STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	704050	A. BUILDING _____ B. WING _____	8/6/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELS OF HUDSONVILLE (THE)	3650 VAN BUREN HUDSONVILLE, MI 49426

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F0000 SS=	INITIAL COMMENTS The Laurels of Hudsonville was surveyed for Abbreviated survey on 8/6/21. (List intakes). Census=75	F0000		
F0880 SS= E	Infection Prevention & Control §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of	F0880	F880 The facility has established and maintained an infection prevention and control program that is designed to provide a safe, sanitary, and comfortable environment and help prevent the development and transmission of communicable diseases and infection. : The facility's Quality Assessment and Assurance (QAA) Committee conducted a Root Cause Analysis (RCA) to identify the problem(s) that resulted in this deficiency and developed interventions and corrective action plan to prevent recurrence, as a part of the Quality Assurance and Performance Improvement (QAPI) program. The QAA Committee reported the results of RCA and the plans for corrective action to the Governing Body. As a part of the corrective action plan, the facility has provided training to staff providing direct care to residents and staff entering residents' rooms, whether for residents' dietary needs or cleaning and maintenance services. The training covers the following topics, in addition to training needs identified by facility's completed the RCA: Clean Hands - https://youtu.be/xmYMUly7qiE Closely Monitor Residents - https://youtu.be/1ZbT1Njv6xA Standard Infection Control Practices	9/7/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 08/30/2021

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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	the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to perform appropriate hand hygiene with peri care and have clean rooms for 3 (Resident #5, Resident #8, and Resident #12), resulting in the potential for spreading infections. Findings include: Resident #5 Review of the Minimum Data Set (MDS) dated 6/1/21 for Resident #5 revealed he admitted to the facility on 12/5/19 and had a Brief Interview for Mental Status (BIMS) indicating he is cognitively intact. He requires extensive assistance of one staff for Activities of Daily Living (ADL's). He		Transmission-Based Precautions Hand Hygiene Resident # 5, #8, and #12 continues to reside in the facility. Resident #12 has been screened daily and shows no signs or symptoms of infection related to the deficient hand hygiene practice. Residents #5, #8, and #12 has had daily housekeeping rounds with interventions in place to address behavioral concerns relating to cleanliness of environment. Care plans are being updated to address process with non-routine cleaning for overall sanitation in living space. Each resident in the facility was identified as having the potential to be affected. Each resident is screened daily for Infection monitoring with follow up with the facility physician as indicated based on the findings. Logs are kept by Director of Housekeeping for daily cleaning of rooms and care plans are updated to reflect approaches required for overall sanitary conditions in rooms not able to be met by daily routine cleaning. Initially each room was inspected for cleanliness and any issues were identified. TH ICP reviewed residents with infections to determine is the RCA was related to improper glove use or handwashing issues. Any concerns were addressed at that time. Onsite management of the facilities Infection Control Prevention and response activities have been and continues to be assigned to the Infection Control Preventionist/ designee. This includes but is not limited to surveillance and monitoring of the facility infection control program including housekeeping procedures, hand hygiene education, surveillance, and reporting.	

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	has pertinent diagnoses of bipolar, anxiety, and respiratory failure. Review of a Face Sheet for Resident #8 revealed she admitted to the facility on 3/2/20 and has pertinent diagnoses of down syndrome, major depressive disorder, and impulse disorder. Resident #8 Review of the MDS dated 6/3/21 for Resident #8 revealed she had a BIMS indicating she is cognitively intact and requires limited to extensive assistance for ADL's. Resident #12 Review of the MDS dated 5/7/21 for Resident #12 revealed she readmitted to the facility on 4/30/21 and a BIMS indicated she is cognitively intact. She is totally dependent on 2 staff for ADL's. She has pertinent diagnoses of schizophrenia, anxiety, and asthma. Resident #5 During an observation on 8/3/21 at 4:51 p.m., Resident #5 was not in his room and the smell of a strong putrid urine/ odor mix was noted. The floor had food crumbs/pieces and the floor was very sticky when walked on. In an interview on 8/4/21 at 10:51 a.m., the Nursing Home Administrator (NHA) reported Resident #5 and Resident #8 were care planned for their behaviors and refusals for care that included cleaning their rooms. The NHA reported the facility prides themselves on their cleanliness. Resident #5 has behaviors where he will purposely throw his urine on the floor and tell staff they are his servants and make them clean it up. Resident #5 will order food and have food all		Each staff member will be given re-education by the DON/ICP or designee on the Infection Control practices and procedures according to the directive derived by the QAPI Committee. This education will include but not be limited to appropriate PPE usage, hand hygiene, glove use, housekeeping policies and procedures, utilizing the You tube video's listed above and other resources and care plan updating. A post-test will be given to ensure competency for the IC training. Anyone who does not achieve an 80% will receive 1:1 tutorial The Facility Infection Control policies were reviewed by the QAA committee on 8/27/21 and approved and deemed appropriate. The Director of Nursing/ designee will conduct random audits weekly x 4 and then monthly x 3, including observation and interview to ensure: 1) proper hand hygiene is conducted. 2) proper glove usage. 3) Care plan intervention to address housekeeping needs of guests. Audits will be completed for cleanliness in rooms and brought to QA monthly for review and recommendations and for determination of continued monitoring. Any concerns will be addressed immediately at the time of observation. The Administrator will be responsible for monitoring sustained compliance. Date of Compliance is September 7,2021	

