

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235708	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/22/2020
NAME OF PROVIDER OF SUPPLIER MARY FREE BED SUB-ACUTE REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 235 WEALTHY ST SE, 5TH FLOOR GRAND RAPIDS, MI 49503	
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 - Many	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to properly surveil infections and failed to follow standard guidelines for quarantine, during a pandemic. This deficient practice was noted during a focused infection control COVID-19 (an aggressive new highly contagious [MEDICAL CONDITION] disease) survey, and resulted in the potential for transmission of COVID-19 among all 32 vulnerable residents. Findings include: During a phone interview on 5/21/20 at 1:52 p.m., the Director of Nursing (DON) confirmed she was the Infection Preventionist for the facility. A review of the requested surveillance documents was conducted. The documents did not include cluster mapping of facility infections. The DON confirmed she did not conduct mapping of facility infections and stated, I do not do mapping on a physical map of the unit. It creates a challenge because we have so much turnover of residents. The DON said infections were recorded on the line list and if clusters were noted, caregivers were looked at. A review of the line lists for March, April and May 2020 was conducted. The line lists were in spreadsheet format, which were not legible for all columns, including the symptom resolve date column. Some residents were highlighted in yellow, and the DON confirmed those residents were sent out to the hospital, but no dates of transfers were noted on the line lists. The line lists did not delineate when signs and symptoms worsened to show timely transfers. The comment column information overarched the cell so as to be unreadable. The line lists also did not show the dates of any quarantine or transmission based precautions (TBP) initiated or discontinued, only what type of TBP. Of the 8 residents in quarantine in April 2020, only two were listed as in droplet/contact precautions. The other 6 were in standard precautions. Only one of the twenty listed residents in quarantine in May 2020 was in contact/droplet precautions. All others were in only standard precautions. The DON confirmed that residents were quarantined on the dedicated unit (as evidenced by the room number on the line list), and released from quarantine after seven days and two negative COVID-19 tests, even with symptoms. Since the line lists did not date symptom resolve or worsening, it was unknowable whether testing was done during or after symptom worsening or resolve. The line list also did not delineate whether any antibiotic use met standard criteria compliant with stewardship. The employee line lists for March, April and May 2020 were also reviewed and found to be absent any information regarding duration of symptoms or whether the employee returned to work following standards of practice. A follow up phone interview attempt was made on 5/22/20 at 8:05 a.m., but was unsuccessful. During a phone interview on 5/22/20 at 8:37 a.m., the Administrator (NHA) confirmed the DON was on vacation beginning that same morning. When explained the concerns over the line lists, the NHA said she would try to help decipher the concerns, and confirmed that residents were quarantined for only seven days, then tested twice and released from quarantine if the tests were negative. When asked if a resident could test negative at day seven, then still be positive with COVID-19, the NHA stated, I understand. They (residents) might test positive 4 days later. The Centers for Disease Control and Prevention (CDC) website https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html, accessed 5/22/20, revealed, .Considerations for new admissions or readmissions to the facility . Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. o All recommended COVID-19 PPE (personal protective equipment) should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. o Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic (COVID-19) infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home . The policy Infection: Prevention & Control, not dated, revealed, .Surveillance is a systematic method of collecting, consolidating, and analyzing data concerning a disease or event, followed by dissemination of the information with the goal of improving outcomes. Healthcare associated infection surveillance incorporated several approaches to minimize risks and control spread of infections. Antimicrobial Stewardship .interventions .meet the criteria for infection .Surveillance tracking includes validation of meeting the definition of infection. Infection trends or clusters are identified and investigated. One method to identify clusters is to track the types of infections on a floor plan. Place a check mark or circle in the room of each resident identified to have an infection for the month. Designate a different color for each type of infection .for room with multiple admissions in a month designate different admissions with infections by adding a symbol .determine any clustering .</p> <p>During the entrance conference on 5/21/20 at 10:00 a.m., the NHA confirmed there were no patients who tested positive for COVID-19 or were presumed positive. The NHA was asked if there were any patients on Transmission-Based Precautions, or with respiratory symptoms. The NHA directed this Surveyor to speak with the DON. This Surveyor requested the infection surveillance materials, including line listings (infection tracking), mapping (visual representation of patients with infections), and the infection control policies during this interview. During an interview after the entrance conference on 5/21/20 at 10:24 a.m., the DON confirmed there were no patients with COVID-19, or presumed positive, and there were at least 16 residents on the isolation unit, on droplet and contact precautions. The DON added the patients were typically in isolation 14 days, but after 6 to 7 days we (the facility) do COVID tests 24 hours apart, then (with two negative tests) they (patients) move onto the 'non-isolation unit into another cohort (a group of patients who have similar infections or conditions)'. This Surveyor asked the DON to forward the surveillance documentation including the infection line listings and mapping (of facility infections) for the last three months, as well as a list of residents on transmission-based precautions, on the isolation unit. At 12:45 p.m., this Surveyor noted the Infection Surveillance documentation and policies had not been received, and let the NHA know the Survey team needed this documentation as soon as possible. During a follow-up interview on 5/21/20 at 1:30 p.m., the DON asked for further clarification regarding the infection tracking documentation needed, including clarification of the terms line listing and mapping. This Surveyor explained the line listing would include monthly infection tracking for staff and residents, and the mapping would include a visual representation of the resident infections (specifically respiratory) by room number. The DON acknowledged they (the facility) tracked infections however did not have any mapping of infections. The DON stated, I don't necessarily map per se. I look and see trends going on .I don't have a mapping. I look weekly .I map in my head but I don't have a hard copy . The DON was about the earlier comment about testing residents for COVID-19 on Transmission-based precautions, on day 6 to 7 (from admission). The DON confirmed some patients are removed from Transmission-based precautions and off the isolation halls prior to 14 days (from admission), with two negative COVID-19 tests.</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.