STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235447	A. BUILDING _____ B. WING _____	08/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GRACE OF DOUGLAS	243 WILEY ROAD, PO BOX 217 DOUGLAS, MI 49406

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 0658 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Ensure services provided by the nursing facility meet professional standards of quality.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake # MI 354, MI 427, MI 485, & MI 492. Based on interview, and record review, the facility failed to provide services that meet professional standards of practice related to physician orders [REDACTED].#101, #102, & #103) reviewed for professional standards and quality of care, resulting in as needed Foley catheter changes completed without a Physician order, and the potential for medication errors and discrepancies in charting due to licensed nursing staff documentation of medications that they did not personally administer. Findings include: According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing. .High-quality documentation is necessary to enhance efficient, individualized patient care. Quality documentation has five important characteristics: it is factual, accurate, complete, current, and organized . Accessed from: Kindle Locations -). Elsevier Health Sciences. Kindle Edition. Review of the job description Licensed Practical Nurse (LPN), revised 6/2006, revealed .General Purpose .Provide direct nursing care to the residents and supervise the day-to-day nursing activities performed by nursing assistants .Such supervision must be in accordance with current Federal, State, and Local standards, guidelines, and regulations that govern our facility, and as may be required by the Director of Nursing to maintain the highest degree of quality care at all times .Essential Job Functions .Chart nurses' notes in an informative and descriptive manner that reflects the care provided to the resident, as well as the resident's response to care .Medication Administrative Functions .Prepare and administer medication as ordered by the physician . Review of the job description Registered Nurse (RN), revised 6/2006, revealed .General Purpose .Provide direct nursing care to the residents and supervise the day-to-day nursing activities performed by nursing assistants .Such supervision must be in accordance with current Federal, State, and Local standards, guidelines, and regulations that govern our facility, and as may be required by the Director of Nursing to maintain the highest degree of quality care at all times .Essential Job Functions .Chart nurses' notes in an informative and descriptive manner that reflects the care provided to the resident, as well as the resident's response to care .Medication Administrative Functions .Prepare and administer medication as ordered by the physician . Resident #101 According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing. .Health care provider- initiated interventions are dependent nursing interventions, or actions that require an order from a health care provider. The interventions are based on the health care provider's response to treating or managing a medical diagnosis .As a nurse you intervene by carrying out the health care provider's written and/ or verbal orders. Administering a medication, implementing an invasive procedure (e.g., inserting a Foley catheter, starting an intravenous (IV) infusion) and preparing a patient for diagnostic tests are examples of health care provider-initiated interventions . Accessed from: Kindle Locations -). Elsevier Health Sciences. Kindle Edition. Review of the policy and procedure Foley Catheters, Care of, Infection Control and Insertion Guidelines, no date, revealed .To maintain safety with the use of Foley catheter .Residents will have their Foley catheter system changed only as needed, unless otherwise ordered by the physician . Review of a Face Sheet revealed Resident #101 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 #101, with a reference date of 5/19/20, revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total possible score of 15, which indicated moderate cognitive impairment. Review of the April 2020 Physician order [REDACTED].ENSURE FOLEY CARE IS COMPLETE Q (every) SHIFT . with a start date of 2/1/20. Review of the Care Plan for Resident #101 revealed .Resident requires an indwelling catheter for dx. (diagnosis) [MEDICAL CONDITIONS] (enlarged prostate). Resident is at risk for infection r/t (related to) (indwelling) catheter use . with a start date of 11/22/19. Interventions include .Change catheter tubing/bag as directed by NP/MD (Nurse Practitioner/Doctor) orders . with a start date of 11/22/19. Review of the April 2020 Physician order [REDACTED].CHANGE MONTHLY FOLEY CATHETER. 14 FR WITH 30 ML BALLOON . with a start date of 2/28/20. No PRN (as needed) orders noted for additional Foley catheter changes in April 2020. Review of a Departmental Note for Resident #101, dated 4/4/20 at 6:24 p.m., revealed .Resident c/o (complained of) intermittent intense pain from indwelling foley catheter. Night nurse reported catheter changed last night because of leaking. I deflated (balloon) and repositioned x 2 but resident still c/o pain and pulling at catheter to ease pain causing small amount of bleeding around meatus. Catheter draining well, clear yellow urine . Review of the April 2020 Treatment Administration Record (TAR) for Resident #101 revealed .ENSURE FOLEY CARE IS COMPLETE Q SHIFT . was completed on night shift (4/3/20-4/4/20) by Registered Nurse (RN) L. No documentation noted in TAR related to a Foley catheter change completed by RN L on night shift from 4/3/20 to 4/4/20. In an interview on 7/31/20 at 12:33 p.m., RN L reported Resident #101 has scheduled monthly changes for his Foley catheter, and reported the Foley catheter is also changed PRN (as needed) when it leaks. RN L stated that the PRN changes are not typically documented in the TAR because .our (computerized charting) system is strange . RN L reported PRN Foley catheter changes should be documented in the nurses notes. No Departmental Note was noted in Resident #101's medical record written by RN L on 4/4/20. In an interview on 8/4/20 at 1:37 p.m., LPN Z reported for PRN Foley catheter changes, she would need to call the Physician to .get an order to change it . and then document the PRN catheter change in the Nursing Notes and TAR. Review of a Departmental Note for Resident #101, dated 4/5/20 at 3:24 a.m., revealed .Resident currently resting in bed with eyes closed appearing asleep. (Resident) had c/o pain coming from catheter upon assessment resident had blood leaking around catheter and minimal urine output and requested this writer to change his catheter. Upon pulling catheter out resident started having large amounts of blood and clots coming from urethra. This writer informed on call (Nurse Practitioner) who requested catheter be replaced and observe. This writer replaced catheter, resident stated his pain subsided and clear yellow urine drained into bag . Review of a Departmental Note for Resident #101, dated 4/5/20 at 6:33 p.m., revealed .Resident states he is comfortable and pain is gone. There is still blood around meatus, cleaned up .Catheter draining large amount of orange color urine . Review of a Departmental Note for Resident #101, dated 4/22/20 at 5:23 p.m., revealed .N.O. (new order) noted UA (urinalysis) with culture if indicated- groin pain . Review of a Departmental Note for Resident #101, dated 4/23/20 at 4:16 p.m., revealed .UA sent to the lab, guardian aware. Foley catheter replaced and patent. Resident tolerated procedure well . Review of the April 2020 TAR for Resident #101 revealed .CHANGE MONTHLY FOLEY CATHETER. 14 FR WITH 30 ML BALLOON . was scheduled/documented as completed on 4/26/20 at 6:00 p.m. No other documentation noted in Resident #101's April 2020 TAR related to additional catheter changes, which were completed on 4/4/20, 4/5/20, and 4/23/20 per the Departmental Notes. In an interview on 8/4/20 at 3:22 p.m., Director of Nursing (DON) B reported PRN catheter changes are documented in the Nursing Notes and the TAR. DON B reviewed Resident #101's Physician order [REDACTED]. DON B stated .(Resident #101) is just a monthly change, so if they needed to change it they would call (the Physician) . In an interview on 8/5/20 at 8:38 a.m., DON B reported there is no PRN order for a Foley catheter change on 4/4/20 for Resident #101, and no documentation in the TAR that a PRN Foley catheter change was completed. According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing. .Professional standards such as Nursing: Scope and Standards of Practice (ANA, 2010) .apply to the activity of medication administration. To prevent medication errors, follow the six rights of medication administration consistently every time you administer medications. Many medication errors can be linked in some

