

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235552</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/19/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE LIGHTHOUSE AT HANCOCK HEALTH AND REHAB</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1400 POPLAR ST HANCOCK, MI 49930</b>	
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 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</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 maintain infection control practices during a Focused COVID-19 Infection Control Survey. This citation has eight noted deficiencies: 1. Failure to follow the Centers for Disease Control and Prevention (CDC) guidance for social distancing (at least 6 feet) for facility residents and staff. 2. Failure to adequately clean and sanitize eating utensils to prevent the transmission of COVID-19 and failure to disposed of potentially hazardous waste per facility policy. 3. Lack of dedicated medical equipment for quarantined residents and failure to clean and disinfect medical equipment. 4. Failure to discontinue group activities. 5. Failure to prevent cross contamination between quarantine and non-quarantine residents. 6. Failure to ensure continued education on COVID-19 updates for facility staff. 7. Failure to ensure restricted entrance location for facility staff. These deficient practices resulted in the potential for the transmission for COVID-19 (a highly transmissible [MEDICAL CONDITION] infection), which had the potential to affect all 58 vulnerable facility residents. Findings include: During an observation on 6/17/2020 at 10:40 a.m., five unidentified residents were seated at the main hallway, cross-section near the front entrance to the facility. The unmasked, unidentified residents were in very close proximity to one another and not observing six-foot social distancing. During an observation on 6/17/2020 at 10:45 a.m., room numbers 106, 114, 115 on the South Wing hallway were found with isolation bins outside the door without the proper identification of isolation type (contact or droplet and/or airborne) required to ensure proper selection of PPE. A sign was posted on each opened door which indicated masks and gloves were required to enter. During an interview on 6/17/2020 at 11:25 a.m., the Infection Preventionist/Registered Nurse (RN) C in the presence of Nursing Home Administrator (NHA) and Director of Nursing (DON), identified rooms [ROOM NUMBER] were in contact/droplet isolation and were in a 14-day Quarantine for COVID-19 precautions. When asked what PPE staff were expected to wear in the isolation rooms, RN C said surgical masks and gloves. When asked if the surgical masks were disposed of after exiting the isolation rooms and replaced, RN C said no-the same mask was worn throughout the staff person(s) shift. The NHA and RN C indicated all staff were expected to wear a surgical mask while in the facility. The NHA was asked if residents in quarantine isolation were permitted to leave their rooms, the NHA responded yes, and stated they were expected to wear a surgical mask. During an observation and interview on 6/17/2020 at 10:55 a.m., a (brand name) temporal thermometer was found on top of room [ROOM NUMBER]'s isolation bin. The thermometer was wrapped with soiled, white tape across most of the handle and sticky, dirty residue was noted towards the lower end of the handle. Certified Nurse Aide (CNA) A and CNA B were shown the same thermometer and asked how it could be properly cleaned being covered with the tape and residue. CNA A responded, Yeah, I see what you're saying- it can't. Going to stick there (indicating germs). CNA B indicated the tape was placed most likely to secure the battery case from opening. When asked if 106 (isolation room) had disposable dedicated equipment, both CNA A and CNA B indicated no in response. During the same interview, CNA A and CNA B when asked what PPE was worn to enter the isolation rooms on the South Wing hallway, both said, a surgical mask and gloves. When asked if the masks were disposed of and replaced, both responded, the same masks were worn throughout their shifts and not replaced after exiting each of the isolation rooms. During an observation on 6/17/2020 at 11:05 a.m., Resident #1 (from room [ROOM NUMBER]-contact/droplet isolation room), Resident #6 (from room [ROOM NUMBER]-contact/droplet isolation room), Resident #8, Resident #9, Resident #10, Resident #11, and Resident #13 were seated in close proximity at the main entrance hallway cross-section. Resident #1 was seated in a wheelchair with his face mask