STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235310	A. BUILDING _____ B. WING _____	05/21/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PORTER HILLS HEALTH CENTER	3600 FULTON ST E GRAND RAPIDS, MI 49546

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to recognize signs and symptoms of Covid-19, implement isolation precautions, and notify the Local Health Department of Covid-19 symptoms for 2 of 3 Residents (Resident #101, #102) reviewed for infection control, resulting in facility staff did not perform surveillance or follow the CDC guidance to prevent the spread of Covid-19 to residents in the facility. Findings include: Review of the facility policy Novel Coronavirus Prevention and Response last revised 3/27/20 revealed, Policy: This community will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION] . Policy Explanation and Compliance Guidelines: The Infection Preventionist or designee will assess community risk associated with COVID-19 through surveillance activities of emerging diseases in the community and illnesses present in the community. No current risk - the community will implement interventions for prevention and prepare for a potential outbreak. Threat detected - the community will respond promptly and implement emergency and/or outbreak procedures. Staff shall be alert to signs of COVID-19 and notify the resident's physician if evident: Fever Cough Shortness of breath . Interventions to prevent the spread of respiratory germs within the community: Keep residents and employees informed by answering questions and explaining what they can do to protect themselves and their fell ow residents (i.e. handwashing, spatial separation, respiratory hygiene/cough etiquette). Monitor residents and employees for fever or respiratory symptoms. Restrict residents with fever or acute respiratory symptoms to their room. Have them wear a facemask (if tolerated) if they must leave the room for medically necessary procedures. In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected [DIAGNOSES REDACTED].g., [MEDICAL CONDITION]). Implement heightened surveillance activities or consult public health authorities for additional guidance if there is transmission of COVID-19 in the community . Procedure when COVID-19 is suspected: a. Notify physician, Director of Nursing, Infection Preventionist, and family. b. Place resident in a private room (containing a private bathroom) with the door closed. c. Limit the number of people who enter the resident's room. Maintain a log of all people who enter the room. d. Implement standard, contact, and airborne precautions (droplet precautions if no airborne isolation room available). Wear gloves, gowns, goggles/face shields, and masks (N95 if available) upon entering room and when caring for the resident. e. Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of care. Clean and disinfect all other equipment used for care. f. Avoid aerosol-generating procedures (i.e. suctioning) as possible. g. Utilize Checklist COVID-19 Suspected or Confirmed. Review of the facility policy Respiratory (COVID) Surveillance and Illness- Resident (no date) revealed, To prevent the spread of illness, all residents residing within the facility during the pandemic will be monitored for fever and for the presence of symptoms of COVID like illness. For the purposes of general monitoring, COVID like illness is defined as a respiratory illness with: Fever (Temperature >100?); and at least one of the following symptoms: a. Cough, sore throat, headache, fatigue, myalgia, loss of taste or smell, vomiting, or diarrhea in the absence of other known cause. b. (blank). Policy Interpretation and Implementation-1. Monitoring of resident infection status will occur in accordance with department policies governing the monitoring of resident infection within the facility. 2. In addition, during this pandemic the facility will monitor residents for symptoms of COVID-like illness. This includes initiation of checking temperature and Oxygen saturation levels, along with respiratory status monitoring as suggested by CDC, CMS, or other local/state guidance. 3. When 2 or more residents of a unit present with COVID- like symptoms, it will be reported to the infection preventionist for tracking and monitoring. 4. Resident care staff are responsible for routine monitoring of the resident's overall health status and reporting change in condition to the nurse supervisor. Resident care staff should immediately report residents exhibiting signs of COVID-like illness to their supervisor. 5. Staff should also monitor and report any symptoms they develop during this time. 6. The nursing supervisor (of designee) is responsible for: a. Notifying the resident's physician. b. Obtaining culture specimen and initiating treatment as ordered by the resident's physician. c. Initiating Droplet Precautions per facility policy and as directed. d. Notifying the department manager per department policy for monitoring and tracking of resident infections. 