

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235633	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/28/2020
NAME OF PROVIDER OF SUPPLIER BEACON HILL AT EASTGATE		STREET ADDRESS, CITY, STATE, ZIP 1845 BOSTON BLVD S E GRAND RAPIDS, MI 49506	
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 Level of harm - Immediate jeopardy Residents Affected - Many	<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 1.) isolate 3 newly admitted residents (Residents #102, #103, and #14) for Transmission Based Precautions per CDC (Centers for Disease Control) guidelines and Local Health Department recommendations from a total of 5 sampled residents reviewed for infection control, and 2.) ensure staff wore the appropriate recommended PPE (Personal Protective Equipment) while providing care for and working with newly admitted residents, resulting in an immediate jeopardy starting on 7/12/20, when the facility staff did not follow CDC guidelines for Transmission Based Precautions. This deficient practice placed all residents at risk for serious harm, injury and/or death. On 7/23/20 at 3:40 P.M. the Nursing Home Administrator and the Director of Nursing were verbally notified and received written notification of the immediate jeopardy that was identified on 7/23/20 due to the facility's failure to ensure proper Transmission Based Precautions were utilized for newly admitted residents. A written plan for removal for the immediate jeopardy was received on 7/24/20 and the following was verified on 7/28/20: On July 23, 2020 the Quality Assurance Performance Improvement (QAPI) Committee (Director of Nursing, Administrator, Infection Control Preventionist, Clinical Care Manager, Medical Director and Infection Control Consultant developed the Resident Cohorting - New Admissions & Readmissions COVID-19 Status Unknown or Negative Policy. The committee also reviewed the Policy for Proper Donning and Doffing of PPE (Personal Protective Equipment). The policy Infection Prevention and Control Manual Policy for Suspected or Confirmed Coronavirus (COVID-19) has been reviewed and updated 7/23/2020. 1. On July 23, 2020, 4 private rooms (rm 108-rm 111) on the north end of the first floor of the skilled nursing unit were sectioned off from the rest of the house, thereby establishing completely isolated unit. This Isolation Unit permits the cohort to fully quarantine new admissions and readmissions, whose COVID-19 statuses are unknown, for 14 days. The COVID unit is equipped with: a separate entrance, dedicated staff, airborne precautions followed, staff trained and prepared with proper PPE trained beginning 7/23/20 prior to their first shift worked by the Infection Preventionist or trained charge nurse, disposable containers for nutrition, a Zip Wall separating the area from other non-observation rooms, and dedicated supply areas. 2. On July 23, 2020, 3 residents that were admitted in the last 14 days were identified, and were moved to the isolation unit. 3. On July 23, 2020, the infection control preventionist and clinic assistant worked through the schedule to identify and schedule dedicated staff on the isolation unit that would not cross back between isolated residents, and other residents. 4. Beginning July 23, 2020, staff began education on the new policy as all staff are responsible for infection control and prevention will receive education on the policy for New Admissions & Readmissions COVID 19 status is unknown for 14 days, and donning and doffing PPE prior to their first shift worked. No staff will work prior to receiving the education. 5. Beginning July 23, 2020, the Infection Control Preventionist and trained charge nurse will audit compliance with the New Admissions & Readmissions COVID-19 Status Unknown or Negative Policy, and Proper Donning and Doffing of Proper PPE (Personal Protective Equipment). Audits will be ongoing until compliance is achieved and maintained. Audit records will be reviewed by the Quality Assurance Committee weekly until such time consistent substantial compliance has been achieved as determined by the Committee. 6. All residents are assessed every shift for s/s (signs or symptoms) for COVID 19. 7. There are currently no staff with s/s of COVID 19 and are screened prior to the beginning of every shift. Although the immediate jeopardy was removed as of 7/23/20 the facility remained out of compliance at a scope of pattern and severity of the potential for more than minimal harm that is not immediate jeopardy due the fact that not all facility staff have received education and sustained compliance has not been verified by the State Agency. Findings include: Review of the facility policy Infection Prevention and Control Manual Policy for Suspected or Confirmed Coronavirus (COVID-19) last revised 6/3/20 revealed, Policy: It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for the COVID-19 and to adhere to Federal and State/Local recommendations (to include, for example: Admissions, Visitation, Precautions: Standard, Contact, Droplet and/or Airborne Precautions, including the use of eye protection). The facility can make a determination to readmit residents diagnosed with [REDACTED].cms.gov/files/document/qso-20-14-nhp.pdf.pdf): *The facility is able to follow CDC guidance for Transmission-based Precautions for COVID-19 .The facility will dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab unit or returning to long-stay original room). Review of the Centers for Disease Control and Prevention-Coronavirus Disease 2019 (COVID-19) last revised April 30, 2020 revealed, 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. *All recommended COVID-19 PPE 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. *Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-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. *New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty. https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html Resident # 102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED].M., Resident #102 was not in Transmission Based Precautions. During an observation on 7/23/20 at 01:53 P.M., Resident #102 was not in Transmission Based Precautions. Review of Resident #102's Physician Orders revealed no order for Transmission Based Precautions for 14 days from admission. Review of Resident #102's Care Plan revealed no documentation that Resident #102 was placed in Transmission Based Precautions. During an observation on 07/23/2020 at 11:00 A.M., CNA H was in Resident #102's room assisting Activities of Daily Living. CNA H was wearing a surgical mask and a face shield. No other PPE was donned (gloves, gown, N95 mask). CNA H completed Resident #102's care, used hand sanitizer, and then left the New Admission Observation Unit to assist another CNA outside of the New Admission Observation Unit. Resident #103 Review of a Face Sheet revealed Resident #103 was an [AGE] year-old female, admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #103's care plan revealed, Skin Integrity . Target Date: 08/16/2020 .2 person bed mobility and positioning assist. During an observation on 7/22/20 at 09:25 A.M., Resident #103 was not in Transmission Based Precautions. During an observation on 7/23/20 at 01:53 P.M., Resident #103 was not in Transmission Based Precautions. Review of Resident #103's Physician Orders revealed no order for Transmission Based Precautions for 14 days from admission. Review of Resident #103's Care Plan revealed no documentation that Resident #103 was placed in Transmission Based</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 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>Precautions. During an observation on 7/23/2020 at 10:40 A.M., a housekeeping staff member was in Resident #103's room mopping the floor. The housekeeping staff member was not wearing a gown, gloves, or an N95 mask at that time. Resident #104 Review of a Face Sheet revealed Resident #104 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. During an observation on 7/22/20 at 09:25 A.M., Resident #104 was not in Transmission Based Precautions. Resident #104 was residing in a room outside of the New Admission Observation Unit. During an observation on 7/23/20 at 01:53 P.M., Resident #104 was not in Transmission Based Precautions. Resident #104 was residing in a room outside of the New Admission Observation Unit. Review of Resident #104's Physician Orders revealed no order for Transmission Based Precautions for 14 days from admission. Review of Resident #104's Care Plan revealed no documentation that Resident #104 was placed in Transmission Based Precautions. Review of Resident #104's updated Face Sheet dated 7/24/20 revealed Resident #104 was moved from (room number omitted) to room (room number omitted) which was on the New Admission Observation Unit. During an interview on 07/23/2020 at 9:17 A.M., Director of Nursing (DON) B reported that newly admitted residents have a COVID-19 test prior to admission or within 72 hours of the admission. DON B reported that newly admitted residents are put at the end of the 100 Unit to cohort (grouping similar residents together) to prevent them from being mixed in with the healthy population of residents. DON B reported that newly admitted residents are under observation for 14 days after their arrival to the facility. DON B reported that standard precautions (not transmission based precautions) are followed while providing care for the newly admitted residents. During an interview on 07/23/2020 at 12:42 P.M., Health Department (HD) D reported that facility staff should be following the CDC guidelines for caring for, observing, and isolating newly admitted residents in the Long Term Care setting. HD D reported that newly admitted residents should be placed in a COVID-19 observation unit and cared for using proper COVID-19 PPE. During an interview on 07/22/2020 at 1:20 P.M., Certified Nursing Assistant (CNA) E reported there were no residents currently in Transmission Based Precautions. During an observation on 07/23/2020 at 10:35 A.M., there was no signage posted or barriers in place to identify a designated Observation Unit. During an interview on 07/23/2020 at 10:56 A.M., CNA F reported that each CNA had designated rooms. CNA F reported that 1 CNA is assigned to rooms 100-107 and the other CNA is assigned to rooms 108-115. CNA F reported that there is also 1 CNA who floats to all resident areas including the 200 Unit. CNA F reported that all CNA's assist each other with resident care and CNA's will often assist in rooms outside of their assigned rooms when needed for residents that require 2 person assist or to answer a call light.</p>		