looped around his ears and positioned under his chin and observed holding a hot beverage cup. All the rest of the identified Residents were not wearing any face masks/coverings. Resident #1 Review of Resident #1's Minimum Data Set (MDS) Assessment, date 5/22/20, showed a readmission date of [DATE] from a hospital with the following Diagnoses: [REDACTED]. Review of Resident #1's complete Care Plan, printed 6/18/2020, showed no indication of COVID-19 isolation. Review of Resident #1's current Physician order [REDACTED]. Resident #5 Review of Resident #5's (roommate to Resident #1 also in isolation) MDS Assessment, dated 5/15/2020, showed an admission date of [DATE] from a hospital transfer with [DIAGNOSES REDACTED]. #5's current Physician order [REDACTED]. Resident #6 Review of Resident #6's MDS assessment, dated 5/12/20, showed an admission from a hospital transfer on 8/12/19, with the following Diagnoses: [REDACTED]. Resident #7 Review of Resident #7's (roommate to Resident #5 also in isolation) electronic medical record (EMR) indicated the MDS assessment was in process of completion on 6/18/2020. The EMR indicated the following Diagnoses: [REDACTED]. Resident #7 was transferred from a hospital on [DATE]. Review of current Physician order [REDACTED]. During an Activity Room observation on 6/17/2020 at 11:15 a.m., seven residents were observed during a Bible Study scheduled activity (per the facility's posted Weekly Activity Calendar). Resident #6 (from contact/droplet isolation room) was observed in the room without a mask/face covering. Two, unidentified female residents had surgical masks under their chins and not covering their noses and mouths. The five other residents were not wearing any masks/face coverings. During an interview on 6/17/2020 at 11:25 a.m., the NHA in the presence the RN C and DON, was asked if group activities had been canceled. The NHA said activities has continued for small groups of no more than six. The NHA indicated the facility's decision to continue group activities was not based on CMS (Centers for Medicare &amp; Medicare Services) COVID-19 Guidelines. The NHA stated, I know what your concerns are-We got it. On 6/17/2020 at 1:00 p.m., an interview was conducted with Resident #7 within his isolation room. Resident #7 said the facility has provided surgical masks to be worn when outside of the room. Two surgical masks were observed on the over-bed table located next to Resident #7's urinal. Resident #7 indicated he had been out of his room to ambulate in the hallway with therapy. Resident #7's roommate (Resident #6) was not present in the room. During the interview, CNA A entered to retrieve Resident #7's lunch tray and was asked where Resident #6 was located. CNA A responded, He's probably outside walking. He's allowed to do that. During an interview on 6/17/2020 at 11:22 a.m., Physical Therapist Assistant (PTA) F and PTA G when asked where residents currently in isolation on the South Wing received therapy services, responded therapy was provided inside residents' isolation rooms. On 6/17/2020 at 1:35 p.m., CNA H was observed walking down the hallway from the back of the facility by the Therapy Department coming half-way down the hallway towards a staff breakroom located across from the Dining Room. When asked why she was not wearing a mask, CNA H said that she had not clocked in yet nor been screened by the front entrance. CNA H indicated she entered the facility by the back entrance by the Therapy Department. During the Entrance Conference on 6/17/2020 at 10:15 a.m., the NHA and RN C were asked to provide evidence of education to all staff on COVID-19 and were asked how updates were provided to staff. RN C indicated a binder had been developed where staff were expected to review daily when working and were expected to sign-off once completed. Review of the COVID-19 binder, provided by RN C, revealed the following under the updates tab, By signing below you have read the information provided on COVID-19 including the most current updates outlined in the updates tab of the COVID-19 book and agree to review COVID-19 book for updates daily on each shift worked. Summary of staff signatures under the update tab reflected the following: Only 38% of facility-wide staff received any update COVID-19 education. Departmental breakdown showed the following had not completed any review: Nursing staff: 52%, Dietary staff: 78%; there were also no signatures for any Housekeeping or Laundry staff. On 6/18/2020 at 3:00 p.m. during a phone interview, the NHA, DON, and RN C were asked about the large numbers of staff