7. Residents exhibiting symptoms of serious illness will be transferred to an acute care facility as indicated and/or ordered by resident's attending physician and in conjunction with their wishes/Advance Directives. 8. The Department Manager (or designee) is responsible for monitoring the infection status of all residents and consulting the Infection Control Manager as needed. 9. The Department Manager (or designee) will monitor residents on a daily basis for the development of new infection and notify the Infection Control Manager of all cases of newly reported COVID-like-illness. 10. The Infection Control Manager (or designee) will be responsible for monitoring COVID activity throughout the facility. Infection control recommendations and employee and/or resident education will be provided as needed. 11. During this pandemic, the Infection Control Manager will report residents who are PUI, those tested Negative and those tested Positive. This information will be shared with the COVID Ops team at daily meetings. 12. Information will also be summarized and shared at the facility QAPI Committee meetings. Review of Fundamentals of Nursing (Potter and Perry) 9th edition revealed, The temperature of older adults is at the lower end of the normal temperature range, 36 to 36.8 ? C (96.8 to 98.3 ? F) orally and 36.6 to 37.2 ? C (98 to 99 ? F) rectally. Therefore temperatures considered within normal range sometimes reflect a fever in an older adult .Older adults are very sensitive to slight changes in environmental temperature because their thermoregulatory systems are not as efficient .Be especially attentive to subtle temperature changes and other manifestations of fever in this population such as tachypnea, anorexia, falls, [MEDICAL CONDITION], and overall functional decline. Older adults without teeth or with poor muscle control may be unable to close their mouths tightly to obtain accurate oral temperature readings. Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations -). Elsevier Health Sciences. Kindle Edition. Review of Fundamentals of Nursing (Potter and Perry) 9th edition revealed, Need to immediately report any significant changes or abnormalities and any SpO2 reading lower than 90% to nurse immediately .Hypoxemia refers to a decrease in the amount of arterial oxygen. Nurses monitor arterial oxygen saturation (SpO2) using a noninvasive oxygen saturation monitor pulse oximeter. Normally SpO2 is greater than or equal to 95% .[MEDICAL CONDITION] is inadequate tissue oxygenation at the cellular level. It results from a deficiency in oxygen delivery or oxygen use at the cellular level. It is a life-threatening condition. Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations - , - , -). Elsevier Health Sciences. Kindle Edition. During an interview on 05/20/2020 at 12:54 P.M., Nursing Home Administrator (NHA) A and Director of Nursing (DON) B reported that each morning during morning meeting the Unit Managers run the Vital Sign report and abnormal vital signs are discussed. During an interview on 05/19/20 at 11:08 A.M., Infection Control Nurse (ICN) N reported that staff are monitoring Covid-19 symptoms which include: new shortness of breath, cough, fatigue, body aches, and loss of taste and smell. ICN N reported that twice a day the temperature and oxygenation level of all residents residing in the facility is assessed and documented in the Electronic Health Record (EHR). ICN N reported that temperature trends are watched and if there is an change in the

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 1) baseline further assessment is completed. ICN N reported that a temperature (for a resident) that is 100 degrees Fahrenheit or higher is considered a fever. During an interview on 05/19/20 at 11:12 A.M. DON B reported that any resident temperature over 99 degrees Fahrenheit would warrant further investigation for Covid-19. DON B reported that all vital signs are reviewed each morning in the Stand Up meeting. DON B reported that any communication with the physician is documented in the EHR. During an interview on 05/19/20 at 2:04 P.M. with DON B and NHA A. DON B reported that if there is an abnormal result or a new symptom in a resident the nursing staff notify the Unit Manager and the Unit Managers then notify the Infection Control Nurse. During an interview on 05/20/20 at 11:48 A.M., DON B reported that if a staff member arrived to work with a fever they would be sent home to prevent the spread of Covid-19 even if there were no other symptoms. During an interview on 5/20/20 at 8:30 AM, Health Department Epidemiologist (HDE) F stated symptoms of Covid-19 were cough, fever, congestion, fatigue, headache