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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 0658 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) way to an inconsistency in adhering to these six rights: 1. The right medication 2. The right dose 3. The right patient 4. The right route 5. The right time 6. The right documentation .Accessed from: Kindle Locations -). Elsevier Health Sciences. Kindle Edition. According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing. .Do not delegate any part of the medication administration process to nursing assistive personnel (NAP) . Accessed from: Kindle Location). Elsevier Health Sciences. Kindle Edition. Resident #102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old male, with pertinent [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment record revealed Resident #101 was admitted to the SNF (Skilled Nursing Facility) on 6/10/20, and discharged on [DATE]. Note upon his admission to the SNF on 6/10/20, Resident #101 resided in a room on the B-Hall, in the Assisted Living section of the building. Review of a Departmental Note for Resident #102, dated 6/10/20 at 4:26 p.m., revealed .Resident admitted to SNF (Skilled Nursing Facility) at (1:40 p.m.) from ALF (Assisted Living Facility) with no room change at this time, remaining in isolation .Resident had a (positive) COVID test and will continue on additional monitoring with SNF care. Alert and oriented x4. LSCTA (Lungs Sound Clear to Auscultation), SpO2 94% on room air, BSAx4q (bowel sounds active in all four quadrants) resident indicates he has regular bowel movements, usually once daily. Resident is independent with his ADL's (Activities of Daily Living) but requires set up assistance for showering. Resident indicates he has chronic back pain controlled with scheduled medications. He indicates some anxiety but at this time is asymptomatic for COVID .Able to verbalize needs and use his call light appropriately . Review of a Departmental Note for Resident #102, dated 6/11/20 at 2:22 p.m. and written by Licensed Practical Nurse (LPN) R, revealed .Resident continues to be asymptomatic at this time no c/o (complaints of) pain discomfort or SOB (shortness of breath) vital signs stable resident continues in isolation at this time able to make needs known will continue to monitor . In an interview on 8/4/20 at 12:24 p.m., Licensed Practical Nurse (LPN) R reported he was assigned to Resident #102 while the resident was in isolation (in the Assisted Living section of the building) for COVID-19. LPN R stated .I didn't actually care for him .He was over there but I never actually went into the COVID unit (on the Assisted Living section) or did anything with him. He was skilled and I was assigned to him. They (Administrator A and DON B) said it was okay for (Certified Nursing Assistant (CNA) F) to take care of him because she was a Med Tech . LPN R stated .(CNA F) handled all of the medications. I wouldn't sign for the medications. I didn't do the documentation for that. They had a MAR back there .It was a paper MAR .I never went back there and saw the procedure of signing out medications .I never went in the COVID unit . LPN R reported CNA F communicated information about Resident #102 via phone. In an interview on 8/5/20 at 1:59 p.m., CNA F stated in regard to Resident #102's stay as a resident of the Skilled Nursing Facility .I was pretty much the only one that worked with him .between 12-16 hours a day for two or three days .I do know when I wasn't there they had a nurse giving him his medications . CNA F stated .one day they told me because I was a Med Tech I could give him medication .They gave me keys to a med cart with only his medication. For that day I gave him his medication. They gave me a (paper) med sheet to sign his medications out. They didn't have me do it in the computer .They said that I wasn't going to get in any type of trouble and it was fine .they said they got 'special permission' . CNA F reported on the other days the medications were to be administered by the nurse assigned to Resident #102. CNA F reported LPN R was one of the nurses assigned to administer medications. CNA F reported she used her cell phone to call LPN R when Resident #102 requested medication. CNA F reported she did not observe LPN R administer medications to Resident #102. In an interview on 8/4/20 at 12:58 p.m., Assistant Director of Nursing (ADON) X stated in regard to Resident #102 .we had nurses and Med Techs only one assigned to (Resident #102) individually . ADON X reported the Med Techs would contact the nurse via phone if needed. ADON X reported CNA's should never administer medications, and reported Med Techs are not qualified to administer medications in a Skilled Nursing Facility. In an interview on 8/4/20 at 1:37 p.m., LPN Z reported that having Med Techs administer medications in a Skilled Nursing Facility is .not appropriate . In an interview on 8/5/20 at 2:52 p.m., with Administrator A and DON B, Administrator A reported for the COVID positive residents the expectation was for the assigned nurses to administer the medications. According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing, Administering medications requires unique nursing knowledge and skills. You first determine that the medication ordered is the correct medication. As a nurse you need to assess the patient's ability to self-administer medications, determine whether a patient should receive a medication at a given time, administer medications correctly, and then closely monitor their effects. Do not delegate any part of the medication administration process to nursing assistive personnel (NAP) and use the nursing process to integrate medication therapy into care. Accessed from: Kindle Locations - , Elsevier Health Sciences, Kindle Edition. According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing, As a nurse you are responsible and accountable for providing care to patients and delegating care activities to the NAP (Nursing Assistive Personnel). However, you do not delegate the steps of the nursing process of assessment, diagnosis, planning, and evaluation because these steps require nursing judgment. Accessed from: Kindle Locations - , Elsevier Health Sciences, Kindle Edition. Resident #103 Review of a Face Sheet revealed Resident #103 was a [AGE] year-old female, originally admitted to the assisted living facility on 02/21/18, with current pertinent [DIAGNOSES REDACTED]. to use sugar from the blood) and COVID-19. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 07/16/20 revealed resident was admitted to skilled nursing on 07/16/20. Review of a MDS assessment for Resident #103 with a reference date of 07/29/20 revealed resident was discharged from skilled nursing on 07/29/20. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 07/21/20 revealed a Brief Interview for Mental Status (BIMS) score of 99 (meaning resident was unable to complete the assessment). In an interview on 07/30/20 at 3:18 P.M., Medication Technician/Certified Nurse Aide (MT/CNA) P indicated (MT/CNA P) was the dedicated person to care for Resident #103 (meaning provided care to Resident #103 and no other residents) during assigned shift. MT/CNA P indicated that a licensed nurse was also assigned to Resident #103 during said shifts, but that licensed nurse was also assigned to care COVID-19 negative residents at the same time. MT/CNA P indicated the licensed nurse did not go in to Resident #103's room (to administer medications, provide treatments, or complete assessments) because they would get exposed (to COVID-19) and didn't want to then expose the COVID-19 negative residents. In an interview on 07/31/20 at 2:43 P.M., Licensed Practical Nurse (LPN) W indicated the process for medication administration to Resident #103 (while in skilled nursing setting) was that the nurse pulled Resident #103's medications from the medication cart and placed in a medication cup, the nurse gave the medications to the dedicated staff member assigned to Resident #103, the dedicated staff member entered Resident #103's room (which was on the assisted living side being billed as skilled nursing facility) and administered the medications to the resident, the nurse observed the medication administration through the plastic area. LPN W stated the nurse had to sign the MAR (Medication Administration Record) that it was given although the CNA gave it. In an interview on 8/5/20 at 8:25 A.M., Licensed Practical Nurse (LPN) K indicated it is not a nursing practice standard to set up medications and then let someone else pass (administer) them to a resident. LPN K indicated it is a nursing Standard of Practice to lay eyes on (meaning physically look at) a resident in order to assess their condition, and this could not adequately be done looking through plastic a few feet away from the resident being assessed. In an interview on 7/31/20 at 2:06 p.m., LPN AA reported she was assigned to Resident #103 when Resident #103 was admitted to the Skilled Nursing Facility (SNF), however Resident #103 remained in her room in the Assisted Living section of the building during that time frame. LPN AA stated when first assigned to Resident #103 .I received a message from (Director of Nursing (DON) B) to give the pills to the Med Tech (not a licensed nurse) to give to (Resident #103). She (DON B) said technically the nurse has to sign them out . LPN AA stated .I knew there was a particular protocol but I wasn't aware of the exact plan. At first they said there would be an individual nurse to care for the COVID patient and I believe that's what happened. During the day there was a nurse for (Resident #103), and (Med Tech E) or (Med Tech/CNA P) would take care of them at night . LPN AA reported the first night she was assigned to Resident #103 .when I got there (Med Tech/CNA P) told me I had to sign for (Resident #103's) pills .She (Med Tech/CNA P) was aware of what the plan was. Because (Med Tech/CNA P) knew what the plan was and I didn't, I told her just let me know what you need me to do and I will do it. She said 'I need you to sign out the pills' and I did that . LPN AA stated .there was a different thing (Med Tech/CNA P) wanted me to do every night. They had a med cart and (Med Tech/CNA P) pulled the pills and gave them. Another time (Med Tech/CNA P) wanted me to pull the pills and have me watch her . LPN AA reported that on Sunday Med Tech/CNA P was off, and Med Tech E was assigned to Resident #103. LPN AA reported there was some confusion related to who would provide medications to Resident #103, so she contacted Administrator A who .said (Med Tech E) was supposed to be giving the pills. (Med Tech E) did not agree with that .(and) ended up going home and (Med Tech/CNA P) came in and gave the medications to (Resident #103) . LPN AA reported she never personally administered medications to Resident #103, and that .three times . she watched through the plastic barrier while

