when it is taken out. The DON the reported the nurse should look at MAR (medication administration record) before given meds. Review of a Medication Administration policy with a revised date of November 2017 revealed, Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. 10. Review MAR indicated [REDACTED]. Compare medication source (bubble pack, vial, etc.) with MAR indicated [REDACTED]. Sign MAR indicated [REDACTED]. 18. If medication is a controlled substance, sign narcotic book.		
F 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b> <b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b>		
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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F 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p>(continued... from page 1)  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, interview and record review the facility failed to consistently apply hand splints, effecting one resident (R#68) out of 23 residents reviewed for limited range of motion, resulting in the potential for decreased range of motion in both hands. Findings include. On 3/8/20 at 11:24 a.m., during interview and observation of R#68, resident was observed not to have hand splints on either hand; contractures were visible. When R#68 was asked if splints were applied to both hands, R#68 stated, I am supposed to get them on every day, sometimes I go three or four days without them being put on. On [DATE], record review revealed resident was admitted into facility on 11/2/18 with that included [MEDICAL CONDITION] (paralysis of lower body) and muscle wasting and atrophy (breakdown of tissues). According to the Minimum Data Set (MDS) dated [DATE], R#68 had intact cognition and was extensive assist with Activities of Daily Living (ADLS) and transfers. Review of Kardex Report (list of residents care needs) documents the following: Restorative Instructions/Programs - Nursing rehab. Restorative: Splint /Brace Program Bilateral hands splints on daily or as tolerated daily. Review of Rehabilitation/Restorative Service Delivery Record for the month of February 2020 and January 2020 documented B(bilateral) hand splint on in am off at HS (bedtime) or as tolerated daily 4 hours. According to this document, splints were not documented to had been applied on January 4,5,11,12,18,19,25,26 or February 1,2,8,9,15,16,22,23,29. On 3/10/20 at 12:30p.m., during interview with Director of Nursing (DON), when asked if R#68 should have bilateral hand splints applied daily, DON stated, Yes. When asked who has responsibility for applying splints when restorative aide is not available, DON stated, Certified Nursing Assistants (CNAs). On 3/10/20, review of Splint Schedule and Policy documented the following: It is the policy of Nursing Center to ensure those residents with limited Range of Motion to receive care to avoid further limitations. Those residents without range of motion deficits will remain free of deficits. 1. Unless otherwise specified, splints are applied on the following schedule on 4 hours daily as tolerated. 2. Splints are ordered/ recommend by therapy following on evaluation which determines need for the splint device. 3. Splints/ positioning devices can be applied by any nursing department member but is primarily applied by restorative while they are in the building. The CNA is responsible for the resident's care is also responsible for applying the splint/positing device in the absence of restorative. 4. Splints/positioning devices include but are not limited to: Hand cone, hand roll, carrot splints, hand orthotics, resting hand, ankle splints, abduction pillows, neck bones, and prosthesis. 5. Whenever giving splint device care such as taking off, applying etc. The nursing member must perform care to the limb which includes but is not limited to wash the limb, dry the limb, range the limb, and apply/ remove device or position most anatomically. 6. Range of Motion should be included with all ADL care. 7. If splint device is used for hands and/or feet the nursing member must also check nails at least once every shift to ensure the nails are not long, soiled, etc. 8. All residents are screened on admission and at significant changes according to the RAI schedule.</p>		
F 0725  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</b>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>  Based on observation, interview and record review the facility failed to provide adequate staff to respond to residents call lights timely for two(R#8 and 48) residents and meet resident's needs for five of nine residents that participated in the Confidential Group Meeting, resulting in residents complaining of long wait times and feelings of frustration and unmet care needs. Findings include: On 3/8/2020 at 9:30 A.M. during the initial tour R#8 and R#48 complained that their urinals were not emptied timely especially when the staff was short. R#8 who was a paraplegic, alert and oriented stated it took two hours for the nurse aides to change him. The resident explained he waited so