

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 414290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 3/18/2025
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NAME OF PROVIDER OR SUPPLIER SKLD BELTLINE	STREET ADDRESS, CITY, STATE, ZIP CODE 2320 E BELTLINE SE GRAND RAPIDS, MI 49546
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F0000 SS=	INITIAL COMMENTS SKLD Beltline was surveyed for a re-visit survey on 3/13/25-3/18/25. Census=121	F0000		
F0880 SS= F	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 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	F0880	F880 Infection Control and Prevention Element One The signage and isolation bag of Resident #73 were replaced. The resident was assessed for signs and symptoms of infection. The resident does not have an infection currently. The order for Resident #55 has been updated to reflect Enhanced barrier precautions. The resident was assessed for signs and symptoms of infection. Resident sepsis, with bilat pleural effusion, is not correlated to enhanced barrier precautions. The name of Resident #203 has been highlighted to reflect EBP. The resident was assessed for signs and symptoms of infection, but no negative outcomes were noted. Resident #48's signage and isolation bag were immediately replaced. The resident was assessed for signs and symptoms of infection, but no negative outcomes were noted.	2/25/2025
			Element Two The facility has determined that this practice can potentially affect residents who are on enhanced barrier precautions. All enhanced barrier precautions, resident signage, care plans, and orders have been reviewed. From 3/11/2025 through 3/13/2025, resident progress notes were reviewed to determine if they had noted changes in conditions related to signs and symptoms of infection. There	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/21/2025

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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	<p>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:</p> <p>Based on observation, interview and record review, the facility failed to effectively implement Enhanced Barrier Precautions (EBP) for 4 residents (Resident #73, #55, #203 & #48) of 6 residents reviewed for infection control practice, resulting in the potential for transmission of MDRO (multidrug-resistant organisms).</p> <p>Findings include:</p> <p>Review of the CDC (Centers for Medicare & Medicaid Services) "Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Memorandum" (Ref: QSO-24-08-NH) with an effective Date of April 1, 2024 revealed, " ...The new guidance related to EBP is being incorporated into F-880 Infection Prevention and Control ...GUIDANCE "Enhanced Barrier Precautions" (EBP) refer to an infection control</p>		<p>was a notable risk; however, no correlation was noted with current infections in the facility.</p> <p>Element Three The administrator, Director of Nursing, and infection control preventionist reviewed the following policies and procedures.</p> <ul style="list-style-type: none"> • Enhanced barrier precautions • Contact precautions. • Droplet precautions • Hand Hygiene <p>The policies were deemed clinical and regulatory, meeting standards of practice.</p> <p>The Director of Nursing, who has infection control certification, Re-educated the facility's Infection Control Preventionist on tracking, trending, documentation, and auditing, ensuring residents' orders, care plans, and door signs are updated to support the type of isolation (Enhanced Barrier Precautions) residents need to prevent the spread of infections.</p> <p>The Director of Nursing and Infection Control Preventionist re-educated all staff, emphasizing the need to perform hand hygiene, doffing, and PPE donned based on different isolation prevention types (Contact, droplet, and enhanced barrier precautions). Also, to ensure that residents are not removed from isolation without the knowledge of the Director of Nursing or the infection control preventionist.</p> <p>Staff not re-educated by 4/1/2025 will receive education before their scheduled shift.</p> <p>Element Four The Infection Control Preventionist/ Designee</p>		

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	<p>intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's to staff hands and clothing. EBP are indicated for residents with any of the following: ...Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO...For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, Changing briefs or assisting with toileting..."</p> <p>Resident #73</p> <p>During an observation on 3/13/25 at 3:02 PM Resident #73 was lying in her bed. There was a feeding tube machine pole at the bedside, and a stack of wound care supplies on the shelf. Resident #73's room was observed with no signage indicating that EBP was in place.</p> <p>In an interview on 3/13/25 at 3:11 PM, Licensed Practical Nurse (LPN) "L" reported that Resident #73 had a G-tube (feeding tube) and just recently healed a wound on her right heel. LPN "L" was observed in Resident #73's room where she removed the resident's protective boots and a scabbed area was observed on the resident's right heel. LPN "L" did not don a gown or gloves, and reported that she thought that the resident should have orders in place for EBP, but did not normally work on that hall so she was not sure why it was not posted.</p> <p>Review of Resident #73's "Medication</p>		<p>will audit five staff weekly for six weeks to ensure that when they are taking care of residents, they perform proper hand hygiene, doffing, and donning of PPE based on different types of isolation prevention (Contact, droplet, and enhanced barrier precautions). Any concerns identified will be addressed promptly.</p> <p>The Infection Control Preventionist/ Designee will complete weekly audits of five residents and new admissions/re-admissions for six weeks until substantial compliance has been determined to ensure proper linen management, hand hygiene during care, doffing and donning of PPE during care, and the prompt address of any concerns. Hence, the care plan and orders match the signage on the doors of the type of isolation the resident needs.</p> <p>The Director of Nursing/Designee will perform random audits of five staff members weekly for six weeks to validate that staff are performing and understand the types of isolation. Additionally, audit 5 residents weekly for six weeks admissions/readmissions, residents currently in isolation, ensuring orders, signage, and care plan reflect the type of isolation resident requires to prevent the spread of infections.</p> <p>The Regional Nurse Consultant will complete weekly audits for six weeks to validate that the facility complies with isolation types and that residents in isolation have proper signage; thus, the facility follows Enhanced Barrier Precautions (hand hygiene, Donning, and Doffing of PPE). Moreover, ensure there is supporting documentation in the medical record regarding why the residents are in isolation.</p>		

