

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2020
NAME OF PROVIDER OF SUPPLIER COVENANT VILLAGE OF THE GREAT LAKES		STREET ADDRESS, CITY, STATE, ZIP 2520 LAKE MICHIGAN DRIVE NW GRAND RAPIDS, MI 49504	
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** This citation has two deficiency practice statements, A & B. Deficiency Practice Statement A 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 linen handling practices, resulting in the potential for cross-contamination, bacterial harborage, the development and spread of disease, which places a vulnerable population at high risk for infections. Findings include: Review of Background G. Laundry and Bedding; Guidelines for Environmental Infection Control in Health-Care Facilities (2003), last reviewed November 5, 2015, Content source: Centers for Disease Control and Prevention, revealed . 2. Epidemiology and General Aspects of Infection Control Guidelines for laundry construction and operation for health-care facilities, including nursing facilities, have been published. The design and engineering standards for existing facilities are those cited in the AIA edition in effect during the time of the facility's construction. A laundry facility is usually partitioned into two separate areas - a dirty area for receiving and handling the soiled laundry and a clean area for processing the washed items. To minimize the potential for recontaminating cleaned laundry with aerosolized contaminated lint, areas receiving contaminated textiles should be at negative air pressure relative to the clean areas. Laundry areas should have handwashing facilities readily available to workers. Laundry workers should wear appropriate personal protective equipment (e.g., gloves and protective garments) while sorting soiled fabrics and textiles. Laundry equipment should be used and maintained according to the manufacturer's instructions to prevent microbial contamination of the system. Review of the Infection Control Laundry and Bedding, Soiled Policy dated July 2009, revealed Policy Statement Soiled laundry/bedding shall be handled in a manner that prevents gross microbial contamination of the air and persons handling the linen. 1. Soiled laundry and bedding (e.g., personal clothing, uniforms, scrub suits, gowns, bedsheets, blankets, towels, etc.) contaminated with blood or other potentially infectious materials must be handled as little as possible and with minimum agitation. 2. Place contaminated laundry in a bag or container at the location where it is used and do not sort of rinse at the location of use. 3. Place and transport contaminated laundry in bags or containers in accordance with established policies governing the handling and disposal of contaminated items. 4. Anyone who handles soiled laundry must wear protective gloves and other appropriate protective equipment (e.g., gowns if soiled of clothing is likely). In an observation and interview on 5/5/2020 at 12:55 PM, Housekeeper (HK) R was standing in the laundry room, that opened to a room that held 2 washing machines and 3 dryers (one of the dryers was stackable on top of one of the washers), there was a deep soaking sink between a dryer and washing machine and a dryer on the other side then on the end of the room was a long shelf against the wall to hold pillows, blankets and hangers, opposite the wall of washers/dryers was a cabinet with a top to fold items on and hang clean clothing right by the entry doorway. HK R reported that she collects laundry from all the residents rooms, including isolation rooms putting the laundry in her hamper (she will use Personal Protective Equipment (PPE)) to get the laundry bag from the isolation room then come back to the laundry room when hamper was full, put her hamper in the left corner of the laundry room, next to the dryer, remove a bag of resident laundry, dump it on the dryer and sort out what needs to be pre-treated. HK R reported that she does not put a gown on before she sorts the laundry, just wears a mask and gloves, and will change her gloves and wash her hands after every pre-sorting. HK R reported that she then will decide if the load will go in the big or the small washer, HK R reported that after she loads both washers she cleans the top of dryer with QT3 our disinfectant cleaner. HR R observed removing items from the dryers and shaking them out prior to hanging them up, the items would touch the surfaces of the washing machine as there was a washer and a dryer on each side of the deep soaking sink with approximately 4 feet between them to take clothing out of the dryer. In an interview on 5/6/2020 4:10 PM, Registered Nurse Infection Control (RNIC) C reported staff are educated through relias training (computer based training), periodic spot audits, and by the housekeeping manager (maintenance supervisor). RNIC C reported that she would spot check the laundry room on how they carry laundry when they deliver clean laundry to resident rooms. RNIC C reported that when laundry was brought to the laundry room it was to be put directly in the washing machine with the use of standard precautions (gloves and hand washing). In an interview on 5/6/2020 at 5:00 PM, Maintenance Supervisor (MS) T reported that staff are to pick up laundry in hampers throughout the day in the hamper and do load after load of laundry, one resident at a time, they wash then sanitize the load and dry the load. MS T reported the staff are to put the load the wash directly into the washing machine using the mesh bag they collect from the resident's room trying not to let it get next to their bodies. MS T was not aware staff members were dumping the resident's mesh bag of laundry on the dryer, sorting the laundry, pre soaking if necessary in sink, prior to washing the load of wash. MS T reported that this process was an infection control concern and that the staff member was new and trained by other staff and that may be where the breakdown in the process occurred.</p> <p>Review of the policy and procedure Infection Control and Prevention, dated 11/1/16, revealed .The facility will provide a safe, sanitary, and comfortable environment designed to prevent as possible and improve control of transmittable pathogens, disease, and infection .Linen must be handled according to best practice with linen not coming in contact with clothing or person . In an observation on 5/5/20 at 11:33 a.m., observed Housekeeper R carrying a bundle of clean resident clothing on plastic clothing hangers down the North Hall to a resident room. Noted Housekeeper R held the bundle of clean clothing against her chest, in contact with her shirt. In an interview on 5/5/20 at 11:35 a.m., Housekeeper R reported she generally carries clothing items to resident rooms without a cart for transport. Housekeeper R reported she was unaware of any specific requirement for how to handle clean linen. Deficiency Practice Statement B 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 equipment cleaning in 1 of 4 residents (Resident #104) reviewed for infection control, resulting in the potential for cross-contamination and the development and spread of disease. Findings include: Review of the policy and procedure Cleaning and Disinfection of Resident-Care Items and Equipment, revised 7/2014, revealed .Resident care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard .Reusable items are cleaned and disinfected or sterilized between residents (e.g. stethoscopes, durable medical equipment) .Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident . Review of a Face Sheet revealed Resident #104 was an [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. In an observation on 5/5/20 at 1:10 p.m., Certified Nursing Assistant (CNA) I and CNA G assisted Resident #104 with a transfer from his recliner to his bed in the resident's room, using a dependent mechanical lift. At the conclusion of the transfer, CNA G exited Resident #104's room with the mechanical lift, and placed the lift along the wall at the end of the hallway. Noted neither CNA I nor CNA G cleaned/disinfected the dependent mechanical lift after use with Resident #104. In an interview on 5/5/20 at 1:10 p.m., CNA G reported she was unsure how often the mechanical lifts were cleaned/disinfected. In an interview on 5/5/20 at 1:16 p.m., Director of Nursing (DON) B reported the mechanical lifts are cleaned/disinfected between residents.</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>In an interview on 5/5/20 at 1:18 p.m., CNA H reported the mechanical lifts are cleaned/disinfected on third shift.</p>		