STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	414090	A. BUILDING _____ B. WING _____	3/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COREWELL HEALTH REHAB & NURSING CENTER - KENTRIDGE	4118 KALAMAZOO AVE S E GRAND RAPIDS, MI 49508

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F0000 SS=	INITIAL COMMENTS Corewell Health Rehab & Nursing Center - Kentridge was surveyed for an Abbreviated survey on 3/12/2025. MI00148970, MI00149197, MI00150268 Census=146	F0000		
F0880 SS= D	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 §483.71 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	F0880	This plan of correction does not constitute an admission or agreement by the provider of truth of the facts alleged or conclusion set forth on this statement of deficiencies. This plan of correction is prepared solely because it is required by State and Federal law. Corewell Health Rehabilitation & Nursing Center – Kentridge wishes to have this plan of correction stand as its written statement of compliance. F880 Infection Prevention & Control Element #1 Resident #14 has been reviewed and found to have all Enhanced Barrier Precautions' physician orders, Care Plan/RCS documentation, door signage and room PPE supply carts in place. Element #2 All residents residing in the facility as of March 12, 2025 have the potential to be affected. Element #3 The Nursing Home Administrator, Director of Nursing, and Infection Prevention Nurse have reviewed and deemed appropriate the following: - Infection Prevention and Control Program	4/11/2025

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

Electronically Signed | 03/18/2025

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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	of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of 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 maintain proper infection control practices as evidenced by failure to 1. Ensure proper hand hygiene was completed during incontinence care for 1 (Resident #14); and 2. Ensure proper PPE (personal protective equipment) for enhanced barrier precautions was used during personal cares for 1 (Resident #14) of 15 total sampled residents reviewed for infection control practices resulting in the potential for the introduction of infection, cross-contamination, and/or disease transmission. Findings include:		Plan – RNCs Policy - Isolation – Transmission Based Precautions Policy - Isolation Precautions RNCs – Appendix E Infection Prevention Nurse completed an infection control consultation with MDHHS Infection Prevention Unit Lead, Denise Parr, MSN-IPC RN CIC AL-CIP on March 18, 2025. Reviewed: infection prevention auditing; education in the moment during cares; identifying repeat offenders and performance correction; and finding interactive online staff education tools. The Nursing Home Administrator, Director of Nursing, Nurse Educator, and Infection Prevention Nurse have reviewed, confirmed, and deemed appropriate the following education/orientation: - For direct care licensed nurses and certified nursing assistants: 1. New Employee Orientation and Annual RNC Training: 2025 CHCC RNC Annual Regulatory Training Program — section 2025 CHW RNC ART Infection Prevention and Control (online learning module) 2. New Employee Orientation Training: PPE Validation Checklist (completed with Nurse Educator during floor orientation) 3. CHCC Orientation Validation Tool (OVT): a. CHCC Orientation Validation Tool (OVT) Rehabilitation & Nursing Centers (RNC) Licensed Nurse b. CHCC Orientation Validation Tool (OVT) Rehabilitation & Nursing Centers (RNC) Unit Aide/Certified Nurse Aide 4. Annual RNC Nursing Skills Fair 2024 (September-October 2024): Identification of residents in isolation precautions and PPE Application validation along with a hand hygiene station.	

