

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235633</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEACON HILL AT EASTGATE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1845 BOSTON BLVD S E GRAND RAPIDS, MI 49506</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 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>Based on observation, interview, and record review, the facility failed to properly maintain infection control practices pertaining to properly sanitizing and sterilizing dishes during a COVID-19 Infection Control Survey. This deficient practice resulted in the potential transmission of COVID-19 which had the ability to affect all 24 residents residing in the facility. Findings include: On 06/05/20 at 9:13 a.m., an observation of the three-compartment sink was made. Each of the three sinks contained dishes. Cook B was observed inserting a sanitizer concentration test strip into the sanitization sink. The strip revealed the water contained two to three parts per million (ppm) of sanitizer in the water. Cook B stated this was not strong enough and the ppm should be between four to five ppm. Cook B was unable to state why the concentration level was below where it should have been. Cook B reported it could be due to not having enough sanitizer added to the water, which would mean the mechanism which added the sanitizer would need to be recalibrated. Cook B also said the low sanitizer concentration level could be due to the sanitizer solution sitting in the sink too long. Cook B reported it had been in the sink for approximately an hour and a half. When asked about the dishes in the sanitizing sink, Cook B reported they would need to be rewashed because there was no way of determining whether they had been properly sanitized. On 06/05/20 at 09:25 a.m., Cook B was asked what the process was for checking the temperature of the dish machine. Cook B reported the temperature should be checked three times daily. In the morning, in the middle of the day, and then again in the afternoon. Cook B provided the temperature logs for the dish machine and the temperature/sanitizer concentration logs for the month of May. Cook B acknowledged several days which did not contain entries on both log sheets. Cook B confirmed this meant the temperatures and/or sanitizer concentration levels had not been checked on those dates and/or times. Cook B stated, Someone had not been doing their due diligence and they should have been checked, I'm not going to make excuses (for temperatures and concentration levels not being checked). A review of the Proper Record-Keeping of Temperature Logs policy (undated) revealed the following information, .3. Once per meal, the dishwasher will check and record temperature for the dish machine on both the wash cycle and the rinse cycle. This will be performed twice daily on the 1st shift and once daily on 2nd shift .4. The salad cook will check and record sanitizer concentration for the 3-compartment sink sanitizer solution each time the sink is drained and refilled, or at a minimum of once per meal. This will be performed at a minimum of twice daily on 1st shift and once daily on the 2nd shift. The supervisor will be informed immediately of any temperatures out of normal range. A sanitizer concentration strip will be used to check the concentration. Test strip will be dipped in sanitizer solution for 10 seconds, then read immediately . A review of the Three Compartment Sink Sanitizer Log revealed the following instructions, Please log concentration of sanitizer in final rinse sink. It must be checked each time it is filled, and sanitizer added .This rule now requires monitoring concentration of the sanitizing agent being used in multi-compartment washing sinks. Both dishwasher temperatures and compartment sink sanitizing agent are to be checked at every meal. Place your initial and time of fill in appropriate box when concentration is correct. Report to supervisor immediately if concentration is out of range. The Three Compartment Sink Sanitizer Log for the month of May 2020 revealed documentation deficiencies for the following dates: May 1- 4, 8, 9, 11, 14, 16, 18-22, and 25-31. A review of the Dish Machine Temperature Log revealed the following instructions, Please log WASH and FINAL RINSE temperatures when washing dishes after each meal, to ensure that the wash and rinse temperatures are properly monitored and controlled. The log should be filled in and signed by those who are directly involved in the dishwashing process . The Dish Machine Temperature Log for May 2020 revealed documentation deficiencies for the following dates: May 1, 2,3, 5, 8, 9, 11-13, 16, 17, 19, 20-23, and 25-31. On 06/04/20 at 11:20 a.m. the Director of Nursing (DON) was asked what the expectations were for monitoring correct sanitation concentration levels and dish machine temperatures. The DON reported they should be done at a minimum of at least one time per shift and both the sanitation concentration levels and dish machine should be being monitored closely to prevent the spread of infection.</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.