not completing COVID-19 update</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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>education and the staff who had signed-off had only entered one date, with many of them being on April 17, 2020. NHA confirmed more updated guidance had been published since that date. RN C said staff were seen looking at the book (COVID-19 binder). When asked how the facility would know what each staff member would have been educated with regards to COVID-19 updates RN C responded, I wouldn't know. I was not going to put new updates in the book to confuse staff before we (Administrative Staff) understood the updates. Review of facility provided, Novel Coronavirus Prevention and Response (reviewed/ revised 5/12/20) read in part, 6. Interventions to prevent the spread of respiratory germs within the facility:</p> <p>a. Keep residents and employees informed . b. Cancel group activities, group therapies, and communal dining . i. Posting signs on the door or wall outside of the resident room that clearly describes the type of precautions needed . ii. Make PPE, including facemask, eye protection, gowns, and gloves, available immediately outside of the resident's room . k. Restrict residents to their rooms .If they leave their room, have them wear a facemask, perform hand hygiene, limit movement in the facility, and perform social distancing .</p> <p>On 6/17/2020 at 10:30 a.m., Cook J was observed, through the kitchen door window, preparing individual desserts with face mask pulled down below her chin, not covering her nose or mouth. During an interview on 6/17/2020 at 10:40 a.m., when asked about the observed face mask position Cook J stated, It (face mask) was below my chin. It gets so hot. During this interview Cook J's mask dropped, exposing her nose. Cook J touched the front of her face mask, and moved the mask up to cover her nose, with a gloved hand. No hand hygiene was observed as Cook J continued to prepare food. During an interview on 6/17/2020 at 10:41 a.m., when asked about the use of face masks in the kitchen, Dietary Manager (Staff) K stated, We wear them (face masks) all the time. Review of the undated Policy and Procedure for PPE Required in the Dietary Department for COVID-19, provided on 6/17/2020 at 12:35 p.m., revealed the following: Procedure - The dietary staff including cooks and dietary aides will wear disposable gloves and disposable masks provided by the facility at all times when performing food handling, food preparation, dishwashing, and cleaning/sanitizing duties. On 6/17/2020 at 10:50 a.m., Dietary Staff L was asked to explain and demonstrate the process of handling/cleaning of dirty meal trays returned to the kitchen from rooms of new admission residents currently under quarantine for potential COVID-19. Staff L said the quarantine room trays were placed into red biohazard bags before being returned to the kitchen. The dishes from each quarantine room meal tray were placed on a separate dishwasher rack, sprayed with bleach ((Name Brand) All Purpose Cleaner with Bleach), allowed to sit with the bleach on the dishes for two minutes, and then run through the dish machine two times. When asked to observe the process, Staff L indicated the quarantine trays had been done first, and stated, I do them (quarantine room trays) first and then do the other dishes. When asked where the red biohazard bags were disposed of Staff L stated, Sometimes I throw them in the garbage (next to the dishwashing area). I was told to tie them up and throw them in the biohazard room. Red biohazard bags were observed in the garbage can in the kitchen, partially covered with food and paper products. Staff L stated, I have garbage on top of the red bags (today). Staff L confirmed she used the water sprayer on the whole area (dirty dish line) when doing the dishes, including those from quarantine rooms. When asked about the use of face shield or goggles, Staff L stated, No, I never wear a face shield. Should I be wearing one? Review of the undated Policy and Procedure for Handling Isolation/Quarantine Meal Trays/Dishes received 6/17/2020 at 12:35 p.m., revealed the following: Procedure - all isolation meal trays/dishes from resident rooms that are under isolation/quarantine precautions will be handled in the following manner: -all precaution meal trays/dishes will be put into red bio-hazard bags before they taken (sic) out of the isolation/quarantine room to be returned to the kitchen. -The dietary staff will clean and sanitize all of the regular dishes first leaving the precaution dishes until last -the precaution meal trays/dishes will remain red bagged and on the carts until all other dishes have been cleaned and sanitized. -after all other dishes have been cleaned and sanitized, the dietary aide will clean and sanitize the precaution trays -red bags will be removed from the trays one by one and placed into a red bio-hazard bag -all trays and dishes will be sprayed to remove food debris -all trays and dishes will be cleaned and sanitized in the high temp dish machine -the dish machine will be drained after the precaution trays/dishes have gone through -the dish machine will be sprayed down, cleaned, and sanitized -red bio-hazard bag with trash will be brought to the biohazard room and placed into the appropriate bin -other garbage will be taken out to the dumpster. On 6/17/2020 at 11:50 a.m., Maintenance Director (Staff) S provided the manufacturer's Safety Data Sheet for the (Name Brand) Germicidal Bleach and Disinfectant (used by kitchen staff on quarantine dishes), which revealed the following, in part: Exposure Controls/Personal Protection. Personal Protective Equip: Chemical splash goggles; Face shield, [MEDICATION NAME] gloves, NIOSH approved respirator; Apron .CORROSIVE .Wear safety glasses or goggles and rubber gloves</p> <p>when handling product .Additional Cautions: Do not use on [MEDICATION NAME], aluminum, iron, silverware .or other metal objects. During an interview at this same time, when asked about use of the Germicidal Bleach and Disinfectant in the kitchen, Staff S stated, They should be wearing some sort of goggles or face shield .They shouldn't use it (Germicidal Bleach and Disinfectant) on the dishes . On 6/19/2020 at 9:04 a.m., Staff K was interviewed via telephone. When asked about the process for handling dirty dishes from quarantine rooms, Staff K confirmed red biohazard bags were taken off the dirty trays, placed into another red bag and brought to the biohazard room for disposal. Staff K stated, It is not going to take much time to bring them (red bags) to the biohazard room because they are done last, at the end of (other) dishes. When asked if there would be any concern with changing the order of cleaning/sanitizing the quarantine dishes, by doing them first instead of last, Staff K stated, They (staff) know (red bag quarantine dishes) have to be done last .We don't want any kind of germs to get inside the dish washer .That is why they (dietary staff) are doing them (quarantine dishes) last . Staff K reported they had updated the policy to discontinue the use of the bleach on the quarantine dishes. On 6/17/2020 at 11:00 a.m., CNA M touched the front of his face mask with a bare hand. No hand sanitation was observed prior to provision of care for the next unidentified resident. On 6/17/2020 at 11:02 a.m., Certified Occupational Therapy Assistant (COTA) O was observed in Resident #4's quarantine room. COTA O's facemask was below her nose while talking with Resident #4. During an interview at this same time, COTA O stated, It (face mask) keeps falling down. COTA O touched the front of the face mask to pull it up above the nose with her bare hand. No hand sanitation was observed following contact with the front of the mask. On 6/17/2020 at 11:25 a.m., Social Services Director (Staff) Q, and Social Services Assistant (Staff) R, were observed in the Social Services office with another unidentified staff member. Staff Q and Staff R had their face masks hanging off one ear to the side of their head (nose and mouth not covered) and social distancing was not maintained in the office, while the door remained opened. Upon seeing this Surveyor, the staff members increased their distance and placed their masks on their faces. On 6/17/2020 at 1:40 a.m., CNA U walked into the facility, down the main hall past the nurses' station without donning a face mask. During an interview at this same time, CNA U confirmed she had forgotten a face mask. RN/IC Nurse C directed CNA U to return to the front of the building and don a face mask. On 6/17/2020 at 11:02 a.m., Physical Therapist (PT) N exited quarantine room (#130) wearing a blue surgical mask. PT N, wearing the same surgical mask and carrying a wrist blood pressure cuff, entered a non-quarantine room (#122) at 11:02 a.m., and exited at 11:10 a.m. At 11:12 a.m. PT N entered non-quarantine room (#120) wearing the same surgical mask and carrying the wrist blood pressure cuff. PT N exited the room [ROOM NUMBER] at 11:16 a.m. PT N placed the wrist blood pressure cuff on a shelf inside the nurses' station with other medical equipment and books, without attempting