long he got cold because the heat on his side of the room did not work, R#8 stated, he lay wet in bed until a nurse aide came in the room from the next shift . During the interview the resident's urinal (Two) both were observed filled to capacity hanging at the bedside. R#48, who was alert and oriented and required supervision with one person physical assistance with toileting, commented, during the day shift, I just go and empty my own urinal. Putting the call light on does not help when they are short of staff. On [DATE] at 11:00 A.M. five ( R#'s P, Q, R, S, T) of nine residents who attended the Confidential Group Interview complained there was not enough staff in the facility to take care of the residents especially on the weekends. R# P stated: on 3/8/20 (first day of the survey) two Nurse Aides called in on the afternoon shift for the second floor. The resident explained, that left only two Nurse Aides upstairs and two downstairs. The nurses say they will help, they do not stop doing their work (passing medications or doing their documentation) to help the Nurse Aides answer call lights or change residents. It takes two staff to assist me to bed because I transfer with a Hoyer lift, I waited over four hours before being assisted to bed. The Midnight shift had to help me. ON 3/10/20 at 2:00 P.M. the two nurse Aide call-in were verified with the scheduler . According to scheduler. One of the two nurse aides remained on the unit until 7 P.M. There was no explanation who assumed the duties of the nurse aide until the end of the shift at 11:00 p.m. During a review of the staffing with the facility's scheduler, concerning the expectations of management for nurse shortages, the scheduler stated, anytime two Certified nurse aides call in for their assigned unit the facility is short staffed, but the nurses are expected to assist, and the managers are required to come in and assist on their unit. Review of the following weekend dates (With the facility's Scheduler) revealed scheduled call-ins of two nurse aides and nurses: February 1, 2- two nurse aides call-in-day shift Feb. 8,9 - two nurse aides call in afternoon shift [DATE]- two nurse aides call-in on day shift Feb. 29 and March1- two nurse aides call in on day shift, 1 nurse call in on the midnight shift . March 7, three nurse aides call in on afternoon shift, one nurse aide mandated</p>		
F 0726  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</b>  Based on Interview and record review the facility failed to ensure that four of four (L,M,N O) Certified Nurse Aides (CNA) whose in-service files were reviewed, had the required annual competency evaluation in skills and techniques necessary to care for residents, resulting in the potential for staff incompetency and/or harm to residents' well-being. Findings include: On 3/10/20 at 9:00 A.M., a list of Certified Nurse Aides was submitted to the In-service/Infection Control Nurse for a review of annual 12-hour in-services. The nurse was informed a review of competency would also be performed at the same review. At 11:30 A.M. review of the annual 12-hour in-services for CNAs' L,M,N, and O was performed. The competencies for the four nurse Aides could not be located. The nurse indicated she would check with the Administrator and Director of Nursing to see if they were aware when the competencies were completed and where was the information documented and located. At 1:00 P.M. it was reported the competencies couldn't be found and staff was not aware when the competencies were completed. On 3/10/20 at 2:30 P.M., review of the facility's policy Titled Competency Evaluation dated (November 2017 Revision) under Policy explanation and Compliance Guidelines stated: (5). Subsequent and/or annual competency is evaluated at a frequency determined by the facility assessment, evaluation of the training program, and/or job performance evaluation. (8). Employee competency forms are maintained in the Staff Development Coordinator's office for current training year, then forwarded to Human Resources Director for placing into the employee's personnel file.</p>		
F 0732  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Post nurse staffing information every day.</b>  Based on interview and record review the facility failed to consistently post nurse staffing hours for all 78 residents in the facility. This deficient practice had the potential of preventing visitors and residents' access to correct nurse staffing information. Findings include: On 3/8/2020 at 8:15 A.M. during an observation in the front lobby, the Nurse staffing posted was dated 3/6/2020. Further observations at 12:30 P.M. and 3:40 P.M. the nurse staffing remained with the posted date of 3/6/2020. On [DATE]20 at 8:30 A.M. and 10:00 A.M. the nurse staffing information had not been updated or changed. On 3/10/2020 at 2:00 p.m. The facility's Scheduler indicated the Security Officer at the front desk was responsible for posting and changing the nurse staffing information on the weekends. The Scheduler explained the nurse staffing information was completed by her on Friday and left for the Security Officer to post by 12:00 P.M. the following day. The other days and times were shared where the nurse posting had not been changed. At 4:45 P.M. upon exiting the facility, no policy or additional information was presented explaining why the nurse staffing information was not updated and posted daily.</p>		