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F 0658 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 2) the medications were administered by Med Tech/CNA P. LPN AA reported Med Tech/CNA P also checked Resident #103's blood glucose and administered insulin. In an interview on 7/31/20 at 3:18 p.m., with Administrator A, DON B, and Regional Nurse T, Administrator A and DON B reported Resident #102 was the first COVID positive resident admitted to the Skilled Nursing Facility from the Assisted Living. DON B reported they planned for individual caregivers .as much as possible . and that the staff member assigned to provide care each shift was .a nurse . DON B reported there were times where the nurse with a hall assignment would care for Resident #102. Administrator A reported for Resident #103, the nurse assigned on night shift was the C-Hall nurse. Administrator A reported Assisted Living staff were assigned to Resident #103 at night .to minimize contact . Administrator A reported the C-Hall nurse would pull the medications, bring the medications, and ask the Assisted Living staff member to bring the medications in to the resident while in view to minimize any cross-contamination.
F 0659 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide care by qualified persons according to each resident's written plan of care.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake # MI 427, MI 485, & MI 492. Based on interview, and record review, the facility failed to ensure medications were administered and resident conditions were assessed and evaluated by licensed nurses for 2 of 4 residents (Resident #103 and Resident #102) reviewed for quality of care, resulting in the potential for medication errors, unidentified medication side effects, and inaccurate or incomplete evaluation of resident condition(s). Findings include: According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing, Administering medications requires unique nursing knowledge and skills. You first determine that the medication ordered is the correct medication. As a nurse you need to assess the patient's ability to self-administer medications, determine whether a patient should receive a medication at a given time, administer medications correctly, and then closely monitor their effects. Do not delegate any part of the medication administration process to nursing assistive personnel (NAP) and use the nursing process to integrate medication therapy into care. Accessed from: Kindle Locations - , Elsevier Health Sciences, Kindle Edition. According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing, As a nurse you are responsible and accountable for providing care to patients and delegating care activities to the NAP (Nursing Assistive Personnel). However, you do not delegate the steps of the nursing process of assessment, diagnosis, planning, and evaluation because these steps require nursing judgment. Accessed from: Kindle Locations - , Elsevier Health Sciences, Kindle Edition. Review of the job description Certified Nursing Assistant (also referred to as Certified Nurse Aide) (CNA), revised 12/2011, revealed medication administration, assessment, and evaluation (of a resident) are not responsibilities of a CNA. Review of the job description Assisted Living Med Tech (MT), no effective date and no revision date, revealed PURPOSE: The purpose of this position it to assist individuals in our Assisted Living area by providing care and services to the residents in our building. Note that this job description is specific to Assisted Living only and does not apply in Skilled Nursing settings. Resident #103 Review of a Face Sheet revealed Resident #103 was a [AGE] year-old female, originally admitted to the assisted living facility on 02/21/18, with current pertinent [DIAGNOSES REDACTED]. to use sugar from the blood), and COVID-19. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 07/16/20 revealed resident was admitted to skilled nursing on 07/16/20. Review of a MDS assessment for Resident #103 with a reference date of 07/29/20 revealed resident was discharged from skilled nursing on 07/29/20. Note upon her paper admission to the SNF, Resident #103 resided in a room in the Assisted Living section of the building. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 07/21/20 revealed a Brief Interview for Mental Status (BIMS) score of 99 (meaning resident was unable to complete the assessment). Review of a current Care Plan for Resident #103 revealed Focus: .I have an infection Respiratory-COVID with interventions which included . Administer medications per physician's orders [REDACTED]. with a start date of 07/17/20. Review of a current Care Plan for Resident #103 revealed Focus: .I have diabetes mellitus and am Insulin dependent . with interventions which included .Accuchecks (blood sugar checks) as ordered/indicated, Administer medications and/or insulin as per physician's orders [REDACTED]. for timing of insulin administration . with a start date of 07/17/20. In an interview on 07/30/20 at 3:18 P.M., Medication Technician/Certified Nurse Aide (MT/CNA) P reported Medication Technicians are not able to provide care, take vitals, check blood sugars, or give medications in the skilled nursing setting. MT/CNA P indicated CNAs are not able to pass meds in the skilled nursing setting. MT/CNA P confirmed had administered medications to Resident #103 while she was billed as a skilled nursing resident. Review of Resident 103's Progress Note dated 7/17/20, 5:35 A.M., signed by MT/CNA P, revealed . BG (blood glucose)-88 before bed. Resident stated pain was zero . Resident had some SOB (shortness of breath) and Nebulizer (a device that changes liquid medicine into fine droplets that are inhaled through a mouthpiece or mask) was administered HS (hour of sleep) . Review of Resident 103's Progress Note dated 7/18/20, 6:29 A.M., signed by MT/CNA P, revealed Resident at 100% of supper . Resident stated she had no pain when asked 3 times during shift. Resident did not display any SOB (shortness of breath). Resident had some congestion and a productive cough, SpO2-89 and 88 (a measure of oxygen in the blood) with O2 (oxygen) . Review of Resident 103's Medication Administration Record [REDACTED]. with an entry at 11:24 P.M. on 7/16/20 signed off by Licensed Practical Nurse (LPN) AA. In an interview on 8/4/20 at 1:17 P.M. with Medication Technician (MT) E, this surveyor asked if MTs are licensed to administer medications in a skilled nursing setting. MT E stated, I refused to do that because I am not licensed to do that. MT E indicated another coworker (a CNA) came in and administered the medications to Resident #103 the evening MT E cared for Resident #103. In an interview on 8/4/20 at 9:48 A.M., Registered Nurse (RN) H stated, The CNAs are not licensed to give residents medications. In an interview on 8/5/20 at 8:25 A.M., Licensed Practical Nurse (LPN) K indicated nurses should not set up medications and then let someone else pass (administer) them to a resident. LPN K indicated it is a nursing Standard of Practice to lay eyes on (meaning physically look at) a resident in order to assess their condition, and this could not adequately be done looking through plastic a few feet away from the resident being assessed. In an interview on 8/4/20 at 12:38 P.M., when asked by this surveyor who is responsible for administering medications to residents?, Director of Nursing (DON) B indicated the nurse is responsible for administering medications and that administering means ensuring that a resident is taking their medications. DON B indicated regarding Resident #103, administering meant visualizing her taking her medications, including controlled substance medications. When asked by this surveyor who is responsible for administering an injectable medication (such as insulin), DON B reported the expectation is that a nurse would administer insulin and further stated that a Medication Technician (MT) or Certified Nurse Assistant (CNA) cannot give insulin to the resident when the resident is classified as a Skilled Nursing resident. In an interview on 7/31/20 at 2:06 p.m., LPN AA reported she was assigned to Resident #103 when Resident #103 was admitted to the Skilled Nursing Facility (SNF), however Resident #103 remained in her room in the Assisted Living section of the building during that time frame. LPN AA stated when first assigned to Resident #103 .I received a message from (Director of Nursing (DON) B) to give the pills to the Med Tech (not a licensed nurse) to give to (Resident #103). She (DON B) said technically the nurse has to sign them out . LPN AA stated .I knew there was a particular protocol but I wasn't aware of the exact plan. At first they said there would be an individual nurse to care for the COVID patient and I believe that's what happened. During the day there was a nurse for (Resident #103), and (Med Tech E) or (Med Tech/CNA P) would take care of them at night . LPN AA reported the first night she was assigned to Resident #103 .when I got there (Med Tech/CNA P) told me I had to sign for (Resident #103's) pills .She (Med Tech/CNA P) was aware of what the plan was. Because (Med Tech/CNA P) knew what the plan was and I didn't, I told her just let me know what you need me to do and I will do it. She said 'I need you to sign out the pills' and I did that . LPN AA stated .there was a different thing (Med Tech/CNA P) wanted me to do every night. They had a med cart and (Med Tech/CNA P) pulled the pills and gave them. Another time (Med Tech/CNA P) wanted me to pull the pills and have me watch her . LPN AA reported that on Sunday Med Tech/CNA P was off, and Med Tech E was assigned to Resident #103. LPN AA reported there was some confusion related to who would provide medications to Resident #103, so she contacted Administrator A who .said (Med Tech E) was supposed to be giving the pills. (Med Tech E) did not agree with that .(and) ended up going home and (Med Tech/CNA P) came in and gave the medications to (Resident #103) . LPN AA reported she never personally administered medications to Resident #103, and that .three times . she watched through the plastic barrier while the medications were administered by Med Tech/CNA P. LPN AA reported Med Tech/CNA P also checked Resident #103's blood glucose and administered insulin. Resident #102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old male, with pertinent [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment record revealed Resident #101 was admitted to the SNF (Skilled Nursing Facility) on 6/10/20, and discharged on [DATE]. Note upon his paper admission to the SNF on 6/10/20, Resident #102 resided in a room on the B-Hall, in the Assisted Living section of the building. Review of a Departmental Note for Resident #102, dated 6/10/20 at 4:26 p.m., revealed .Resident admitted to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235447	A. BUILDING _____ B. WING _____	08/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GRACE OF DOUGLAS	243 WILEY ROAD, PO BOX 217 DOUGLAS, MI 49406

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 0659 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	(continued... from page 3) SNF (Skilled Nursing Facility) at (1:40 p.m.) from ALF (Assisted Living Facility) with no room change at this time, remaining in isolation .Resident had a (positive) COVID test and will continue on additional monitoring with SNF care. Alert and oriented x4. LSCTA (Lungs Sound Clear to Auscultation), SpO2 94% on room air, BSAx4q (bowel sounds active in all four quadrants) resident indicates he has regular bowel movements, usually once daily. Resident is independent with his ADL's (Activities of Daily Living) but requires set up assistance for showering. Resident indicates he has chronic back pain controlled with scheduled medications. He indicates some anxiety but at this time is asymptomatic for COVID .Able to verbalize needs and use his call light appropriately . Review of a Departmental Note for Resident #102, dated 6/11/20 at 2:22 p.m. and written by Licensed Practical Nurse (LPN) R, revealed .Resident continues to be asymptomatic at this time no c/o (complaints of) pain discomfort or SOB (shortness of breath) vital signs stable resident continues in isolation at this time able to make needs known will continue to monitor . In an interview on 8/4/20 at 12:24 p.m., Licensed Practical Nurse (LPN) R reported he was assigned to Resident #102 while the resident was in isolation (in the Assisted Living section of the building) for COVID-19. LPN R stated .I didn't actually care for him .He was over there but I never actually went into the COVID unit or did anything with him. He was skilled and I was assigned to him. They (Administrator A and DON B) said it was okay for (Certified Nursing Assistant (CNA) F) to take care of him because she was a Med Tech . LPN R stated .(CNA F) handled all of the medications. I wouldn't sign for the medications. I didn't do the documentation for that. They had a MAR back there .It was a paper MAR .I never went back there and saw the procedure of signing out medications .I never went in the COVID unit . LPN R reported CNA F communicated information about Resident #102 via phone. In an interview on 8/5/20 at 1:59 p.m., CNA F stated in regard to Resident #102's stay as a resident of the Skilled Nursing Facility .I was pretty much the only one that worked with him .between 12-16 hours a day for two or three days .I do know when I wasn't there they had a nurse giving him his medications . CNA F stated .one day they told me because I was a Med Tech I could give him medication .They gave me keys to a med cart with only his medication. For that day I gave him his medication. They gave me a (paper) med sheet to sign his medications out. They didn't have me do it in the computer .They said that I wasn't going to get in any type of trouble and it was fine .they said they got 'special permission' . CNA F reported on the other days the medications were to be administered by the nurse assigned to Resident #102. CNA F reported LPN R was one of the nurses assigned to administer medications. CNA F reported she used her cell phone to call LPN R when Resident #102 requested medication. CNA F reported she did not observe LPN R administer medications to Resident #102. In an interview on 7/31/20 at 9:16 a.m., Certified Nursing Assistant (CNA) S stated .I am not qualified . to administer medications. In an interview on 7/31/20 at 9:21 a.m., Licensed Practical Nurse (LPN) Q reported CNA's are not qualified within their scope of practice to administer medications in a skilled nursing facility. In an interview on 7/31/20 at 9:39 a.m., CNA G reported medication preparation and administration is not something she can do as a CNA in a skilled nursing facility. In an interview on 7/31/20 at 3:18 p.m., with Administrator A, DON B, and Regional Nurse T, Administrator A and DON B reported Resident #102 was the first COVID positive resident admitted to the Skilled Nursing Facility from the Assisted Living. DON B reported they planned for individual caregivers .as much as possible . and that the staff member assigned to provide care each shift was .a nurse . DON B reported there were times where the nurse with a hall assignment would care for Resident #102. Administrator A reported for Resident #103, the nurse assigned on night shift was the C-Hall nurse. Administrator A reported Assisted Living staff were assigned to Resident #103 at night .to minimize contact . Administrator A reported the C-Hall nurse would pull the medications, bring the medications, and ask the Assisted Living staff member to bring the medications in to the resident while in view to minimize any cross-contamination. DON B reported CNA's should not administer medications, insulin, or check blood sugars in a Skilled Nursing Facility as the tasks are .outside of the scope of practice . In an interview on 8/4/20 at 12:58 p.m., Assistant Director of Nursing (ADON) X stated in regard to Resident #102 .we had nurses and Med Techs only one assigned to (Resident #102) individually . ADON X reported the Med Techs would contact the nurse via phone if needed. ADON X reported CNA's should never administer medications, and reported Med Techs are not qualified to administer medications in a Skilled Nursing Facility. In an interview on 8/4/20 at 1:37 p.m., LPN Z reported that having Med Techs administer medications in a Skilled Nursing Facility is .not appropriate . In an interview on 8/5/20 at 2:52 p.m., with Administrator A and DON B, Administrator A reported for the COVID positive residents the expectation was for the assigned nurses to administer the medications. Administrator A reported the Med Techs are not supposed to administer medications to residents of the Skilled Nursing Facility. Administrator A reported staffing assignments and job responsibilities were determined .day to day . Administrator A and DON B reported the facility does not utilize paper MAR's.
F 0684 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake # MI 427, MI 485, & MI 492. Based on interview and record review, the facility failed to ensure medications were administered appropriately and resident conditions were monitored and evaluated according to professional standards of practice for 2 of 4 residents (Resident #103 and Resident #102) reviewed for quality of care, resulting in the potential for medication errors, unidentified medication side effects, and inaccurate or incomplete evaluation of resident condition(s). Findings include: Review of the policy and procedure Medication Administration, revised 3/16/15, revealed .5. Verify the medication label against the medication sheet for accuracy of drug frequency, duration, strength, and route. 6. The nurse is responsible to read and follow precautionary or instructions on prescription labels .9. Never administer medications from an unmarked container .B. DOCUMENTATION 1. Record the name, dose, route, and time of medication on the Medication Administration Record. 2. Initial the record after the medication is administered to the resident. Review of the policy and procedure Controlled Drugs, revised 6/1/16, revealed .To ensure that controlled drugs are inventoried and administered as required by State and Federal agencies .Maintain a declining inventory record by resident & by drug on all controlled drugs .Records must be accurate and include .Strength and dose administered, Date and time of administration, and Signature of the person administering the drug . According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing, Administering medications requires unique nursing knowledge and skills. You first determine that the medication ordered is the correct medication. As a nurse you need to assess the patient's ability to self-administer medications, determine whether a patient should receive a medication at a given time, administer medications correctly, and then closely monitor their effects. Do not delegate any part of the medication administration process to nursing assistive personnel (NAP) and use the nursing process to integrate medication therapy into care. Accessed from: Kindle Locations - , Elsevier Health Sciences, Kindle Edition. According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing, As a nurse you are responsible and accountable for providing care to patients and delegating care activities to the NAP (Nursing Assistive Personnel). However, you do not delegate the steps of the nursing process of assessment, diagnosis, planning, and evaluation because these steps require nursing judgment. Accessed from: Kindle Locations - , Elsevier Health Sciences, Kindle Edition. According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing. .Professional standards such as Nursing: Scope and Standards of Practice (ANA, 2010) .apply to the activity of medication administration. To prevent medication errors, follow the six rights of medication administration consistently every time you administer medications. Many medication errors can be linked in some way to an inconsistency in adhering to these six rights: 1. The right medication 2. The right dose 3. The right patient 4. The right route 5. The right time 6. The right documentation .Accessed from: Kindle Locations -). Elsevier Health Sciences. Kindle Edition. Resident #103 Review of a Face Sheet revealed Resident #103 was a [AGE] year-old female, originally admitted to the assisted living facility on 02/21/18, with current pertinent [DIAGNOSES REDACTED]. to use sugar from the blood), and COVID-19. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 07/16/20 revealed resident was admitted to skilled nursing on 07/16/20. Review of a MDS assessment for Resident #103 with a reference date of 07/29/20 revealed resident was discharged from skilled nursing on 07/29/20. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 07/21/20 revealed a Brief Interview for Mental Status (BIMS) score of 99 (meaning resident was unable to complete the assessment). Review of a current Care Plan for Resident #103 revealed Focus: .I have an infection Respiratory-COVID with interventions which included . Administer medications per physician's orders [REDACTED]. with a start date of 07/17/20. Review of a current Care Plan for Resident #103 revealed Focus: .I have diabetes mellitus and am Insulin dependent . with interventions which included .Accuchecks (blood sugar checks) as ordered/indicated, Administer