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	Resident #14 Review of a "Face sheet" revealed Resident #14 was male and was originally admitted to the facility on 11/18/2021 and had pertinent diagnoses which included: Traumatic brain injury (TBI; a brain injury that occurs when a sudden external physical assault happens to the brain), dysphagia (difficulty or the inability to swallow), and neurogenic bladder (a lack of coordination between the brain and the bladder resulting in the inability to feel the bladder is full, urine leakage, and urinary incontinence.) On 3/10/25 at 11:45 a.m. a sign was observed posted on the wall outside of Resident #14's room indicated that Resident #14 was in enhanced barrier precautions (EBP). On 3/10/25 at 11:50 a.m. this surveyor entered Resident #14's room and observed "Rehab Tech/Certified Nurse Assistant" (RT/CNA) "O" kneeling beside Resident #14's bed emptying Resident #14's urinary catheter bag (a closed drainage bag that collects urine from a catheter inserted into the bladder) of urine. RT/CNA "O" was wearing gloves but was not wearing a gown. RT/CNA "O" reported she was assisting Resident #14 with a bed bath and to get dressed for the day. RT/CNA "O" was then observed opening cupboards and drawers around the room locating supplies, wetting down washcloths in the sink in the bathroom, and washing Resident #14's face and hands. RT/CNA "O" wore the same pair of gloves she was wearing when she emptied the catheter bag. At 12:02 RT/CNA applied clean gloves and continued to provide bathing assistance to Resident #14. RT/CNA "O" was then observed retrieving the dirty linen cart from the bathroom and placing it closer to the bedside while wearing the same pair of gloves. RT/CNA "O" then retrieved a washcloth from the bed, wet		- For Physical/Occupational/Speech Team Members: 1. New Employee Orientation and Annual RNC Training: 2025 CHCC RNC Annual Regulatory Training Program — section 2025 CHW RNC ART Infection Prevention and Control (online learning module) 2. New Employee Orientation Training: Department Orientation Verification Record (DOVR): Rehabilitation Services Employee Orientation Checklist - For Respiratory Therapists: 1. New Employee Orientation and Annual RNC Training: 2025 CHCC RNC Annual Regulatory Training Program — section 2025 CHW RNC ART Infection Prevention and Control (online learning module) - For Recreational Therapists/Coordinators: 1. New Employee Orientation and Annual RNC Training: 2025 CHCC RNC Annual Regulatory Training Program — section 2025 CHW RNC ART Infection Prevention and Control (online learning module) - For all RNCK Team Members: 1. 2025 CHCC RNC Annual Regulatory Training All direct care licensed nurses, certified nursing assistants, physical therapists/assistants, occupational therapists, speech therapists, respiratory therapists, and recreational therapists/coordinators will be re-educated on proper infection control practices specifically related to following appropriate hand hygiene and PPE utilization for Enhanced Barrier Precautions during cares. Element #4 A quality-assurance program was implemented under the supervision of the Director of Nursing to monitor compliance in	

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	it down in the wash basin at the bed side and continued Resident #14's bed bath. RT/CNA "O" then retrieved more washcloths from the cupboard with gloved hands and returned to the bedside and continued Resident #14's bed bath. RT/CNA reported Resident #14 had a daily schedule for being out of bed and resting, and RT/CNA walked to the cupboard in Resident #14's room, opened it to reveal Resident #14's schedule on the inside of the door. RT/CNA "O" then returned to the bedside and removed Resident #14's gown and continued his bed bath. RT/CNA "O" was still wearing the same gloves. RT/CNA "O" completed Resident #14's bed bath, assisted Resident #14 to be dressed, and placed a sling under Resident #14 for transfer; RT/CNA "O" then removed her gloves, sanitized her hands and exited the room. At 12:09 p.m. RT/CNA "O" re-entered Resident #14's room, cleaned up the dirty linen, wash basin and bed bath supplies and completed a mechanical lift transfer of Resident #14 from his bed to his wheelchair, adjusted Resident #14's clothing and body position for comfort in his wheelchair. At no time after re-entering the room did RT/CNA "O" sanitize her hands or wear any kind of PPE (gown or gloves). At 12:13 p.m. RT/CNA "O" donned (put on) a pair of gloves and applied Resident #14's hand splints to both hands, made Resident #14's bed, opened the window cover, straightened up the room, and applied lip balm to Resident #14's lips. RT/CNA "O" did not change gloves or perform hand hygiene between these observed tasks. Review of "Enhanced Barrier Precautions" signage posted outside of Resident #14's room revealed "wear gown and gloves for all high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs/assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, wound care: any skin opening requiring a		implementation of proper infection control practices. The Director of Nursing or designated quality-assurance representative will perform the following systematic changes: randomly checking, or weekly checking for implementation of appropriate hand hygiene and utilization of PPE for Enhanced Barrier Precautions during cares. Any deficiencies will be corrected on the spot and the findings of the quality-assurance checks will be documented and submitted at the monthly quality-assurance committee meeting for further review or corrective action. Element #5 The facility is confident that these corrective measures will be fully implemented by April 11, 2025. The Administrator is responsible for sustained compliance.	