to sanitize the cuff. During an interview on 6/17/2020 at 11:20 a.m., when asked about face mask usage between new admission quarantine rooms and non-quarantine rooms, PT N stated, I didn't change mask (between rooms). When asked about sanitizing of the wrist blood pressure cuff, PT N stated, I got it from this desk, so I assume clean. Other people may use it. No log was present detailing wrist blood pressure monitor cleaning. The wrist blood pressure cuff had a porous cuff with a textured fabric that did not appear to be readily cleanable. During an interview on 6/17/2020 at 12:21 p.m., when asked about changing masks between quarantine and non-quarantine rooms, the DON stated, Our policy says we wear the same mask for our entire shift. When asked how the wrist blood pressure monitor would be cleaned, the DON stated, I don't know how it would be cleaned. Review of the (Name Brand) Wrist Blood Pressure Monitor, Storage and Maintenance directions obtained from the facility on 6/18/2020, revealed the following: Use a dry, soft cloth to clean the unit, or if desired, use a cloth lightly dampened with water. Do not use alcohol, benzene, thinner or other volatile liquids to clean the unit. Do not wash or expose the wrist cuff to liquid . On 6/17/2020 between 12:55 p.m. and 1:10 p.m., observation and interview for dedicated blood pressure cuffs in quarantine rooms, conducted with the DON revealed the following: 1. room [ROOM NUMBER], Resident #3 states, They use the wrist blood pressure cuff - no they have never used the yellow disposable blood pressure cuff. A yellow disposable blood pressure cuff was in the PPE storage drawer outside the room, and appeared unused in the original packaging. 2. room [ROOM NUMBER]-A, blood pressure cuff and stethoscope out in hallway on top of PPE cart, unlabeled without resident name or room number. The resident in 119-B had no blood pressure cuff in room. Interview on 6/17/2020 at 12:58 a.m. when asked about blood pressure</p>		

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 2)</p> <p>equipment for 119-B, CNA T said there was one at the nurses' desk that was used for this resident. 3. room [ROOM NUMBER], when asked what type of blood pressure cuff was used Resident #4 stated, It wraps around the wrist. Yellow disposable cuff in original package, appeared unused. 4. room [ROOM NUMBER], disposable blood pressure cuff in PPE bin outside room door. Appears unused in original packaging. 5. room [ROOM NUMBER], no blood pressure cuff observed in room [ROOM NUMBER].</p> <p>On 6/17/2020 at 1:10 p.m., the DON confirmed there was a concern with the lack of dedicated equipment for quarantine rooms, and the use of wrist blood pressure monitors that were not easily cleanable by multiple residents, including residents in quarantine. During an interview on 6/18/2020, with the NHA, DON, and RN C present, the DON confirmed the blood pressure monitors found outside of quarantine rooms had not been used. It would be one for each resident but there was none for (Resident #1) and only a stethoscope for (Resident #5). If they had been used they would have been in the room (of quarantine residents). Review of the facility Infection Prevention and Control Program policy, reviewed 12/19, revealed the following: 8. Equipment Protocol: a. All reusable items and equipment requiring special cleaning and disinfection shall be cleaned in accordance with our current procedures governing the cleaning of soiled or contaminated equipment. B. Single-use disposable equipment is an alternative to sterilizing reusable medical instruments. Single-use devices must be discarded after use and are never used for more than one resident. Review of the Cleaning and Disinfecting Non-Critical Resident-Care Items, revised June 2011, revealed the following, in part: .2. Single resident use items are for single resident use only. Mark with the resident's name and/or room number and discard upon transfer or discharge .3c .Non-critical resident care items include .blood pressure cuffs .5. Manufacturers' instructions will be followed for proper use of disinfecting (or detergent) products. During a telephone interview on 6/18/2020 at 1:08 p.m., Customer Service Representative (CSR) Z was asked about the (Name Brand) Wrist Blood Pressure Monitor used for multiple facility residents. CSR Z stated, The (Wrist Blood Pressure Monitor Model in use by the facility) is intended for one person. The cuff is a fabric almost. You cannot bleach or use soap and wash. The classic model (used by facility) is not intended to be used on multiple individuals.</p>		