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F 0684

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

(continued... from page 4)

medications and/or insulin as per physician's orders [REDACTED]. for timing of insulin administration . with a start date of 07/17/20. In an interview on 07/30/20 at 3:18 P.M., Medication Technician/Certified Nurse Aide (MT/CNA) P reported that Resident #103 had been an Assisted Living resident who tested positive for COVID-19. MT/CNA P indicated after Resident #103's positive COVID-19 diagnosis, resident remained in the same room but was changed from an Assisted Living classification to a Skilled Nursing classification. MT/CNA P indicated the licensed nurse assigned to Resident #103 was also assigned to non-COVID-19 residents during the overnight shift and was therefore not entering Resident #103's room. MT/CNA P described the process for administration of medications to Resident #103 while in isolation was the licensed nurse obtained the medications from the medication cart, placed medications in a medication cup, handed the medication cup to MT/CNA P who then took to Resident #103 and administered the medications. MT/CNA P stated, I am a Med Tech on Assisted Living but not on Skilled Nursing and am not licensed pass meds in Skilled Nursing, especially not meds that I had not gathered. In an interview on 8/4/20 at 1:17 P.M., Medication Technician (MT) E, reported MTs are not licensed to pass (administer) narcotics and other medications in skilled nursing setting. In an interview on 07/31/20 at 2:43 P.M., Licensed Practical Nurse (LPN) W indicated the process for medication administration to Resident #103 (while in skilled nursing setting) was that the nurse pulled Resident #103's medications from the medication cart and placed in a medication cup, the nurse gave the medications to the dedicated staff member assigned to Resident #103, the dedicated staff member entered Resident #103's room and administered the medications to the resident, the nurse observed the medication administration through the plastic area and then signed off in the Medication Administration Record [REDACTED]. Note that CNAs are not licensed to administer medications in a skilled nursing setting. In an interview on 8/5/20 at 8:25 A.M., Licensed Practical Nurse (LPN) K indicated it was not a nursing practice standard to set up medications and then let someone else pass (administer) them to a resident. LPN K indicated it is a nursing Standard of Practice to lay eyes on (meaning physically look at) a resident in order to assess their condition, and this could not adequately be done looking through plastic a few feet away from the resident being assessed. In an interview on 8/4/20 at 12:38 P.M., when asked by this surveyor who is responsible for administering medications to residents?, Director of Nursing (DON) B indicated the nurse is responsible for administering medications and that administering means ensuring that a resident is taking their medications. DON B indicated regarding Resident #103, administering meant visualizing her taking her medications, including controlled substance medications. When asked by this surveyor who is responsible for administering an injectable medication (such as insulin), DON B reported the expectation is that a nurse would administer insulin. DON B indicated that a MT or CNA cannot give insulin to the resident when the resident is classified as a skilled nursing resident. Review of Resident 103's Medication Administration Record [REDACTED].M., Order Date: 7/17/20, Start Date: 7/17/20 with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] 100 UNIT/ML. INJECT 50 UNITS SC (under the skin) EVERY NIGHT BEFORE BED, 8:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] 5 MG TABLET TAKE ONE TABLET AT BEDTIME, 8:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] HCL 15 MG TABLET. ONE TABLET BY MOUTH DAILY AT HOUR OF SLEEP, 8:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] 0.25 MG TABLET GIVE 1 TABLET BY MOUTH TWICE DAILY, 6:00 P.M., 10:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 . with entries at 10:00 P.M. on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA (Note that this is a controlled substance - a drug that is tightly controlled). CARVEDILOL 6.25 MG TABLET GIVE 1 TABLET BY MOUTH TWICE DAILY, ARISE, HS (hour of sleep), Order Date: 7/17/20, Start Date: 7/17/20 . with entries at HS on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA SENNA 8.6 MG TABLET GIVE ONE TABLET TWICE DAILY, ARISE, HS (hour of sleep), Order Date: 7/17/20, Start Date: 7/17/20 . with entries at HS on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] 50 MG TABLET TAKE ONE TABLET BY MOUTH THREE TIMES A DAY, 6:00 A.M., 2:00 P.M., 9:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 . with entries at 6:00 A.M. on 7/18/20 and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA and entries at 9:00 P.M. on 7/17/20, 7/18/20, and 7/19/20 signed off LPN AA (Note that this is a controlled substance - a drug that is tightly controlled). [MEDICATION NAME] 10 MG TABLET GIVE 1 TAB PO (by mouth) AT BEDTIME, Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] HCL ER 500 MG TABLET AT BEDTIME, Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA TRAZADONE 50 MG TABLET GIVE 1 TABLET BY MOUTH DAILY AT BEDTIME, Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] 500 MG TABLET GIVE ONE TABLET BY MOUTH THREE TIMES A DAY, Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA EVALUATE RESIDENT EVERY 6 HOURS FOR S/S (signs and symptoms) . OF RESPIRATORY DISTRESS AND COMPLICATIONS, 12:00 A.M, 6:00 A.M., 12:00 P.M., 6:00 P.M., Order Date: 7/21/20, Start Date: 7/21/20 . with an entry at 12:00 A.M. on 7/24/20 signed off by Licensed Practical Nurse (LPN) AA MONITOR PAIN LEVEL EVERY SHIFT, ARISE, HS (hour of sleep), Order Date: 7/17/20, Start Date: 7/17/20 . with entries at HS on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] SUL 2.5 MG/3 ML SOLN INHALE 3 ML VIA NEBULIZER 4 TIMES DAILY AS NEEDED FOR SHORNESS (sic) OF BREATH, Order Date 2/23/20, Start Date: 2/23/20, Discontinue Date: 7/15/20 . with an entry at 11:24 P.M. on 7/16/20 signed off by Licensed Practical Nurse (LPN) AA