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	<p>Administration Record (MAR)" for March 2025 indicated orders for Enteral feedings and monitoring of G-Tube, and EBP orders related to pressure injury and tube feeding. The order to ensure that EBP was in place had been marked as completed twice daily for the entire month, including 3/13/25 at 7:00 AM.</p> <p>In an interview on 3/13/25 at 3:42 PM, Assistant Director of Nursing-Infection Preventionist (ADON-IP) "G" reported that Resident #73 should have EBP in place, and she was not sure what happened to the sign on the door.</p> <p>Resident #55</p> <p>During an observation on 3/13/25 at 4:12 PM signage indicating EBP was posted outside of Resident #55's room and his name was highlighted on the name plate. Resident #55 was observed lying in his bed.</p> <p>Review of Resident #55's "Physician Orders" revealed "discontinued" orders for EBP related to history of MDRO.</p> <p>Review of Resident #55's "Care Plan" revealed, "...requires enhanced barrier precautions related to MDRO... Date initiated: 1/27/25. Interventions: Utilize enhanced barrier precautions when providing high contact resident care activities (dressing, bathing, transferring, personal hygiene, changing linens, changing briefs/assisting with toileting, device care: central lines, urinary catheters, feeding tubes, tracheostomy/ventilators, wound care..." The residents orders and care plan were not consistent.</p> <p>Resident #203</p> <p>During an observation on 3/13/25 at 4:14 PM signage indicating EBP was posted outside of</p>		<p>The Director of Nursing and the Infection Control Preventionist will submit the findings to the QAPI, which meets at least monthly. The committee will analyze and provide recommendations until substantial compliance has been established.</p> <p>Element Five The administrator will ensure that substantial compliance is attained through this plan of correction by 4/1/2025 and sustained compliance after that.</p>	

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	<p>Resident #203's room, but his name was not highlighted on the name plate. Resident #203 was lying in his bed and his sheet was soiled with food. Certified Nursing Assistant (CNA) "O" entered the room, removed the soiled linen and walked down the hallway to fetch clean linen. CNA "O" was not wearing gloves or a gown and did not perform hand hygiene prior to entering or exiting the resident's room.</p> <p>In a subsequent interview on 3/13/25 at 4:21 PM CNA "O" reported that Resident #203 had EBP in place related to his Oxygen usage, but that she did not need to wear a gown or gloves unless she was washing or changing the resident's brief, not when bed linens were changed. Furthermore, CNA "O" was not sure how to tell which resident had orders for EBP when signage was posted outside of the room.</p> <p>Review of Resident #203's "Physician Orders" revealed, an order for EBP related to MDRO was in place, and started on 1/28/25.</p> <p>Review of Resident #203's "Care Plan" revealed, "...requires enhanced barrier precautions related to MDRO... Date initiated: 1/27/25. Revision on 2/24/25. Interventions: Utilize enhanced barrier precautions when providing high contact resident care activities (dressing, bathing, transferring, personal hygiene, changing linens, changing briefs/assisting with toileting, device care: central lines, urinary catheters, feeding tubes, tracheostomy/ventilators, wound care..."</p> <p>Resident #48</p> <p>During an observation on 3/13/25 at 4:31 PM Resident #48's room did not have signage posted and/or have PPE (gown and gloves) present in or outside of the room. Resident #48 was seated on the side of his bed. LPN "P" entered the room and</p>				

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	<p>assisted the resident with his socks that had fallen on the floor.</p> <p>Review of Resident #48's "Physician Orders" revealed, an order for EBP related to MDRO was in place, and started on 1/28/25.</p> <p>In an interview on 3/13/25 at 4:40 PM, Nursing Home Administrator in Training (NHA-T) "C" reported that it was his understanding that when the name plate was highlighted yellow, it was an indication of EBP in place for that specific resident.</p> <p>In an interview on 3/13/25 at 4:45 PM, Assistant Director of Nursing-Infection Preventionist (ADON-IP) "G" reported that the highlighted name plate should represent EBP in place for that resident. ADON-IP "G" was not sure if Resident #48, #55, and/or #203 had orders for EBP, but that she would look into it. In a subsequent interview ADON-IP "G" reported that all 3 residents should have orders in place for EBP and should have signage posted outside of the room to ensure that staff properly don PPE prior to direct care.</p>				