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F 0732  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few F 0759  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p>(continued... from page 2)</p> <p><b>Ensure medication error rates are not 5 percent or greater.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to administer medications accurately for two residents (Resident #5, #16) out of seven residents during medication pass, resulting in a medication error rate of 14.71%. Resident #5 In an observation on 3/10/20 at 8:53 a.m., Nurse A stood at a medication cart. The laptop on the cart was not on and the electronic record for Resident #5 was not displayed. Resident #5 walked up to Nurse A at the medication cart. Nurse A removed Breo Ellipta (medication used for [MEDICAL CONDITION]) and [MEDICATION NAME] inhalers out of the box. Nurse A handed the inhalers to Resident #5. The inhalers were not shaken before they were handed to Resident #5. Resident #5 inhaled the Breo Ellipta inhaler. Resident #5 then inhaled two puffs of the [MEDICATION NAME] inhaler and drank water from a cup. Nurse A did not instruct Resident #5 how to use the inhalers or to rinse mouth and spit after inhaler use. Nurse A did not document administration immediately after administration of medication. Review of a Admission Record revealed, Resident #5 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Order Summary Report active as of 3/10/20 for Resident #5 included: -Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/INH 1 puff inhale orally one time a day -[MEDICATION NAME] HFA 90mcg inhale 2 puffs twice daily Review of Medication Administration Record [REDACTED]. Resident #16 In an observation on 3/10/20 at 9:18 a.m. Nurse B prepared medication for Resident #16. Resident #16's medication placed in a medication cup. Nurse B then entered Resident #16's room. Nurse B handed Resident #16 a Breo Ellipta inhaler. The inhaler was not shaken before use. Resident #16 inhaled Breo. Nurse B then immediately handed Resident #16 an Incruse inhaler and Resident #16 inhaled. Nurse B did not give Resident #16 water to rinse mouth after inhalation and did not instruct Resident #16 how to use the medication. Nurse B exited the room. Nurse B reported Resident #16 had an order for [REDACTED].#16 Polyeth Glyco. Review of a Admission Record revealed, Resident #16 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Order Summary Report active as of 3/10/20 for Resident #16 included: -Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/INH 1 puff inhale orally one time a day - Incruse Elpt INH 62.5MCG 2 puff inhale orally one time a day -POLYETH GLYC POW 3350 NF Give 17 gram by mouth one time a day Review of Medication Administration Record [REDACTED]. In an interview on 3/10/20 at 9:25 a.m., Nurse B reported you should wait five minutes between inhalers But the resident pointed to it indicating that he wanted it. Nurse B then reported residents should rinse and spit after taking inhalers. In an interview on 3/10/20 at 1:16 p.m., the Director of Nursing (DON) reported inhalers should be given five minutes apart, then stated, I believe five minutes. Inhalers should be shaken before given, stated Especially if it is a steroid. Residents should swish and spit after steroid inhalers are used. Review of a Medication Administration policy with a revised date of November 2017 revealed, Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection . 11. Compare medication source (bubble pack, vial, etc.) with MAR indicated [REDACTED]. a. Refer to drug reference material if unfamiliar with the medication, including its mechanism of action or common side effects. b. Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician. c. If other than PO route, administer in accordance with facility policy for the relevant route of administration (i.e., injection, eye, ear, rectal, etc.) . Medication requiring a waiting period between inhalations or drops: Metered dose inhalers - follow manufacturer's product information for administration instructions including acceptable wait times between inhalations . Review of [MEDICATION NAME] insert instructions revealed, How to use your [MEDICATION NAME] HFA inhaler Follow these steps every time you use [MEDICATION NAME] HFA. 1 . Shake the inhaler well before each spray . For correct use of your [MEDICATION NAME] HFA inhaler, remember . Breathe in slowly and slowly to make sure you get all the medication Hold your breathe for about 10 seconds after breathing in the medicine. Then breathe out fully . According to The Mayo Clinic Corticosteroid (Inhalation Route) Proper Use article with a date March 1, 2020 revealed, .Gargling and rinsing your mouth with water after each dose may help prevent hoarseness, throat irritation, and infection in the mouth. However, do not swallow the water after rinsing . (https://www.mayoclinic.org/drugs-supplements/corticosteroid-inhalation-route/proper-use/drg- 533)</p> <p><b>Ensure that residents are free from significant medication errors.