In an interview on 7/31/20 at 2:06 p.m., LPN AA reported she was assigned to Resident #103 when Resident #103 was admitted to the Skilled Nursing Facility (SNF), however Resident #103 remained in her room in the Assisted Living section of the building during that time frame. LPN AA stated when first assigned to Resident #103 .I received a message from (Director of Nursing (DON) B) to give the pills to the Med Tech (not a licensed nurse) to give to (Resident #103). She (DON B) said technically the nurse has to sign them out . LPN AA stated .I knew there was a particular protocol but I wasn't aware of the exact plan. At first they said there would be an individual nurse to care for the COVID patient and I believe that's what happened. During the day there was a nurse for (Resident #103), and (Med Tech E) or (Med Tech/CNA P) would take care of them at night . LPN AA reported the first night she was assigned to Resident #103 .when I got there (Med Tech/CNA P) told me I had to sign for (Resident #103's) pills .She (Med Tech/CNA P) was aware of what the plan was. Because (Med Tech/CNA P) knew what the plan was and I didn't, I told her just let me know what you need me to do and I will do it. She said 'I need you to sign out the pills' and I did that . LPN AA stated .there was a different thing (Med Tech/CNA P) wanted me to do every night. They had a med cart and (Med Tech/CNA P) pulled the pills and gave them. Another time (Med Tech/CNA P) wanted me to pull the pills and have me watch her . LPN AA reported that on Sunday Med Tech/CNA P was off, and Med Tech E was assigned to Resident #103. LPN AA reported there was some confusion related to who would provide medications to Resident #103, so she contacted Administrator A who .said (Med Tech E) was supposed to be giving the pills. (Med Tech E) did not agree with that .(and) ended up going home and (Med Tech/CNA P) came in and gave the medications to (Resident #103) . LPN AA reported she never personally administered medications to Resident #103, and that .three times . she watched through the plastic barrier while the medications were administered by Med Tech/CNA P. LPN AA reported Med Tech/CNA P also checked Resident #103's blood glucose and administered insulin. Resident #102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old male, with pertinent [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment record revealed Resident #101 was admitted to the SNF (Skilled Nursing Facility) on 6/10/20, and discharged on [DATE]. Note upon his admission to the SNF on 6/10/20, Resident #101 resided in a room on the B-Hall, in the Assisted Living section of the building. Review of a Departmental Note for Resident #102, dated 6/10/20 at 4:26 p.m., revealed .Resident admitted to SNF (Skilled Nursing Facility) at (1:40 p.m.) from ALF (Assisted Living Facility) with no room change at this time, remaining in isolation .Resident had a (positive) COVID test and will continue on additional monitoring with SNF care. Alert and oriented x4. LSCTA (Lungs Sound Clear to Auscultation), SpO2 94% on room air, BSAx4q (bowel sounds active in all four quadrants) resident indicates he has regular bowel movements, usually once daily. Resident is independent with his ADL's (Activities of Daily Living) but requires set up assistance for showering. Resident indicates he has chronic back pain controlled with scheduled medications. He indicates some anxiety but at this time is asymptomatic for COVID .Able to verbalize needs and use his call light appropriately . Review of a Departmental Note for Resident #102, dated 6/11/20 at 2:22 p.m. and written by Licensed Practical Nurse (LPN) R, revealed .Resident continues to be asymptomatic at this time no c/o (complaints of) pain discomfort or SOB (shortness of breath) vital signs stable resident continues in isolation at this time able to make needs known will continue to monitor . In an interview on 8/4/20 at 12:24 p.m., Licensed Practical Nurse (LPN) R reported he was assigned to Resident #102 while the resident was in isolation (in the Assisted Living section of

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F 0684 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 5) the building) for COVID-19. LPN R stated .I didn't actually care for him .He was over there but I never actually went into the COVID unit or did anything with him. He was skilled and I was assigned to him. They (Administrator A and DON B) said it was okay for (Certified Nursing Assistant (CNA) F) to take care of him because she was a Med Tech . LPN R stated .(CNA F) handled all of the medications. I wouldn't sign for the medications. I didn't do the documentation for that. They had a MAR back there .It was a paper MAR .I never went back there and saw the procedure of signing out medications .I never went in the COVID unit . LPN R reported CNA F communicated information about Resident #102 via phone. In an interview on 8/5/20 at 1:59 p.m., CNA F stated in regard to Resident #102's stay as a resident of the Skilled Nursing Facility .I was pretty much the only one that worked with him .between 12-16 hours a day for two or three days .I do know when I wasn't there they had a nurse giving him his medications . CNA F stated .one day they told me because I was a Med Tech I could give him medication .They gave me keys to a med cart with only his medication. For that day I gave him his medication. They gave me a (paper) med sheet to sign his medications out. They didn't have me do it in the computer .They said that I wasn't going to get in any type of trouble and it was fine .they said they got 'special permission' . CNA F reported on the other days the medications were to be administered by the nurse assigned to Resident #102. CNA F reported LPN R was one of the nurses assigned to administer medications. CNA F reported she used her cell phone to call LPN R when Resident #102 requested medication. CNA F reported she did not observe LPN R administer medications to Resident #102. Review of the June 2020 Medication Administration Record [REDACTED].[MEDICATION NAME] PAM 25 MG CAP 1 CAPSULE BY MOUTH THREE TIMES A DAY . was documented as administered on 6/11/20 at 2:00 p.m., 6/11/20 at 10:00 p.m., 6/12/20 at 6:00 a.m., and 6/12/20 at 2:00 p.m. by LPN R. Note no documentation was noted to indicate whether or not the doses scheduled for 6/13/20 at 6:00 a.m. and 2:00 p.m. were administered. .CALCIUM ANTACID 500 MG CHW GIVE 1 TABLET BY MOUTH TWO TIMES A DAY FOR INDEGESTION (sic)/HEARTBURN . was documented as administered on 6/11/20 at bedtime and 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] SODIUM-SENNOSIDES TAB 50MG-8.6 MG TAB GIVE ONE TAB BY MOUTH TWICE DAILY . was documented as administered on 6/11/20 at bedtime and 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 300 MG CAPSULE TAKE 2 CAPSULES BY MOUTH TWO TIMES DAILY . was documented as administered on 6/11/20 at bedtime and 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 500 MG TABLET TAKE ONE TABLET TWO TIMES A DAY . was documented as administered on 6/11/20 at bedtime and 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 5% PATCH APPLY 1 PATCH ONE TIME DAILY ON 12 HOURS OFF 12 HOURS . was documented as administered on 6/11/20 at bedtime and 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 500 MG CAPLET TAKE 2 TABLETS BY MOUTH IN THE MORNING. 2 TABLETS BY MOUTH MID DAY AND 2 TABLETS AT BEDTIME . was documented as administered on 6/11/20 at 2:00 p.m., 6/11/20 at 9:00 p.m., 6/12/20 at 9:00 a.m., and 6/12/20 at 2:00 p.m. by LPN R. Note no documentation was noted to indicate whether or not the doses scheduled for 6/13/20 at 9:00 a.m. and 2:00 p.m. were administered. .[MEDICATION NAME] 100 MG TABLET GIVE ALONG WITH 200 MG TABLET (300 MG) BY MOUTH EVERY MORNING . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 200 MG TABLET GIVE ALONG WITH [MEDICATION NAME] 100 MG TABLET (300 MG) BY MOUTH EVERY MORNING . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] PROP 50 MCG SPRAY (ADMINISTER) 2 SPRAYS TO EACH NOSTRIL EVERY DAY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 20 MG TABLET TAKE ONE TAB BY MOUTH DAILY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] POWDER MIX 17 GRAMS IN 4-6 OUNCES OF LIQUID AND DRINK ONCE DAILY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 75 MG TABLET TAKE ONE TABLET BY MOUTH DAILY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .VITAMIN D3 1,000 UNIT TABLET TAKE TWO TABS BY MOUTH EVERY DAY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 200 MG TABLET GIVE 2 TABLETS (400 MG) BY MOUTH EVERY EVENING AT BEDTIME . was documented as administered on 6/11/20 by LPN R. .INCRUSE ELLIPTA 62.5 MCG INH ADMINISTER 1 PUFF BY MOUTH ONE TIME DAILY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. Review of a CONTROLLED DRUG RECEIPT/RECORD/DISPOSITION FORM for Resident #102, for .[MEDICATION NAME] CAP 300 MG . revealed no documentation that the medication had been pulled/signed out for the 6/11/20 bedtime dose. Note this information contradicts what was documented in the MAR. In an interview on 7/31/20 at 3:18 p.m., with Administrator A, DON B, and Regional Nurse T, Administrator A and DON B reported Resident #102 was the first COVID positive resident admitted to the Skilled Nursing Facility from the Assisted Living. DON B reported they planned for individual caregivers .as much as possible . and that the staff member assigned to provide care each shift was .a nurse . DON B reported there were times where the nurse with a hall assignment would care for Resident #102. Administrator A reported for Resident #103, the nurse assigned on night shift was the C-Hall nurse. Administrator A reported Assisted Living staff were assigned to Resident #103 at night .to minimize contact . Administrator A reported the C-Hall nurse would pull the medications, bring the medications, and ask the Assisted Living staff member to bring the medications in to the resident while in view to minimize any cross-contamination. DON B reported CNA's should not administer medications, insulin, or check blood sugars in a Skilled Nursing Facility as the tasks are .outside of the scope of practice . In an interview on 8/4/20 at 12:58 p.m., Assistant Director of Nursing (ADON) X stated in regard to Resident #102 .we had nurses and Med Techs only one assigned to (Resident #102) individually . ADON X reported the Med Techs would contact the nurse via phone if needed. ADON X reported CNA's should never administer medications, and reported Med Techs are not qualified to administer medications in a Skilled Nursing Facility. In an interview on 8/5/20 at 2:52 p.m., with Administrator A and DON B, Administrator A reported for the COVID positive residents the expectation was for the assigned nurses to administer the medications. Administrator A reported the Med Techs are not supposed to administer medications to residents of the Skilled Nursing Facility. Administrator A reported staffing assignments and job responsibilities were determined .day to day . Administrator A and DON B reported the facility does not utilize paper MAR's.