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	over the floor and make a mess. Resident #5 is also a hoarder and does not like staff in his room. Review of the Care Plan for Resident #5 revealed no interventions/approaches in place for when the resident has a dirty room to address the potential for infection/pest control concerns. Resident #8 During an observation and an interview on 8/3/21 at 11:28 a.m., Resident #8 was in her room and declined to have company at this time. The room had a strong putrid odor from the doorway and the appearance of dried liquid adhered to various areas of the floor. In an interview on 8/3/21 at 4:00 p.m., Sherrif "F" reported he was called to the facility because there was a resident (Resident #8) who was out of control. When he walked in Resident #8's room, he reported the conditions were substandard. The room was dirty and had a strong smell of urine. There were dried feces and dried urine spots on the floor, and it was sticky. The urine and the feces were dried and appeared to have been there for some time. (Resident #8) laid on her bed and the blanket had dried feces on it. Sherrif "F" reported that as he was walking out the door, the nurse spoke up and said someone was going to the room to change her bed and clean up the urine and feces. During an observation on 8/3/21 at 4:31p.m., Resident #8 was in her room sitting at the edge of her bed. The floor was dirty and sticky to walk on and had the same strong putrid smell observed the day before. The bathroom toilet had dark brown dried feces appearance on the outer bowl of the toilet. During an observation on 8/4/21 at 8:10 a.m.,			

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	Resident #8 was in her room with LPN "I". The floor was dirty and sticky to walk on and the toilet had the same brown dried appearance of feces on the outside of the toilet bowl. In an interview on 8/4/21 at 8:20 AM Housekeeper (HK) "J" observed outside Resident #8's room cleaning the hallway floors with a machine called the Auto Scrubber. HK "J" reported he cleaned Resident #8's floor with the Auto Scrubber a couple weeks ago. HK "J" reported there are different housekeepers assigned to specific halls to clean resident rooms daily. In an interview on 8/4/21 at 10:51 a.m., the Nursing Home Administrator (NHA) reported Resident #8 will have intermittent behaviors, but the family is very involved and aware of her refusals for care. In an interview on 8/4/21 at 1:51 p.m. HK "K" reported Resident #8 can have behaviors some days and will ask the nurses if the resident is approachable to clean the residents' room. If the resident is having a bad day, the nurses will instruct her to come back later and try again if the resident is calm. If HK "K" is unable to clean the room, she will make a note on her daily sheet of tasks that she could not clean the room. Review of a Nursing Progress note dated 7/15/21 at 10:35 p.m. for Resident #8 revealed: "Patient continued to hit bedroom door and be loud upsetting other residents. Residents from next door called 911 and the sheriff arrived. Other nurse went to patient's room with sheriff. Will continue to monitor patient's behaviors." Review of the Care Plan for Resident #8 revealed no interventions/approaches in place when the resident has a dirty room to address the potential for infection/pest control concerns.			

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Resident #12

During an observation and an interview on 8/3/21 at 12:27 p.m. Licensed Practical Nurse (LPN) "B" and Certified Nursing Assistant (CNA) "C" provided peri-care for Resident #12. CNA "C" did not change gloves/hand hygiene when finished with peri care and touched the resident and clean objects such as blankets, clothing, resident toiletries, and the Hoyer lift with the same gloves. The wall behind the head of the bead had a large area of splash marks darker than the paint on the wall. The bathroom connecting the residents' room to the room next door and is shared among 4 residents had a urinal on the floor next to the toilet and a "measuring hat" sitting on the back of the toilet.

During an observation on 8/3/21 at 4:34 p.m., Resident #12 was in her room and the wall behind her bed still had drip marks on her wall.

During an observation on 8/4/21 at approximately 8:40 a.m., Resident #12 was in her room and the wall behind the residents' bed had the same spill marks as observed the day before.

Review of a policy titled "Hand Hygiene" last revised 7/2021 revealed: " ... When hands are visibly dirty or contaminated with proteinaceous material, are visibly soiled with blood or other bodily fluids, and in case of guest/resident with a spore forming organism (e.g. C. difficile) use soap and water. Alcohol based hand sanitizer may be used before and after: touch a guest/resident, ... after glove removal, if moving from a contaminated body site to a clean body site during guest/resident care, and after contact with contaminated surfaces. ..."

Review of a policy titled "Housekeeping Services" last revised 1/2022 revealed: "To

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	promote a sanitary environment. A. Through scrubbing will be used for all environmental surfaces that are being cleaned in guest/resident areas. .... Housekeeping Services play a large role in maintaining a clean healthcare environment. ..."			