and body aches. HDE F further stated, if someone was experiencing symptoms then yes they would get tested for Covid-19. During an interview on 5/20/20 at 2:45 PM, Certified Nurse Aide (CNA) P stated she performed vital signs at the start of my shift and if (the vital signs) were not right (sic, indicated out of normal range) then talk to the nurse and have me redo (sic) them (vital signs). CNA P stated, yes I have documented every vital sign taken on residents in the computer and if I didn't document (the vital signs) then I gave it (vital sign results) to the nurse and they take care of it. Resident #101: Review of the Face Sheet revealed Resident #101 was a [AGE] year old female admitted to the facility on [DATE] and diagnosed with [REDACTED]. Review of the Minimum Data Set ((MDS) dated [DATE] revealed Resident #101 had a brief interview for mental status (BIMS) score of 13 out of 15 which indicated she was cognitively intact. During an observation on 5/19/20 at 10:28 AM, Resident #101 was noted to be in her bed. No isolation precaution signage was observed on her door and no personal protective equipment was observed outside her doorway into her room. During an observation on 5/20/20 at 11:10 A.M. Resident #101 was in her room with no isolation precautions in place. During an interview on 05/19/20 at 12:33 P.M. DON B reported that that there was no documentation that the physician was notified of Resident #101's abnormal temperature on 5/8/20 but she was not exhibiting any other symptoms at that time. During an interview on 05/19/20 at 2:04 P.M. with DON B and NHA A. DON B reported that Resident #101 was assessed by the Nurse Practitioner on 5/12/20 regarding her hypoxemia (low oxygen level) and had a chest X-ray ordered. No further testing was completed at that time. DON B reported that Resident #101's last blood draw for a Complete Blood Count (CBC) was completed on 5/4/20. Review of an email from DON B to this surveyor dated 5/19/20 at 1:34 P.M. revealed, I have reviewed the medical record with my team for (Resident #101) and have not been able to locate any additional information regarding the temp(erature). There was a follow up temp(erature) on 5/9 @0055 (12:55 P.M.) of 98.8 and no additional symptoms noted on the respiratory assessments conducted. Review of Resident #101's Health Status Note dated 4/25/20 at 7:34 P.M. revealed, Note Text: Residents mood is pleasant and cooperative. Noted to be more lethargic this shift. No s/sx (signs or symptoms) of acute respiratory illness noted. Continues on Oxygen at 2L via nasal canula PRN (as needed). 88% o2 (oxygen) noted on room air, oxygen therapy initiated for comfort. Res (Resident) denies feeling anxious but stated she is depressed due to covid-19 isolation. Res is currently resting in bed watching television. Staff assisted in calling daughter this afternoon. Review of Resident #101's Vital Signs dated 4/26/20 at 9:46 A.M. revealed a temperature of 100.2 Review of Resident #101's Health Status Note dated 4/26/20 at 2:22 P.M. revealed, Residents mood is calm and cooperative. No s/sx of acute respiratory illness observed. Fever of 100.2 noted. Lung sounds diminished in bases. denies SOB, cough, sore throat. Denies pain. Resident voiced concerned of Left toe not healing. Unit manager notified. Review of Resident #101's Health Status Note dated 5/2/2020 at 5:26 P.M. further revealed, Res A&Ox3 (Alert and Oriented to person, place, and time), Mood is lethargic today. Res complains of dizziness this afternoon, O2 (oxygen) Obtained O2 85% RA, PRN (as needed) O2 applied and HOB (head of bed) elevated. O2 increased to 95% on 2L. Denies sore throat, Mild productive cough noted. Res did not want to eat dinner, but did request 2 great shakes. Res continues with RTN treatments. No s/sx of Respiratory Illness. Review of Resident #101's Respiratory Screener Evaluation dated 5/3/20 at 5:37 P.M. revealed, T (temperature) 89.2 - 5/3/2020 10:33 Route: Axilla .Recent change in disorientation / mental status. New onset [MEDICAL CONDITION] (a change in resident level of consciousness). Acute functional decline: Yes. Review of Resident #101's Health Status Note dated 5/3/20 at 5:31 P.M. revealed, Res (Resident #101) A&Ox3, Res presents with confusion this afternoon, after waking up from a nap. Kept talking about a game that she was in. Res presents with a syncopial episode ([MEDICAL CONDITION]) with an episode of [MEDICAL CONDITION] (low blood pressure), while sitting in her wheelchair, Res said she felt dizzy and wanted to lay down. O2 85% RA (oxygen level 85% on room air), and BP (blood pressure) 84/56, Pulse 68. Res given O2 and assisted back into bed, BP rechecked and WNL (within normal limits), 122/66, O2 94% via NC (nasal cannula) on 2L. Continues on RTN (routine) Neb (nebulizer) treatments. Review of Resident #101's Health