F 0690 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**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** This citation pertains to Intake # MI 354. Based on interview, and record review, the facility failed to obtain a Physician order [REDACTED].#101 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 #101, with a reference date of 5/19/20, revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total possible score of 15, which indicated moderate cognitive impairment. Review of the April 2020 Physician order [REDACTED].ENSURE FOLEY CARE IS COMPLETE Q (every) SHIFT . with a start date of 2/1/20. Review of the Care Plan for Resident #101 revealed .Resident requires an indwelling catheter for dx. (diagnosis) [MEDICAL CONDITIONS] (enlarged prostate). Resident is at risk for infection r/t (related to) (indwelling) catheter use . with a start date of 11/22/19. Interventions include .Change catheter tubing/bag as directed by NP/MD (Nurse Practitioner/Doctor) orders . with a start date of 11/22/19. Review of the April 2020 Physician order [REDACTED].CHANGE MONTHLY FOLEY CATHETER. 14 FR WITH 30 ML BALLOON . with a start date of 2/28/20. No PRN (as needed) orders noted for additional Foley catheter changes in April 2020. In an interview on 7/31/20 at 8:28 a.m., Certified Nursing Assistant (CNA) CC reported that on night shift between 4/3/20 and 4/4/20 .I watched (Registered Nurse (RN) L) put a dirty catheter back it .I reported it and they didn't even change it until the next day .I guess the catheter had just been changed (prior to her observation) . CNA CC reported that after Resident #101's catheter became dislodged (night shift from 4/3/20 to 4/4/20) she prepared her supplies to complete peri care and .clean him up . CNA CC stated .I heard (Resident #101) yelling and she was shoving the old one (Foley catheter) back into his penis . CNA CC reported she notified Director

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	235447	A. BUILDING _____ B. WING _____	08/05/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GRACE OF DOUGLAS	243 WILEY ROAD, PO BOX 217 DOUGLAS, MI 49406

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	(continued... from page 6) of Nursing (DON) B of the concern and was never contacted for any follow up questions or to write a statement. CNA CC stated .there was no investigation . Review of a Departmental Note for Resident #101, dated 4/4/20 at 6:24 p.m., revealed .Resident c/o (complained of) intermittent intense pain from indwelling foley catheter. Night nurse reported catheter changed last night because of leaking. I deflated (balloon) and repositioned x 2 but resident still c/o pain and pulling at catheter to ease pain causing small amount of bleeding around meatus. Catheter draining well, clear yellow urine . Review of the April 2020 Treatment Administration Record (TAR) for Resident #101 revealed .ÉNSURE FOLEY CARE IS COMPLETE Q SHIFT . was completed on night shift (4/3/20-4/4/20) by Registered Nurse (RN) L. No documentation noted in TAR related to a Foley catheter change completed by RN L on night shift from 4/3/20 to 4/4/20. In an interview on 7/31/20 at 12:33 p.m., RN L reported Resident #101 has scheduled monthly changes for his Foley catheter, and reported the Foley catheter is also changed PRN (as needed) when it leaks. RN L stated that the PRN changes are not typically documented in the TAR because .our (computerized charting) system is strange . RN L reported PRN Foley catheter changes should be documented in the nurses notes. RN L reported she does not recall an incident where a Foley catheter was reinserted after becoming dislodged. RN L reported Foley catheter changes are a sterile procedure and a new catheter should be obtained if an old catheter becomes dislodged. In an interview on 8/4/20 at 1:37 p.m., LPN Z reported Resident #101's Foley catheter is .a little difficult . to change. LPN Z reported for PRN Foley catheter changes, she would need to call the Physician to .get an order to change it . and then document the PRN catheter change in the Nursing Notes and TAR. Review of a Departmental Note for Resident #101, dated 4/5/20 at 3:24 a.m., revealed .Resident currently resting in bed with eyes closed appearing asleep. (Resident) had c/o pain coming from catheter upon assessment resident had blood leaking around catheter and minimal urine output and requested this writer to change his catheter. Upon pulling catheter out resident started having large amounts of blood and clots coming from urethra. This writer informed on call (Nurse Practitioner) who requested catheter be replaced and observe. This writer replaced catheter, resident stated his pain subsided and clear yellow urine drained into bag . Review of a Departmental Note for Resident #101, dated 4/5/20 at 6:33 p.m., revealed .Resident states he is comfortable and pain is gone. There is still blood around meatus, cleaned up .Catheter draining large amount of orange color urine . Review of a Departmental Note for Resident #101, dated 4/22/20 at 5:23 p.m., revealed .N.O. (new order) noted UA (urinalysis) with culture if indicated- groin pain . Review of a Departmental Note for Resident #101, dated 4/23/20 at 4:16 p.m., revealed .UA sent to the lab, guardian aware. Foley catheter replaced and patent. Resident tolerated procedure well . Review of the April 2020 TAR for Resident #101 revealed .CHANGE MONTHLY FOLEY CATHETER. 14 FR WITH 30 ML BALLOON . was scheduled/documented as completed on 4/26/20 at 6:00 p.m. No other documentation noted in Resident #101's April 2020 TAR related to additional catheter changes, which were completed on 4/4/20, 4/5/20, and 4/23/20 per the Departmental Notes. Review of a Departmental Note for Resident #101, dated 4/26/20 at 12:47 p.m., revealed .New order Bactrim DS one tab PO BID x 7 days related to positive UA . In an interview on 8/4/20 at 3:22 p.m., Director of Nursing (DON) B reported there were no Incident/Accident Reports or Concern Forms related to a catheter concern in April 2020 for Resident #101. DON B reported she recalled a Certified Nursing Assistant (CNA) with a concern that a nurse reinserted a used catheter and stated .He is a difficult person to cath .there is no way the nurse could have replaced it that easily . When asked about any documentation/investigation into the concern, DON B stated .I feel like I did talk to the nurse but I don't have anything in writing . DON B reported PRN catheter changes are documented in the Nursing Notes and the TAR. DON B reviewed Resident #101's Physician order [REDACTED]. DON B stated .(Resident #101) is just a monthly change, so if they needed to change it they would call (the Physician) . In an interview on 8/5/20 at 8:38 a.m., DON B reported there is no PRN order for a Foley catheter change on 4/4/20 for Resident #101, and no documentation in the TAR that a PRN Foley catheter change was completed. According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing. .Health care provider- initiated interventions are dependent nursing interventions, or actions that require an order from a health care provider. The interventions are based on the health care provider's response to treating or managing a medical diagnosis .As a nurse you intervene by carrying out the health care provider's written and/ or verbal orders. Administering a medication, implementing an invasive procedure (e.g., inserting a Foley catheter, starting an intravenous (IV) infusion) and preparing a patient for diagnostic tests are examples of health care provider-initiated interventions . Accessed from: Kindle Locations -). Elsevier Health Sciences. Kindle Edition. Review of the policy and procedure Foley Catheters, Care of, Infection Control and Insertion Guidelines, no date, revealed .To maintain safety with the use of Foley catheter .Purpose .To prevent and control Foley catheter associated urinary tract infection .Insert catheters using aseptic technique and sterile equipment .Residents will have their Foley catheter system changed only as needed, unless otherwise ordered by the physician .
F 0842 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake # MI 354, MI 427, MI 485, & MI 492. Based on interview, and record review, the facility failed to maintain a complete and accurate medical record in 3 of 4 residents (Resident #101, #102, & #103) reviewed for comprehensive and accurate medical records, resulting in an inaccurate record of care provided and an inaccurate reflection of resident status. Findings include: According to Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing. .High-quality documentation is necessary to enhance efficient, individualized patient care. Quality documentation has five important characteristics: it is factual, accurate, complete, current, and organized . Accessed from: Kindle Locations -). Elsevier Health Sciences. Kindle Edition. Review of the policy and procedure Guidelines for Charting and Documentation, revised April 2012, revealed .The purpose of charting and documentation is to provide .A complete account of the resident's care, treatment, response to the care, signs, symptoms, etc., and the progress of the resident's care .Guidance to the physician in prescribing appropriate medications and treatments .The facility, as well as other interested parties, with a tool for measuring the quality of care provided to the resident .Nursing service personnel with a record of the physical and mental status of the resident .Assistance in the development of a Plan of Care for each resident .a legal record that protects the resident, care providers, and the facility .General Rules for Charting and Documentation .Chart all pertinent changes in the resident's condition, reaction to treatments, medication, etc., as well as routine observations .Be concise, accurate, and complete .Document assessments, interventions, treatments, outcomes, etc .All entries must reflect the date, the time and the signature and title of the person recording the data .Documentation should also include .Any time the physician or family is called about the resident and their response .The following information is provided to assist in recording physician's orders [REDACTED].If PRN (as needed), specify why it is needed . Resident #101 Review of a Face Sheet revealed Resident #101 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 #101, with a reference date of 5/19/20, revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total possible score of 15, which indicated moderate cognitive impairment. Review of the April 2020 Physician order [REDACTED].ENSURE FOLEY CARE IS COMPLETE Q (every) SHIFT . with a start date of 2/1/20. Review of the Care Plan for Resident #101 revealed .Resident requires an indwelling catheter for dx. (diagnosis) [MEDICAL CONDITIONS] (enlarged prostate). Resident is at risk for infection r/t (related to) (indwelling) catheter use . with a start date of 11/22/19. Interventions include .Change catheter tubing/bag as directed by NP/MD (Nurse Practitioner/Doctor) orders . with a start date of 11/22/19. Review of the April 2020 Physician order [REDACTED].CHANGE MONTHLY FOLEY CATHETER. 14 FR WITH 30 ML BALLOON . with a start date of 2/28/20. No PRN (as needed) orders noted for additional Foley catheter changes in April 2020. Review of a Departmental Note for Resident #101, dated 4/4/20 at 6:24 p.m., revealed .Resident c/o (complained of) intermittent intense pain from indwelling foley catheter. Night nurse reported catheter changed last night because of leaking. I deflated (balloon) and repositioned x 2 but resident still c/o pain and pulling at catheter to ease pain causing small amount of bleeding around meatus. Catheter draining well, clear yellow urine . Review of the April 2020 Treatment Administration Record (TAR) for Resident #101 revealed .ENSURE FOLEY CARE IS COMPLETE Q SHIFT . was completed on night shift (4/3/20-4/4/20) by Registered Nurse (RN) L. No documentation noted in TAR related to a Foley catheter change completed by RN L on night shift from 4/3/20 to 4/4/20. In an interview on 7/31/20 at 12:33 p.m., RN L reported Resident #101 has scheduled monthly changes for his Foley catheter, and reported the Foley catheter is also changed PRN (as needed) when it leaks. RN L stated that the PRN changes are not typically documented in the TAR because .our (computerized charting) system is strange . RN L reported PRN Foley catheter changes should be documented in the nurses notes. No