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prevent significant medication errors for two resident (Resident #5, #16) out of seven residents during a medication pass observation, resulting in the potential for adverse reactions and residents not receiving ordered dose of medication. Findings include: Resident #5 In an observation on 3/10/20 at 8:53 a.m., Nurse A stood at a medication cart. The laptop on the cart was not on and the electronic record for Resident #5 was not displayed. Resident #5 walked up to Nurse A at the medication cart. Nurse A removed Breo Ellipta (medication used for [MEDICAL CONDITION]) and [MEDICATION NAME] inhalers out of the box. Nurse A handed the inhalers to Resident #5. The inhalers were not shaken before they were handed to Resident #5. Resident #5 inhaled the Breo Ellipta inhaler. Resident #5 then inhaled two puffs of the [MEDICATION NAME] inhaler, drank water from a cup and swallowed. Nurse A did not instruct Resident #5 how to use the inhalers or to rinse mouth and spit after inhaler use. Review of a Admission Record revealed, Resident #5 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Order Summary Report active as of 3/10/20 for Resident #5 included: -Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/INH 1 puff inhale orally one time a day -[MEDICATION NAME] HFA 90mcg inhale 2 puffs twice daily Review of Medication Administration Record [REDACTED]. Resident #16 In an observation on 3/10/20 at 9:18 a.m. Nurse B prepared medication for Resident #16. Resident #16's medication placed in a medication cup. Nurse B then entered Resident #16's room. Nurse B handed Resident #16 a Breo Ellipta inhaler. The inhaler was not shaken before use. Resident #16 inhaled Breo. Nurse B then immediately handed Resident #16 an Incruse inhaler and Resident #16 inhaled. Nurse B did not give Resident #16 water to rinse mouth after inhalation and did not instruct Resident #16 how to use the medication. Nurse B exited the room. Review of a Admission Record revealed, Resident #16 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Order Summary Report active as of 3/10/20 for Resident #16 included: -Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/INH 1 puff inhale orally one time a day - Incruse Elpt INH 62.5MCG 2 puff inhale orally one time a day Review of Medication Administration Record [REDACTED]. Nurse B then reported residents should rinse and spit after taking inhalers. In an interview on 3/10/20 at 1:16 p.m., the Director of Nursing (DON) reported inhalers should be given five minutes apart, then stated, I believe five minutes. Inhalers should be shaken before given, stated Especially if it is a steroid. Residents should swish and spit after steroid inhalers are used. Review of a Medication Administration policy with a revised date of November 2017 revealed, Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection . 11. Compare medication source (bubble pack, vial, etc.) with MAR indicated [REDACTED]. a. Refer to drug reference material if unfamiliar with the medication, including its mechanism of action or common side effects. b. Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician. c. If other than PO route, administer in accordance with facility policy for the relevant route of administration (i.e., injection, eye, ear, rectal, etc.) . Medication requiring a waiting period between inhalations or drops: Metered dose inhalers - follow manufacturer's product information for administration instructions including acceptable wait times between inhalations . Review of [MEDICATION NAME] insert instructions revealed, How to use your [MEDICATION NAME] HFA inhaler Follow these steps every time you use [MEDICATION NAME] HFA. 1 . Shake the inhaler well before each spray . For correct use of your [MEDICATION NAME] HFA inhaler, remember . Breathe in slowly and slowly to make sure you get all the medication Hold your breathe for about 10 seconds after breathing in the medicine. Then breathe out fully . According to The Mayo Clinic Corticosteroid (Inhalation Route) Proper Use article with a date March 1, 2020 revealed, .Gargling and rinsing your mouth with water after each dose may help prevent hoarseness, throat irritation, and infection in the mouth. However, do not swallow the water after rinsing . (https://www.mayoclinic.org/drugs-supplements/corticosteroid-inhalation-route/proper-use/drg- 533)</p>		