Status Note dated 5/4/20 at 2:05 P.M. revealed, Resident mood is lethargic. Resident c/o (complains of) not feeling well and being overly tired . Review of Resident #101's Respiratory Screener Evaluation dated 5/6/20 at 12:32 P.M. revealed, Recent change in disorientation / mental status . Malaise (c/o generally not feeling well): Yes. Review of Resident #101's Respiratory Screener Evaluation dated 5/7/20 at 8:35 A.M. revealed, No [DIAGNOSES REDACTED]. New or increased cough: Yes. Cough: Dry / Non-productive . Recent change in lung sounds: Yes. Malaise (c/o generally not feeling well): Yes. Acute functional decline: Yes. Was a CXR recently completed: No. Review of Resident #101's Hospice note dated 5/7/20 at 4:37 P.M. revealed, Facility nurse reported (Resident #101) had coarse lung sounds all over and a cough this morning .(Resident #101) was pleasant and engaged but appeared fatigue (sic). Review of Resident #101's Vital Signs dated 5/8/20 at 8:47 P.M. revealed a temperature of 100.3 degrees Fahrenheit. Review of Resident #101's Progress Notes dated 4/1/20 to 5/20/20 revealed no documentation Resident #101 was tested for Covid-19 or that the Health Department was notified of Resident #101's Covid-19 symptoms. Review of Resident #101's Results revealed no laboratory testing was completed since 3/10/20. During an interview on 5/21/20 at 11:53 A.M., Licensed Practical Nurse (LPN) V stated Resident #101 had a respirations of around 22 breaths per minute and had increased cough, worsening cough and wheezing. LPN V stated after Resident #101 received breathing medications, she (Resident #101) can breathe better but she's (Resident #101) still not the greatest (indicated Resident #101's condition had improved but not to baseline). Resident #102: Review of the Face Sheet revealed Resident #102 was an [AGE] year old female admitted to the facility on [DATE] and diagnosed with [REDACTED]. Review of the MDS dated [DATE] revealed Resident #102 had a BIMS score of 11 out of 15 which indicated she had moderately impaired cognition. Review of Resident #102's Vital Signs dated 5/3/20 at 4:24 A.M. revealed a temperature of 99.6 degrees Fahrenheit. Review of Resident #102's Vital Signs dated 4/3/20 at 3:36 P.M. revealed a temperature of 99.6 degrees Fahrenheit. Review of Resident #102's Vital Signs dated 5/4/20 at 3:53 A.M. revealed a temperature of 99.6 degrees Fahrenheit. Review of Resident #102's Vital Signs dated 5/10/20 at 11:21 A.M. revealed a temperature of 99.6 degrees Fahrenheit. Review of Resident #102's Vital Signs dated 5/17/20 at 12:15 A.M. revealed a temperature of 99.5 degrees Fahrenheit. Review of Resident #102's Vital Signs dated 5/18/20 at 9:55 P.M. revealed a temperature of 100.5 degrees Fahrenheit. Review of Resident #102's Progress Notes for May 2020 revealed no documentation that Resident #102 was tested for Covid-19, the Health Department was notified of elevated temperatures, or that the physician was notified of elevated temperatures. Review of Resident #102's Results revealed no laboratory testing was completed since 3/6/20. During an observation on 5/19/20 at 12:10 PM, Resident #102 was noted to be in her room. No isolation precaution signage was observed on her door and no personal protective equipment was observed outside her doorway into her room. During an interview on 05/20/20 at 9:47 A.M., ICN N reported that she just notified the Health Department of Resident #102's placement into isolation. When asked if she reported Resident #102's fever of 100.5 from 5/18/20 she stated, Yes. During an interview on 05/20/20 at 11:45 A.M. ICN N (DON B and NHA A present) reported that she reported Resident #102's symptoms to the Local Health Department and stated, frankly it's ridiculous. During an email interview with NP O on 5/20/20 at 8:42 A.M., this surveyor asked, If you had a resident that had a fever greater than 100, a cough, and/or shortness of breath would you suspect Covid? Would you have them tested ? When would you place them in isolation? On 5/20/20 at 9:22 A.M.NP O replied, Yes. With all those symptoms, I would test for Covid and place on droplet precautions immediately until results of swab. Review of Resident #103's Progress Notes for May 2020 (up to 5/19/20) revealed no documentation that Resident #102 was tested for Covid-19 or that the Health Department was notified of respiratory symptoms. During an interview on 05/20/20 at 08:30 A.M., DON B reported that the Local Health Department was not notified of Resident #101, #102, symptoms. DON B reported that Resident #102 was placed in isolation because of her fever. DON B reported the physician was notified and Resident #102 was placed into isolation to monitor her fevers. DON B reported that Resident #101 was not placed into isolation because she had been afebrile and exhibited no other symptoms of Covid-19.