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NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

F 0842

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

(continued... from page 7)

Departmental Note was noted in Resident #101's medical record written by RN L on 4/4/20. RN L reported she does not recall an incident where a Foley catheter was reinserted after becoming dislodged. RN L reported Foley catheter changes are a sterile procedure and a new catheter should be obtained if an old catheter becomes dislodged. In an interview on 8/4/20 at 1:37 p.m., LPN Z reported for PRN Foley catheter changes, she would need to call the Physician to .get an order to change it . and then document the PRN catheter change in the Nursing Notes and TAR. Review of a Departmental Note for Resident #101, dated 4/5/20 at 3:24 a.m., revealed .Resident currently resting in bed with eyes closed appearing asleep. (Resident) had c/o pain coming from catheter upon assessment resident had blood leaking around catheter and minimal urine output and requested this writer to change his catheter. Upon pulling catheter out resident started having large amounts of blood and clots coming from urethra. This writer informed on call (Nurse Practitioner) who requested catheter be replaced and observe. This writer replaced catheter, resident stated his pain subsided and clear yellow urine drained into bag . Review of a Departmental Note for Resident #101, dated 4/5/20 at 6:33 p.m., revealed .Resident states he is comfortable and pain is gone. There is still blood around meatus, cleaned up .Catheter draining large amount of orange color urine . Review of a Departmental Note for Resident #101, dated 4/22/20 at 5:23 p.m., revealed .N.O. (new order) noted UA (urinalysis) with culture if indicated- groin pain . Review of a Departmental Note for Resident #101, dated 4/23/20 at 4:16 p.m., revealed .UA sent to the lab, guardian aware. Foley catheter replaced and patent. Resident tolerated procedure well . Review of the April 2020 TAR for Resident #101 revealed .CHANGE MONTHLY FOLEY CATHETER. 14 FR WITH 30 ML BALLOON . was scheduled/documented as completed on 4/26/20 at 6:00 p.m. No other documentation noted in Resident #101's April 2020 TAR related to additional catheter changes, which were completed on 4/4/20, 4/5/20, and 4/23/20 per the Departmental Notes. In an interview on 8/4/20 at 3:22 p.m., Director of Nursing (DON) B reported there were no Incident/Accident Reports or Concern Forms related to a catheter concern in April 2020 for Resident #101. DON B reported she recalled a Certified Nursing Assistant (CNA) with a concern that a nurse reinserted a used catheter. When asked about any documentation/investigation into the concern, DON B stated .I feel like I did talk to the nurse but I don't have anything in writing . DON B reported PRN catheter changes are documented in the Nursing Notes and the TAR. DON B reviewed Resident #101's Physician order [REDACTED]. In an interview on 8/5/20 at 8:38 a.m., DON B reported there is no PRN order for a Foley catheter change on 4/4/20 for Resident #101, and no documentation in the TAR that a PRN Foley catheter change was completed. Review of the policy and procedure Foley Catheters, Care of, Infection Control and Insertion Guidelines, no date, revealed .To maintain safety with the use of Foley catheter .Purpose .To prevent and control Foley catheter associated urinary tract infection .Insert catheters using aseptic technique and sterile equipment .Residents will have their Foley catheter system changed only as needed, unless otherwise ordered by the physician . Review of the policy and procedure Controlled Drugs, revised 6/1/16, revealed .To ensure that controlled drugs are inventoried and administered as required by State and Federal agencies .Maintain a declining inventory record by resident & by drug on all controlled drugs .Records must be accurate and include .Strength and dose administered, Date and time of administration, and Signature of the person administering the drug . Resident #102 Review of a Face Sheet revealed Resident #102 was a [AGE] year-old male, with pertinent [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment record revealed Resident #101 was admitted to the SNF (Skilled Nursing Facility) on 6/10/20, and discharged on [DATE]. Note upon his admission to the SNF on 6/10/20, Resident #101 resided in a room on the B-Hall, in the Assisted Living section of the building. Review of a Departmental Note for Resident #102, dated 6/10/20 at 4:26 p.m., revealed .Resident admitted to SNF (Skilled Nursing Facility) at (1:40 p.m.) from ALF (Assisted Living Facility) with no room change at this time, remaining in isolation .Resident had a (positive) COVID test and will continue on additional monitoring with SNF care. Alert and oriented x4. LSCTA (Lungs Sound Clear to Auscultation), SpO2 94% on room air, BSAx4q (bowel sounds active in all four quadrants) resident indicates he has regular bowel movements, usually once daily. Resident is independent with his ADL's (Activities of Daily Living) but requires set up assistance for showering. Resident indicates he has chronic back pain controlled with scheduled medications. He indicates some anxiety but at this time is asymptomatic for COVID .Able to verbalize needs and use his call light appropriately . Review of a Departmental Note for Resident #102, dated 6/11/20 at 2:22 p.m. and written by Licensed Practical Nurse (LPN) R, revealed .Resident continues to be asymptomatic at this time no c/o (complaints of) pain discomfort or SOB (shortness of breath) vital signs stable resident continues in isolation at this time able to make needs known will continue to monitor . In an interview on 8/4/20 at 12:24 p.m., Licensed Practical Nurse (LPN) R reported he was assigned to Resident #102 while the resident was in isolation (in the Assisted Living section of the building) for COVID-19. LPN R stated .I didn't actually care for him .He was over there but I never actually went into the COVID unit or did anything with him. He was skilled and I was assigned to him. They (Administrator A and DON B) said it was okay for (Certified Nursing Assistant (CNA) F) to take care of him because she was a Med Tech . LPN R stated .(CNA F) handled all of the medications. I wouldn't sign for the medications. I didn't do the documentation for that. They had a MAR back there .It was a paper MAR .I never went back there and saw the procedure of signing out medications .I never went in the COVID unit . In an interview on 8/5/20 at 1:59 p.m., CNA F stated in regard to Resident #102's stay as a resident of the Skilled Nursing Facility .I was pretty much the only one that worked with him .between 12-16 hours a day for two or three days .I do know when I wasn't there they had a nurse giving him his medications . CNA F stated .one day they told me because I was a Med Tech I could give him medication .They gave me keys to a med cart with only his medication. For that day I gave him his medication. They gave me a (paper) med sheet to sign his medications out. They didn't have me do it in the computer .They said that I wasn't going to get in any type of trouble and it was fine .they said they got 'special permission' . CNA F reported on the other days the medications were to be administered by the nurse assigned to Resident #102. CNA F reported LPN R was one of the nurses assigned to administer medications. CNA F reported she used her cell phone to call LPN R when Resident #102 requested medication. CNA F reported she did not observe LPN R administer medications to Resident #102. Review of the June 2020 Medication Administration Record [REDACTED].[MEDICATION NAME] PAM 25 MG CAP 1 CAPSULE BY MOUTH THREE TIMES A DAY . was documented as administered on 6/11/20 at 2:00 p.m., 6/11/20 at 10:00 p.m., 6/12/20 at 6:00 a.m., and 6/12/20 at 2:00 p.m. by LPN R. Note no documentation was noted to indicate whether or not the doses scheduled for 6/13/20 at 6:00 a.m. and 2:00 p.m. were administered. .CALCIUM ANTACID 500 MG CHW GIVE 1 TABLET BY MOUTH TWO TIMES A DAY FOR INDEGESTION (sic)/HEARTBURN . was documented as administered on 6/11/20 at bedtime and 6/12/20 upon rising by LPN R.

Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] SODIUM-SENNOSIDES TAB 50MG-8.6 MG TAB GIVE ONE TAB BY MOUTH TWICE DAILY . was documented as administered on 6/11/20 at bedtime and 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 300 MG CAPSULE TAKE 2 CAPSULES BY MOUTH TWO TIMES DAILY . was documented as administered on 6/11/20 at bedtime and 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 500 MG TABLET TAKE ONE TABLET TWO TIMES A DAY . was documented as administered on 6/11/20 at bedtime and 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 5% PATCH APPLY 1 PATCH ONE TIME DAILY ON 12 HOURS OFF 12 HOURS . was documented as administered on 6/11/20 at bedtime and 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 500 MG CAPLET TAKE 2 TABLETS BY MOUTH IN THE MORNING. 2 TABLETS BY MOUTH MID DAY AND 2 TABLETS AT BEDTIME . was documented as administered on 6/11/20 at 2:00 p.m., 6/11/20 at 9:00 p.m., 6/12/20 at 9:00 a.m., and 6/12/20 at 2:00 p.m. by LPN R. Note no documentation was noted to indicate whether or not the doses scheduled for 6/13/20 at 9:00 a.m. and 2:00 p.m. were administered. .[MEDICATION NAME] 100 MG TABLET GIVE ALONG WITH 200 MG TABLET (300 MG) BY MOUTH EVERY MORNING . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 200 MG TABLET GIVE ALONG WITH [MEDICATION NAME] 100 MG TABLET (300 MG) BY MOUTH EVERY MORNING . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] PROP 50 MCG SPRAY (ADMINISTER) 2 SPRAYS TO EACH NOSTRIL EVERY DAY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 20 MG TABLET TAKE ONE TAB BY MOUTH DAILY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] POWDER MIX 17 GRAMS IN 4-6 OUNCES OF LIQUID AND DRINK ONCE DAILY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 75 MG TABLET TAKE ONE TABLET BY MOUTH DAILY . was documented as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235447	A. BUILDING _____ B. WING _____	**08/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GRACE OF DOUGLAS	**243 WILEY ROAD, PO BOX 217 DOUGLAS, MI 49406**

