

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235075</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SPECTRUM HEALTH REHAB &amp; NURSING CENTER-FULLER AVE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>750 FULLER AVE NE GRAND RAPIDS, MI 49503</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><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 implement transmission-based precautions for new admissions, readmissions, and [MEDICAL TREATMENT] residents to prevent the spread of COVID-19 in 3 of 4 residents (Resident #101, #102, &amp; #103) reviewed for infection control, resulting in the potential for cross-contamination and development and transmission of a highly contagious infection within a susceptible population. Findings include: Review of the Centers for Disease Control and Prevention (CDC) guidance Responding to Coronavirus (COVID-19) in Nursing Homes, updated 4/30/20, 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 .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 . Retrieved from <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html</a> In an interview on 9/9/20 at 10:23 a.m., Administrator A reported new admissions and readmissions are on the 5th floor. Administrator A reported staff are required to wear surgical masks and eye protection in all resident care areas, however no additional transmission-based precautions are in place for new admissions/readmissions. Administrator A reported residents who attend [MEDICAL TREATMENT] appointments reside on various floors within the facility. Review of the facility roster matrix revealed there were 14 residents admitted to the 5th floor since August 27, 2020, many of whom shared a room and were not admitted on the same day. In an interview on 9/9/20 at 11:40 a.m., Licensed Practical Nurse (LPN) K reported residents who receive [MEDICAL TREATMENT] treatments outside of the facility are tested weekly for COVID-19 and monitored for signs/symptoms of COVID-19 daily. LPN K reported there are no additional interventions such as transmission-based precautions implemented for residents who leave the facility for [MEDICAL TREATMENT] treatments, and some [MEDICAL TREATMENT] residents have roommates (that are not also on [MEDICAL TREATMENT]). In an interview on 9/9/20 at 12:00 p.m., LPN O reported residents who are newly admitted to the facility, or readmitted, are placed on the 5th floor to be monitored for 14 days for signs of COVID-19. LPN O reported these new admissions/readmissions are also tested for COVID-19 prior to admission/readmission. LPN O reported no additional transmission-based precautions are implemented for these new admission/readmissions. In an interview on 9/9/20 at 12:57 p.m., Registered Nurse (RN) R reported [MEDICAL TREATMENT] residents at the facility are not placed on transmission-based precautions. Resident #101 Review of a Face Sheet revealed Resident #101 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED].#101, dated 9/10/20, revealed .receives [MEDICAL TREATMENT] due (to) End stage [MEDICAL CONDITION] with Fistula to right arm placed July 2017 . with interventions which included .[MEDICAL TREATMENT] Mon (Monday), Wed (Wednesday), and Fri (Friday) .P/u (pickup) .3:15 for appointment 3:30 . Review of a Minimum Data Set (MDS) assessment for Resident #101, dated 7/31/20, revealed a Brief Interview for Mental Status (BIMS) score of 14, out of a total possible score of 15, which indicated the resident was cognitively intact. In an observation on 9/9/20 at 2:35 p.m., observed Resident #101's room. Noted no sign on the door to indicate if transmission-based precautions were in place. Observed Resident #101's roommate asleep in the room, in a bed near the window. Resident #101 was not in the room at this time. In an interview on 9/9/20 at 2:39 p.m., Environmental Services Tech E reported there are no transmission-based precautions in place for Resident #101, and no additional Personal Protective Equipment (PPE) is required when cleaning in Resident #101's room. In an interview on 9/9/20 at 2:53 p.m., Certified Nursing Assistant (CNA) T reported there are no transmission-based precautions in place for Resident #101, and no additional PPE is required when providing care for Resident #101. CNA T reported Resident #101 goes to [MEDICAL TREATMENT] appointments on Mondays, Wednesdays, and Fridays. In an observation on 9/9/20 at 3:04 p.m., observed CNA T as she checked Resident #101's vital signs in the shower room prior to his [MEDICAL TREATMENT] appointment. Noted CNA T wore a surgical mask and eye protection, but no gown. Resident #101 was noted to have a surgical mask on at this time. 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]. Review of an active Care Plan for Resident #102, dated 9/10/20, revealed .receives [MEDICAL TREATMENT] due to [MEDICAL CONDITION] (End Stage [MEDICAL CONDITION]) . with interventions which included .Arrange transportation to [MEDICAL TREATMENT] center .pick (up) at (9:30 a.m.) for (10:00 a.m.) chair time on M-W-F (Monday, Wednesday, and Friday) . Review of a Minimum Data Set (MDS) assessment for Resident #102, dated 5/29/20, revealed a Brief Interview for Mental Status (BIMS) score of 13, out of a total possible score of 15, which indicated the resident was cognitively intact. In an observation on 9/9/20 at 3:26 p.m., observed Resident #102 in bed in his room. No transmission-based precautions were observed in place, and no sign was noted on Resident #102's door to indicate the need for transmission-based precautions. Observed Certified Nursing Assistant (CNA) N enter Resident #102's room and provide setup assistance with a supplemental beverage. CNA N was noted to be wearing a surgical mask and eye protection, with no gown or gloves utilized. In an interview on 9/9/20 at 3:36 p.m., Licensed Practical Nurse (LPN) X reported Resident #102 goes to [MEDICAL TREATMENT] appointments outside the facility three times per week. LPN X reported staff wear a surgical mask and eye protection in all resident care areas. LPN X reported Resident #102 is not on any additional transmission-based precautions. Resident #103 Review of a Face Sheet revealed Resident #103 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of an active Care Plan for Resident #103, dated 9/10/20, revealed .receives [MEDICAL TREATMENT] due to inadequate renal function . with interventions which included .Communicate with [MEDICAL TREATMENT] center .Mondays, Wednesdays, Fridays. In an observation on 9/9/20 at 1:44 p.m., observed Resident #103 in bed in her room. No transmission-based precautions were observed in place, and no sign was noted on Resident #103's door to indicate the need for additional transmission-based precautions. Resident #103 was noted to have a roommate. In an interview on 9/9/20 at 1:44 p.m., Resident #103 reported she goes to [MEDICAL TREATMENT] on Mondays, Wednesdays, and Fridays.</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.