

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235366	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER MISSION POINT NRSG & PHY REHAB CTR OF FOREST HILLS		STREET ADDRESS, CITY, STATE, ZIP 1095 MEDICAL PARK DR 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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0690 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide proper perineal care after an incontinent episode in 2 of 3 residents (Resident #101 and #102) reviewed for care concerns, resulting in an increased risk for infection. Findings include: Review of a document provided by Director of Nursing (DON) B as a reference for the facility's expectations of incontinence care revealed, Perineal Care: Perineal care involves thorough cleaning of the patient's external genitalia and surrounding skin .5. Perineal care for a female: f. Wash labia majora. Use nondominant hand to gently retract labia from thigh. Use dominant hand to wash carefully in skinfolds. Wipe in direction from perineum to rectum .g. Gently separate labia with nondominant hand to expose urethral meatus and vaginal orifice. With dominant hand wash downward from pubic area toward rectum .Clean thoroughly over labia minora, clitoris, and vaginal orifice . Resident #101 Review of a Face Sheet revealed Resident #101 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #101, with a reference date of 5/7/20 revealed a Brief Interview for Mental Status (BIMS) score of 14, out of a total possible score of 15, which indicated Resident #101 was cognitively intact. Review of the Functional Status revealed that Resident #101 required extensive assistance of 2 person's physical assist for bed mobility. Review of Resident #101's Visual/Bedside Kardex Report (care guide) dated 7/22/20 revealed, .Bladder/Bowel .INCONTINENT: Check me with CENA (Certified Nursing Assistant) rounds and PRN (as needed) for incontinence. Wash, rinse and dry perineum. Apply barrier cream after each incontinent episode and PRN . During an observation on 7/22/20 at 9:48 A.M., Resident #101 was observed lying on her back in bed. Certified Nursing Assistant (CNA) C and CNA D entered Resident #101's room to provide incontinence care and transfer Resident #101 into her wheelchair. CNA C was observed gathering clean linens and a clean incontinence brief, and CNA D filled a basin with water. CNA C was observed to detach and pull a saturated incontinence brief down and push it between Resident #101's legs. CNA C then observed to wash, rinse and dry Resident #101's groin area, doing so with Resident #101's legs pressed tightly together. Resident #101 was then turned on her left side, and CNA C was observed to wash, rinse and dry Resident #101's buttocks and then applied a clean incontinence brief. It was noted that CNA C or CNA D did not separate Resident #101's legs and wash the labia (external genitalia) or vaginal area, and did not apply a barrier cream. Resident #102 Review of a Face Sheet revealed Resident #102 was a 66 -year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED].) Review of a Minimum Data Set (MDS) assessment for Resident #102, with a reference date of 4/16/20 revealed a Staff Assessment for Mental Status, which indicated Resident #102 was severely cognitively impaired. Review of the Functional Status revealed that Resident #102 required extensive assistance of 1 person physical assist for bed mobility. Review of Resident #102's Visual/Bedside Kardex Report dated 7/22/20 revealed, .Bladder/Bowel .INCONTINENT: Check me q2 (every 2 hours) hours and as required for incontinence. Wash, rinse and dry perineum. Apply barrier cream after each incontinent episode and PRN . During an observation and interview on 7/22/20 at 1:40 P.M., CNA E entered Resident #102's room to provide incontinence care. Resident #102 was observed lying on her back in bed with her right leg bent and positioned to her right side. CNA E reported that Resident #102's right leg was contracted and is always in this position. CNA E was observed to detach and pull Resident #102's saturated incontinence brief down. CNA E was observed to use 2 disposable wipes to wash Resident #102's groin area and then positioned Resident #102 on her left side. CNA E was then observed to apply a clean incontinence brief. It was noted that CNA E did not separate Resident #102's legs and wash the labia (external genitalia) or vaginal area, and did not apply a barrier cream. During an interview on 7/22/20 at 1:51 P.M., regarding proper incontinence care CNA E reported that with female residents, the labia and vaginal area are not washed during routine incontinence care. CNA E stated, .that is only done with A.M. and P.M. care . In addition, CNA E reported that Resident #102 does not have barrier cream and stated, .she doesn't need it because she doesn't have any sores .it's just for when her skin gets red or she has sores .