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 0842

Level of harm - Minimal harm or potential for actual harm

Residents Affected - Few

(continued... from page 8)

administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .VITAMIN D3 1,000 UNIT TABLET TAKE TWO TABS BY MOUTH EVERY DAY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. .[MEDICATION NAME] 200 MG TABLET GIVE 2 TABLETS (400 MG) BY MOUTH EVERY EVENING AT BEDTIME . was documented as administered on 6/11/20 by LPN R. .INCRUSE ELLIPTA 62.5 MCG INH ADMINISTER 1 PUFF BY MOUTH ONE TIME DAILY . was documented as administered on 6/12/20 upon rising by LPN R. Note no documentation was noted to indicate whether or not the dose scheduled for 6/13/20 upon rising was administered. Review of a CONTROLLED DRUG RECEIPT/RECORD/DISPOSITION FORM for Resident #102, for .[MEDICATION NAME] CAP 300 MG . revealed no documentation that the medication had been pulled/signed out for the 6/11/20 bedtime dose. Note this information contradicts what was documented in the MAR. In an interview on 7/31/20 at 3:18 p.m., with Administrator A, DON B, and Regional Nurse T, Administrator A and DON B reported Resident #102 was the first COVID positive resident admitted to the Skilled Nursing Facility from the Assisted Living. DON B reported they planned for individual caregivers .as much as possible . and that the staff member assigned to provide care each shift was .a nurse . DON B reported there were times where the nurse with a hall assignment would care for Resident #102. Administrator A reported for Resident #103, the nurse assigned on night shift was the C-Hall nurse. Administrator A reported Assisted Living staff were assigned to Resident #103 at night .to minimize contact . Administrator A reported the C-Hall nurse would pull the medications, bring the medications, and ask the Assisted Living staff member to bring the medications in to the resident while in view to minimize any cross-contamination. DON B reported CNA's should not administer medications, insulin, or check blood sugars in a Skilled Nursing Facility as the tasks are .outside of the scope of practice . In an interview on 8/4/20 at 12:58 p.m., Assistant Director of Nursing (ADON) X stated in regard to Resident #102 .we had nurses and Med Techs only one assigned to (Resident #102) individually . ADON X reported the Med Techs would contact the nurse via phone if needed. ADON X reported CNA's should never administer medications, and reported Med Techs are not qualified to administer medications in a Skilled Nursing Facility. In an interview on 8/5/20 at 2:52 p.m., with Administrator A and DON B, Administrator A reported for the COVID positive residents the expectation was for the assigned nurses to administer the medications. Administrator A reported the Med Techs are not supposed to administer medications to residents of the Skilled Nursing Facility. Administrator A reported staffing assignments and job responsibilities were determined .day to day . Administrator A and DON B reported the facility does not utilize paper MAR's.

Resident #103 Review of a Face Sheet revealed Resident #103 was a [AGE] year-old female, originally admitted to the assisted living facility on 02/21/18, with current pertinent [DIAGNOSES REDACTED]. to use sugar from the blood), and COVID-19. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 07/16/20 revealed resident was admitted to skilled nursing on 07/16/20. Review of a MDS assessment for Resident #103 with a reference date of 07/29/20 revealed resident was discharged from skilled nursing on 07/29/20. Review of a Minimum Data Set (MDS) assessment for Resident #103, with a reference date of 07/21/20 revealed a Brief Interview for Mental Status (BIMS) score of 99 (meaning resident was unable to complete the assessment). In an interview on 07/30/20 at 3:18 P.M., Medication Technician/Certified Nurse Aide (MT/CNA) P described the process for administration of medications to Resident #103 while in isolation was the licensed nurse obtained the medications from the medication cart, placed medications in a medication cup, handed the medication cup to MT/CNA P who then took to Resident #103 and administered the medications and the licensed nurse signed off in the Medication Administration Record [REDACTED]. MT/CNA P stated, The nurse signed for them. The nurse signed for the meds/administration. In an interview on 07/31/20 at 2:43 P.M., Licensed Practical Nurse (LPN) W indicated during the night shift, the nurse pulled Resident #103's medications from the medication cart and placed in a medication cup, the nurse gave the medications to the dedicated staff member assigned to Resident #103, the dedicated staff member entered Resident #103's room and administered the medications to the resident, the nurse signed off in the Medication Administration Record [REDACTED]. In an interview on 8/5/20 at 8:25 A.M., Licensed Practical Nurse (LPN) K indicated nurses should not set up medications and then let someone else pass (administer) them to a resident. LPN K indicated it is a nursing Standard of Practice to lay eyes on (meaning physically look at) a resident in order to assess their condition, and this could not adequately be done looking through plastic a few feet away from the resident being assessed. In an interview on 7/31/20 at 2:06 p.m., LPN AA reported she was assigned to Resident #103 when Resident #103 was admitted to the Skilled Nursing Facility (SNF), however Resident #103 remained in her room in the Assisted Living section of the building during that time frame. LPN AA stated when first assigned to Resident #103 .I received a message from (Director of Nursing (DON) B) to give the pills to the Med Tech (not a licensed nurse) to give to (Resident #103). She (DON B) said technically the nurse has to sign them out . LPN AA stated .I knew there was a particular protocol but I wasn't aware of the exact plan. At first they said there would be an individual nurse to care for the COVID patient and I believe that's what happened. During the day there was a nurse for (Resident #103), and (Med Tech E) or (Med Tech/CNA P) would take care of them at night . LPN AA reported the first night she was assigned to Resident #103 .when I got there (Med Tech/CNA P) told me I had to sign for (Resident #103's) pills .She (Med Tech/CNA P) was aware of what the plan was. Because (Med Tech/CNA P) knew what the plan was and I didn't, I told her just let me know what you need me to do and I will do it. She said 'I need you to sign out the pills' and I did that . LPN AA stated .there was a different thing (Med Tech/CNA P) wanted me to do every night. They had a med cart and (Med Tech/CNA P) pulled the pills and gave them. Another time (Med Tech/CNA P) wanted me to pull the pills and have me watch her . LPN AA reported that on Sunday Med Tech/CNA P was off, and Med Tech E was assigned to Resident #103.

LPN AA reported there was some confusion related to who would provide medications to Resident #103, so she contacted Administrator A who .said (Med Tech E) was supposed to be giving the pills. (Med Tech E) did not agree with that .(and) ended up going home and (Med Tech/CNA P) came in and gave the medications to (Resident #103) . LPN AA reported she never personally administered medications to Resident #103, and that .three times . she watched through the plastic barrier while the medications were administered by Med Tech/CNA P. LPN AA reported Med Tech/CNA P also checked Resident #103's blood glucose and administered insulin. Review of 103's Medication Administration Record [REDACTED]. Note that corroborating interviews report LPN AA did not complete the medication administrations, treatments, and assessments for Resident #103 for these documented instances: CHECK BLOOD SUGAR EVERY NIGHT BEFORE BED, 8:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] 100 UNIT/ML. INJECT 50 UNITS SC (under the skin) EVERY NIGHT BEFORE BED, 8:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] 5 MG TABLET TAKE ONE TABLET AT BEDTIME, 8:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] HCL 15 MG TABLET. ONE TABLET BY MOUTH DAILY AT HOUR OF SLEEP, 8:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] 0.25 MG TABLET GIVE 1 TABLET BY MOUTH TWICE DAILY, 6:00 P.M., 10:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 . with entries at 10:00 P.M. on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA (Note that this is a controlled substance - a drug that is tightly controlled). CARVEDILOL 6.25 MG TABLET GIVE 1 TABLET BY MOUTH TWICE DAILY, ARISE, HS (hour of sleep), Order Date: 7/17/20, Start Date: 7/17/20 . with entries at HS on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA SENNA 8.6 MG TABLET GIVE ONE TABLET TWICE DAILY, ARISE, HS (hour of sleep), Order Date: 7/17/20, Start Date: 7/17/20 . with entries at HS on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] 50 MG TABLET TAKE ONE TABLET BY MOUTH THREE TIMES A DAY, 6:00 A.M., 2:00 P.M., 9:00 P.M., Order Date: 7/17/20, Start Date: 7/17/20 . with entries at 6:00 A.M. on 7/18/20 and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA and entries at 9:00 P.M. on 7/17/20, 7/18/20, and 7/19/20 signed off LPN AA (Note that this is a controlled substance - a drug that is tightly controlled). [MEDICATION NAME] 10 MG TABLET GIVE 1 TAB PO (by mouth) AT BEDTIME, Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] HCL ER 500 MG TABLET AT BEDTIME, Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA TRAZADONE 50 MG TABLET GIVE 1 TABLET BY MOUTH DAILY AT BEDTIME, Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] 500 MG TABLET GIVE ONE TABLET BY MOUTH THREE TIMES A DAY, Order Date: 7/17/20, Start Date: 7/17/20 . with entries on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA EVALUATE RESIDENT EVERY 6 HOURS FOR S/S (signs and symptoms) . OF RESPIRATORY DISTRESS AND COMPLICATIONS, 12:00 A.M, 6:00 A.M., 12:00 P.M., 6:00 P.M., Order Date: 7/21/20, Start Date: 7/21/20 . with an entry at 12:00 A.M. on 7/24/20 signed off by Licensed Practical Nurse (LPN) AA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235447	A. BUILDING _____ B. WING _____	**08/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GRACE OF DOUGLAS	**243 WILEY ROAD, PO BOX 217 DOUGLAS, MI 49406**

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 0842 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 9) MONITOR PAIN LEVEL EVERY SHIFT, ARISE, HS (hour of sleep), Order Date: 7/17/20, Start Date: 7/17/20 . with entries at HS on 7/17/20, 7/18/20, and 7/19/20 signed off by Licensed Practical Nurse (LPN) AA [MEDICATION NAME] SUL 2.5 MG/3 ML SOLN INHALE 3 ML VIA NEBULIZER 4 TIMES DAILY AS NEEDED FOR SHORNESS (sic) OF BREATH, Order Date 2/23/20, Start Date: 2/23/20, Discontinue Date: 7/15/20 . with an entry at 11:24 P.M. on 7/16/20 signed off by Licensed Practical Nurse (LPN) AA