F 0760  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that residents are free from significant medication errors.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to prevent significant medication errors for two resident (Resident #5, #16) out of seven residents during a medication pass observation, resulting in the potential for adverse reactions and residents not receiving ordered dose of medication. Findings include: Resident #5 In an observation on 3/10/20 at 8:53 a.m., Nurse A stood at a medication cart. The laptop on the cart was not on and the electronic record for Resident #5 was not displayed. Resident #5 walked up to Nurse A at the medication cart. Nurse A removed Breo Ellipta (medication used for [MEDICAL CONDITION]) and [MEDICATION NAME] inhalers out of the box. Nurse A handed the inhalers to Resident #5. The inhalers were not shaken before they were handed to Resident #5. Resident #5 inhaled the Breo Ellipta inhaler. Resident #5 then inhaled two puffs of the [MEDICATION NAME] inhaler, drank water from a cup and swallowed. Nurse A did not instruct Resident #5 how to use the inhalers or to rinse mouth and spit after inhaler use. Review of a Admission Record revealed, Resident #5 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Order Summary Report active as of 3/10/20 for Resident #5 included: -Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/INH 1 puff inhale orally one time a day -[MEDICATION NAME] HFA 90mcg inhale 2 puffs twice daily Review of Medication Administration Record [REDACTED]. Resident #16 In an observation on 3/10/20 at 9:18 a.m. Nurse B prepared medication for Resident #16. Resident #16's medication placed in a medication cup. Nurse B then entered Resident #16's room. Nurse B handed Resident #16 a Breo Ellipta inhaler. The inhaler was not shaken before use. Resident #16 inhaled Breo. Nurse B then immediately handed Resident #16 an Incruse inhaler and Resident #16 inhaled. Nurse B did not give Resident #16 water to rinse mouth after inhalation and did not instruct Resident #16 how to use the medication. Nurse B exited the room. Review of a Admission Record revealed, Resident #16 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Order Summary Report active as of 3/10/20 for Resident #16 included: -Breo Ellipta Aerosol Powder Breath Activated 100-25 MCG/INH 1 puff inhale orally one time a day - Incruse Elpt INH 62.5MCG 2 puff inhale orally one time a day Review of Medication Administration Record [REDACTED]. Nurse B then reported residents should rinse and spit after taking inhalers. In an interview on 3/10/20 at 1:16 p.m., the Director of Nursing (DON) reported inhalers should be given five minutes apart, then stated, I believe five minutes. Inhalers should be shaken before given, stated Especially if it is a steroid. Residents should swish and spit after steroid inhalers are used. Review of a Medication Administration policy with a revised date of November 2017 revealed, Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection . 11. Compare medication source (bubble pack, vial, etc.) with MAR indicated [REDACTED]. a. Refer to drug reference material if unfamiliar with the medication, including its mechanism of action or common side effects. b. Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician. c. If other than PO route, administer in accordance with facility policy for the relevant route of administration (i.e., injection, eye, ear, rectal, etc.) . Medication requiring a waiting period between inhalations or drops: Metered dose inhalers - follow manufacturer's product information for administration instructions including acceptable wait times between inhalations . Review of [MEDICATION NAME] insert instructions revealed, How to use your [MEDICATION NAME] HFA inhaler Follow these steps every time you use [MEDICATION NAME] HFA. 1 . Shake the inhaler well before each spray . For correct use of your [MEDICATION NAME] HFA inhaler, remember . Breathe in slowly and slowly to make sure you get all the medication Hold your breathe for about 10 seconds after breathing in the medicine. Then breathe out fully . According to The Mayo Clinic Corticosteroid (Inhalation Route) Proper Use article with a date March 1, 2020 revealed, .Gargling and rinsing your mouth with water after each dose may help prevent hoarseness, throat irritation, and infection in the mouth. However, do not swallow the water after rinsing . (https://www.mayoclinic.org/drugs-supplements/corticosteroid-inhalation-route/proper-use/drg- 533)</p>		

F 0761

**Level of harm** - Minimal harm or potential for actual harm

**Residents Affected** - Few

**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.**

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235475</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>03/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEACONSHIRE NURSING CENTRE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>21630 HESSEL DETROIT, MI 48219</b>	