</p>		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to properly maintain infection control practices during a COVID-19 Infection Control Survey related to the use of Personal Protective Equipment (PPE) in 1 of 3 residents (Resident #100) reviewed for infection control, resulting in the potential for cross-contamination and the development and spread of disease. Findings include: Review of a facility policy Novel Coronavirus Prevention and Response date revised 5/12/20 revealed, .7. Procedure when COVID-19 is suspected or confirmed: .b. Place resident in a private room (containing a private bathroom) with the door closed .f. Implement standard, contact, and droplet precautions. Wear gloves, gowns, goggles/face shields, and masks upon entering room and when caring for the resident . Review of a facility document COVID-19 Updates July 2020 revealed, 14 day Observation for new admissions and re-admissions to the facility. Staff entering the room will require full PPE (personal protective equipment) (mask, gown, gloves, goggles/glasses.) .Wipe goggles with cavi-wipe (disinfectant) and place back in drawer . Review of a Face Sheet revealed Resident #100 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment for Resident #100, with a reference date of 6/12/20 revealed a Brief Interview for Mental Status (BIMS) score of 5, out of a total possible score of 15, which indicated Resident #100 was severely cognitively impaired. During an interview on 7/21/20 at 11:20 A.M., Director of Nursing (DON) B reported that Resident #100 was re-admitted on [DATE] after a brief hospitalization and had been on Droplet Precautions since then, as part of the 14 day quarantine recommended by the CDC (The Centers for Disease Control and Prevention.) DON B reported that Resident #100 had developed a fever and cough overnight (7/20/20-7/21/20) and was going to be tested for COVID-19 today. During an observation on 7/21/20 at 2:02 P.M., Licensed Practical Nurse (LPN) F was observed at the nurse's station with a mask covering his mouth and nose, then walked down the hall to the PPE cart outside of Resident #100's room. LPN F was then observed to don (wear) a gown and gloves, and then entered Resident #100's room. It was observed that 2 sets of goggles were laying on the PPE cart. It was noted that LPN F did not don goggles prior to entering Resident #100's room. At 2:10 P.M. LPN F and Certified Nursing Assistant (CNA) H were observed exiting Resident #100's room, no goggles observed. The door to Resident #100's room was observed to be completely open. During an interview on 7/21/20 at 2:10 P.M., LPN F reported that he was in Resident #100's room to restart a tube feeding following care provided by CNA H. LPN F reported that he was aware that Resident #100 was currently on droplet precautions that required staff to wear full PPE including goggles, and stated, .I just forgot mine .I am not sure why CNA H wasn't wearing them . During an observation on 7/21/20 at 2:18 P.M., Resident #100 was observed from hallway lying in his bed with his eyes closed. The door was observed to be completely open, with no staff present in the room or directly outside of the room. During an observation on 7/22/20 at 11:00 A.M., Observed 3 Emergency</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 - Minimal harm or potential for actual harm Residents Affected - Few	<p>(continued... from page 1)</p> <p>Medical Services (EMS) staff outside of Resident #100's room. One of the EMS staff was observed to enter Resident #100's room wearing a mask and gloves. It was noted that the EMS staff member did not don a gown or goggles prior to entering Resident #100's room. No observation of facility staff instructing EMS staff regarding Resident #100's current droplet precautions status. During an interview on 7/22/20 at 11:34 A.M. Director of Nursing (DON) B reported that when droplet precautions are in place it is expected that everyone dons a mask, gown, gloves and goggles prior to entering the resident's room. DON B went on to report that the resident's door should also be closed when droplet precautions are in place. Review of a Nursing Progress Note for Resident #100 dated 7/21/2020 at 06:25 A.M. revealed, Temp was 100.4 . Res (Resident #100) with nonproductive cough and bilat (bilateral) upper lobes (lung) with exp (expiratory) rhonchi bases diminished . Continues to be in droplet iso (isolation) per covid protocol for 14 days. (Provider) on call notified of temp and cough. New orders for CXR (chest x-ray) 2 view routine and covid swab. Review of a Nursing Progress Note for Resident #100 dated 7/21/20 at 16:41 (4:41 P.M.) revealed, Nasopharyngeal swab performed for COVID-19 PCR test related to new cough and temperature of 100.4. Resident tolerated procedure well. Resident continues on droplet precautions . According to the CDC's updated guidance dated 7/15/20, HCP (health care professional) who enter the room of a patient with suspected or confirmed [DIAGNOSES REDACTED]-CoV-2 (COVID-19) infection should adhere to Standard Precautions and use a NIOSH-approved N95 or equivalent or higher-level respirator (or facemask if a respirator is not available), gown, gloves, and eye protection Eye Protection: Put on eye protection (i.e., goggles or a face shield that covers the front and sides of the face) upon entry to the patient room or care area, if not already wearing as part of extended use strategies to optimize PPE supply. Protective eyewear (e.g., safety glasses, trauma glasses) with gaps between glasses and the face likely do not protect eyes from all splashes and sprays . Remove eye protection after leaving the patient room or care area, unless implementing extended use. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use unless following protocols for extended use or reuse.</p>		