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	dressing." In an interview on 3/10/25 at 12:20 p.m. RT/CNA "O" reported that the signage outside of Resident #14's room indicated he was in enhanced barrier precautions and that she should have worn gloves and a gown during the cares she performed. Review of "Other Order" for Resident #14 initiated on 4/3/2024 revealed "initiate enhanced barrier precautions continuous." On 3/10/25 at 2:38 p.m. RT/CNA "N" was observed wearing gloves as she applied Resident #14's splint to his bilateral arms. RT/CNA was noted to be leaning over the bed and within close proximity to resident during the application of hand splints. RT/CNA "N" was observed positioning Resident #14 in bed, with his splints in place and pillows for comfort. RT/CNA "N" did not wear a gown during cares. RT/CNA "N" reported that enhanced barrier precautions meant that staff needed to wear a gown and gloves when providing care. In an interview on 3/10/25 at 2:53 p.m. CNA "R" reported that enhanced barrier precautions were put into place for residents who had tubes, lines, or drains such as G-tube. (a tube placed directly into the stomach and used for nutrition, hydration, and medication administration) and a foley catheter. CNA "R" reported the staff needed to wear a gown and gloves when providing high contact care, such as a bed bath or incontinence care. In an interview on 3/10/25 at 2:56 p.m. CNA "DD" reported that enhanced barrier precautions were put in place for residents with tube feedings. (G-tubes) and staff needed to wear a gown and gloves when in the room.			

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	On 3/11/25 at 2:54 p.m. this surveyor entered Resident #14's room and observed CNA "FF" and CNA "DD" preparing to transfer Resident #14 via a mechanical lift (the sling under Resident #14 was already connected to the lift) from his wheelchair into his bed. Neither CNA "FF" nor CNA "DD" were wearing a gown. CNA "FF" transferred Resident #14 to bed, removed the sling from under him, and removed his pants. CNA "FF" then removed Resident #14's brief and found it to be soiled with bowel movement (BM). CNA "FF" took washcloths to the bathroom sink to wet them down and performed peri-care for Resident #14. During peri-care, CNA "FF" asked CNA "DD" to retrieve a towel from the cupboard, which she did with gloved hands. CNA "FF" then wet down the corner of the towel in the sink and finished cleaning Resident #14's buttock of BM. CNA "FF" then used the other end (the dry part) of the towel to dry Resident #14's buttock. CNA "DD" wore the same pair of gloves through the observation. In an interview on 3/11/25 at 3:06 p.m. CNA "FF" reported every person on the unit was on enhanced barrier precautions for their G-tubes. CNA "FF" reported that enhanced barrier precautions were only for the nurses when they were working with the G-tubes, it did not apply to the CNAs. When queried CNA "FF" stated "No, I don't wear a gown for residents in EBP when I provide care". In an interview on 3/12/25 at 10:14 a.m. "LTC Nurse Supervisor" (LTC/NS) "F" reported enhanced barrier precautions were used for open wounds, foley catheters, and G-tubes, to prevent the spread of bacteria. LTC/NS "F" reported that a gown and gloves needed to be worn when the staff was in the room to care for the wound, catheter, or the G-tube and the staff should wear it during a transfer.			

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	In an interview on 3/12/25 at 10:20 a.m. "Infection Preventionist" (IP) "E" reported staff was to wear a gown and gloves when performing high contact care activities with residents who were in enhanced barrier precautions. IP "E" reported CNAs should wear a gown when performing peri-care, transfers, and emptying foley catheters and nurses should wear a gown and gloves when working with a G-tube. In an interview on 3/12/25 at 10:30 a.m. "Director of Nursing" (DON) "B" reported her expectations were that the staff followed the signage posted outside of the resident's room prior to entering and providing care. Review of facility policy "Isolation Precautions for Continuing Care- Rehab and Nursing Centers" with a last revision date of 7/10/2024 revealed " ...Enhanced Barrier Precautions require gown and glove use for certain residents during specific high-contact resident care activities that have been found to increase MDRO (multi-drug resistant organism) transmission such as ...dressing, bathing/showering, transferring, providing hygiene, changing briefs...device care or use: ... feeding tube ...enhanced barrier precautions will also be implemented when Resident has wounds and/or indwelling medical devices (e.g. central line, urinary catheter, feeding tube ...) regardless of MDRO colonization status.			