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 0761  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p>(continued... from page 3)</p> <p>Based on record review and interview, the facility failed to inspect and test annually in accordance with NFPA 101, 19.7.6, 8.3.3.1 and NFPA 80, Standard for Fire Doors and Other Opening Protectives 5.2, 5.2.3. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. This deficient practice could affect all of the occupants in the event of a fire. Findings Include: On [DATE] at approximately 10:43 AM, record review revealed the facility failed to provide protection requirements for inspection of dampers in accordance with NFPA 101 2012 edition, section 8.5.5.4.2 and NFPA 80 2010 edition, section 19.4.4.1. This deficient practice could potentially allow smoke and heat to pass the protection barriers in the event of a fire. On [DATE] at approximately 12:55 PM, record review revealed the rolling window shutter tag for the lobby office titled Specialty Door Systems was dated 9/27/17 for the last drop test. This protective device is required to be drop tested on an annual basis. These findings were confirmed by the Administrator and Maintenance Director at the time of discovery through interview.</p>		
F 0814  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Dispose of garbage and refuse properly.</b></p> <p>Based on observation, interview, and record review the facility failed to properly maintain the exterior garbage disposal area in a clean and sanitary manner, resulting in the potential for the attraction of pests and rodents. This deficient practice has the potential to affect all 78 residents in the facility. Findings include: On 03/08/20 at 09:20 AM observed trash debris, black trash bags, and 3 full size mattresses surrounding the exterior garbage dumpsters. When queried, Dietary Manager D advised people just come and dump stuff out here. Dietary Manager D advised the maintenance guy normally cleans up out here. On 03/08/20 at approximately 01:45 PM surveyor requested a copy of the facility's policy on cleaning the exterior dumpster area, no policy received before survey exit. According to the 2013 FDA Food Code, 5-501.15 Outside Receptacles. (A) Receptacles and waste handling units for REFUSE, recyclables, and returnable used with materials containing FOOD residue and used outside the FOOD ESTABLISHMENT shall be designed and constructed to have tight-fitting lids, doors, or covers. (B) Receptacles and waste handling units for REFUSE and recyclables such as an on-site compactor shall be installed so that accumulation of debris and insect and rodent attraction and harborage are minimized and effective cleaning is facilitated around and, if the unit is not installed flush with the base pad, under the unit.</p>		
F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review the facility failed to follow the standards of infection control for hand hygiene during medication administration for three residents (Resident #5, #16, #33) of seven residents reviewed for medication administration, resulting in the potential for increased cross-contamination of diseases which place a vulnerable population at high risk for infections. Findings include: Resident #5 In an observation on 3/10/20 at 8:53 a.m., Nurse A stood at a medication cart. The laptop on the cart was not on and the electronic record for Resident #5 was not displayed. Resident #5 walked up to Nurse A at the medication cart. Nurse A did not perform hand hygiene and removed Breo Ellipta (medication used for [MEDICAL CONDITION]) and [MEDICATION NAME] inhalers out of the box. Nurse A handed the inhalers to Resident #5. After Resident #5 inhaled, inhalers were given to Nurse A and placed in the medication cart. Nurse A did not perform hand hygiene after the inhalers were touched. Review of a Admission Record revealed, Resident #5 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Resident #33 In an observation and interview on 3/10/20 at 9:08 a.m., Nurse B removed [MEDICATION NAME] 7.5/325mg for Resident #33 from the medication cart. Nurse B did not perform hand hygiene before preparation of medication. Nurse B then placed the pill in a medication cup. Nurse B entered Resident #33's room and administered the medication. Nurse B then exited room and did not perform hand hygiene. Review of a Admission Record revealed, Resident #33 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. Resident #16 In an observation on 3/10/20 at 9:18 a.m. Nurse B then entered Resident #16's room and obtained a blood pressure. Nurse B did not perform hand hygiene before obtaining the blood pressure. Nurse B then exited the room. Nurse B prepared medication for Resident #16 and did not perform hand hygiene before preparation. Resident #16's medication placed in a medication cup. Nurse B then entered Resident #16's room and did not perform hand hygiene. A Tylenol 325mg was knocked on floor and Nurse A picked it up with a bare hand. Nurse B then handed Resident #16 an Incruse inhaler and Resident #16 inhaled. Nurse B administered the remaining medication. Nurse B exited the room and did not perform hand hygiene. Review of a Admission Record revealed, Resident #16 admitted to the facility on [DATE] with pertinent [DIAGNOSES REDACTED]. In an interview on 3/10/20 at 9:25 a.m., Nurse B asked when should hand hygiene be performed during med pass, Nurse B stated, If I'm not touching anybody, after three it is time for me to wash my hands. In an interview on 3/10/20 at 1:16 p.m., the Director of Nursing (DON) reported the expectation for hand hygiene during medication administration is hand should be washed after every 3rd resident. Hand sanitizer can be used after each resident and hands washed after three residents. Review of a Medication Administration policy with a revised date of November 2017 revealed, Policy: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection . Policy Explanation and Compliance Guidelines .16. Wash hands using facility protocol and product. Review of Hand Hygiene policy with no date revealed, Staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents and visitors .</p>		
F 0912  <b>Level of harm - Potential for minimal harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, records review and interview, the facility failed to ensure power receptacles comply with the requirements of 6.3.2.2.6.2(F) and 6.3.2.4.2 of NFPA 99. This deficient practice could affect 10 occupants in the event of a fire. Findings Include: On [DATE] at approximately 11:22 AM, observation revealed the 2nd floor Beauty Shop had a non-GFCI duplex outlet less than 6 feet and to the right of the sink. On [DATE] at approximately 11:24 AM, observation revealed the facility failed to post the Beauty Salon with a No Oxygen use in Salon sign. Oxygen use near the heating elements in the hair dryers could potentially lead to a fire emergency that involves a resident. On [DATE] at approximately 12:12 PM, observation revealed the basement men's restroom by the Dietary Kitchen had a non-GFCI duplex outlet less than 6 feet and to the left of the sink. On [DATE] at approximately 11:22 AM, observation revealed the basement ladies' restroom by the Dietary Kitchen had a non-GFCI duplex outlet less than 6 feet and to the right of the sink. On [DATE] at approximately 12:43 PM, observation revealed the 1st floor restroom by room [ROOM NUMBER] had a non-GFCI duplex outlet less than 6 feet and to the left of the sink. These findings were confirmed by the Maintenance Director and at the time of discovery through interview.</p>		
F 0921  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and record review the facility failed to maintain the physical facility and equipment in a sanitary manner and good repair, resulting in an unpleasant, non-homelike environment. This deficient practice affects all 78 residents in the facility. Findings include: During the environmental tour of the facility on 03/08/20 at 09:20 AM, the following was observed: 1. A broken black handrail, partially adhered to the wall and partially laying on the ground, along the stairwell leading up to the exterior dumpster area. 2. A missing light cover and bent off electrical outlet in the second-floor dining room. 3. Two missing light covers, thick black dust on the heating vents, and three bulging stained ceiling tiles in the second-floor hallway. 4. Missing doorknob from the second-floor pantry door. 5. Torn blinds and base board coming off in room [ROOM NUMBER]. 6. Base board missing in room [ROOM NUMBER]. 7. Restroom hot water not working in the second-floor restroom next to the pantry. 8. Missing toilet seat and burnt out light bulb in the second-floor shower room. 9. Hopper constantly running hot water, water droplets and black residue around the heat vent near the ceiling, steamy and moisture smell in the second-floor soiled utility room. When queried, unidentified housekeeping aid advised not sure how long it's been like that, but it has been a while. When queried, the Administrator advised she was unaware of this</p>		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0921  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	(continued... from page 4) issue. 10. Light out, chipping and bulging paint along the ceiling, and loose water faucet in the bathroom of room [ROOM NUMBER]. 11. Sink not adhered to the vanity base, bags and empty pop bottles under the sink, the wooden floor of the vanity is falling apart, and thick black residue on the drainpipes under the sink in the first-floor pantry. 12. Thick layers of black dust on the heat vent in the first-floor clean linen room. 13. Missing base board exposing two holes in room [ROOM NUMBER]. 14. Black dust on heat vent in the first-floor restroom. During review of the facility's Housekeeping Cleaning Schedule it states, Cleaning Procedure. Clean all vents and fans. 15. Missing light cover and loose handrail next to the elevator on the first floor. 16. Loose toilet seat, loose sink, no paper towel in paper towel holder, no toilet grab bars, two 2x2 floor tiles missing in the shower, a hole around the shower sprayer, no privacy curtains, and layers of black dust on the heat vent in the first floor shower room. During an interview with the administrator on 03/08/20 at 10:50 AM, she advised we do not have a maintenance person right now, our new maintenance guy will be starting tomorrow. The administrator also advised we borrow a maintenance person from another facility.		