

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235544	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER HALLMARK LIVING BENTON HARBOR		STREET ADDRESS, CITY, STATE, ZIP 1385 E EMPIRE AVE BENTON HARBOR, MI 49022	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>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 properly maintain infection control practices during a COVID-19 Infection Control Survey for: 1.) performance of resident hand hygiene prior to mealtime for 9 of 9 residents observed in the memory care unit dining room reviewed for hand hygiene, 2.) ensuring resident shared sensory stimulation equipment was disinfected between use, for 1 of 1 residents (Resident #101) observed for shared equipment disinfection, and 3.) ensuring recommended social distancing and/or use of face covering for source control and hand hygiene after a group shared equipment during a group activity for 7 of 7 residents reviewed for social distancing/source control practices, resulting in the potential for the spread of contagious and infectious disease and illnesses to residents who are susceptible, elderly, and/or physically compromised. Findings include: According to the Centers for Disease Control (CDC) Guidelines, Hand Hygiene Recommendations, Guidance for Healthcare Providers about Hand Hygiene and COVID-19 . Hand hygiene is an important part of the U.S. response to the international emergence of COVID-19. [MEDICATION NAME] hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is a simple yet effective way to prevent the spread of pathogens and infections in healthcare settings . when visibly soiled, before eating, and after using the restroom . Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html According to the Centers for Disease Control (CDC) Guidelines, Infection Prevention and Control (IPC) Guidance for Memory Care Units . Infection prevention strategies to prevent the spread of COVID-19 are especially challenging to implement in dedicated memory care units . residents can have a difficult time following recommended infection prevention practices such as . washing their hands . Healthcare personnel (HCP) working in memory care units should consider the following: Routines are very important for residents with dementia. Try to keep their environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene . Frequently clean often-touched surfaces in the memory care unit, especially in hallways and common areas where residents and staff spend a lot of time . Retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/memory-care.html Review of a policy, Hand Hygiene/Handwashing effective date 11/28/12 with revision 1/10/18, revealed Definition: Hand Hygiene means cleaning your hands by using either handwashing (washing hands with soap and water), antiseptic hand wash, or antiseptic hand rub . Examples of When to Perform Hand Hygiene . Before eating . Review of a policy, Feeding and Assisting Residents to Eat (Note: no effective date on document), revealed Purpose: To assist the resident to obtain nutrients and hydration. . Procedure: 1. Explain procedure to resident and bring tray to table or bedside. 2. Check tray for missing silverware, napkin, or food items. 3. Assist resident to comfortable position . 4. Tuck the napkin under the chin or place on clothing protector. 5. Season the food . 6. If adaptive devices are used, assist resident to use correctly. 7. Avoid tilting head/neck backwards. 8. Feed resident slowly . 9. If resident drinks through a straw, lips not teeth should hold straw. 10. Encourage chewing. 11. Encourage swallowing . 12. If resident cannot see the food, tell him what is on the tray. 13. Offer supplement to poor eaters . 14. If resident resists, arrange to keep food warm, and try later. 15. Remove tray as soon as resident has completed his meal. 16. Assistant resident to cleanse mouth and hands, removing clothing protector. 17. Record intake on food consumption records. 18. Eating difficulties or lack of appetite for more than 24 hours should be reported . 19. When feeding the diabetic resident . 20. Report all pertinent observations . Note: Hand Hygiene for residents prior to meals is not included anywhere in procedure; item 16, addresses cleansing of mouth and hands after meal is completed. Review of a policy, Cleaning & Sanitizing - Wheelchairs and Other Medical Equipment effective date 11/28/12 with revision 1/25/18, revealed Purpose: To assure that devices are cleaned and sanitized on a regular or as needed basis . Guidelines: Medical equipment/ devices will be cleaned and sanitized weekly or more often if needed, when used by the same resident. Equipment/ devices used by more than one resident will be cleaned and sanitized between each use . 3. Nursing Assistants shall be responsible for cleaning and sanitizing the devices when soiled. 4. All surfaces shall be thoroughly cleaned with a sanitizing agent which prohibits the growth of bacteria and microorganisms. 5. Devices/equipment used for more than one resident shall be cleaned between each resident . In an observation on 6/17/20 at 12:40 P.M., noted 7 residents seated 6 feet apart at separate tables in the dining room of the memory care unit; 2 additional residents arrived to the dining room during the observation (for a total of 9 residents). No hand hygiene observed to be performed for or encouraged with any of the 9 residents prior to being served their meals. In an interview on 6/17/20 at 12:45 P.M., Licensed Practical Nurse (LPN) E was asked if hand hygiene was performed with the residents prior to meals being served. LPN E referred this surveyor to Certified Nurse Assistant (CENA) N, who indicated hand hygiene was performed with residents about an hour ago. In an interview on 6/17/20 at 1:15 P.M., Interim Director of Nursing (IDON) B reported hand hygiene is not always done with residents upon entry into the dining area. DON B indicated hand hygiene should be performed with residents before meals, but that it is difficult with that population (referring to the memory care unit residents). In an interview on 6/17/20 at 1:50 P.M., Infection Control Nurse (ICN) C reported that residents should have hand hygiene performed immediately before meals. ICN C indicated that hand hygiene performed an hour before meals does not replace the need to perform hand hygiene immediately before meals because a resident's hands could become contaminated by touching many different things in the time span of an hour. ICN C reported hand hygiene is important to be done immediately before meals to reduce the risk or prevent spread of infection. Resident #101 Review of a Face Sheet revealed Resident #101 was an [AGE] year-old male, originally admitted to the facility on [DATE] and readmitted 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 3/31/20 revealed a Brief Interview for Mental Status (BIMS) score of 00, out of a total possible score of 15, which indicated Resident #101 was severely cognitively impaired. In an observation on 6/17/20 at 12:52 P.M., noted Resident #101 to be seated at a table in the common area next to the memory care dining room. Resident #101 was using a sensory stimulation device (a game that involved placing colored pegs into holes on a board). Resident #101 got up from the table and walked into the dining room for his meal. Noted CENA N removed the sensory stimulation device from the table and put it away in a cupboard. NOTE: Sensory stimulation device was not cleaned/disinfected prior to being put away. LPN E directed Resident #101 back to the table where he had been using the sensory stimulation device (which was now put away) and placed his meal tray in front of him. No hand hygiene performed with Resident #101 between using the sensory stimulation device and being served his meal. In an interview on 6/17/20 at 1:22 P.M., LPN E indicated the resident shared devices should be cleaned between each use using disinfectant wipes. LPN E reported tries to clean the shared devices at least once a day but that does not always happen. LPN E stated, I have not seen a policy on cleaning toys/games (referring to sensory stimulation devices). In an interview on 6/17/20 at 1:45 P.M., Housekeeper (HSK) D reported does not clean any of the shared sensory devices used in the common areas. HSK D indicated the staff working on the unit must be doing the cleaning because they are the ones who put the devices away. In an interview on 6/17/20 at 1:50 P.M., Infection Control Nurse (ICN) C indicated that any items potentially used by multiple residents should be cleaned between use to reduce the risk or prevent spread of infection.</p>		
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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>During an observation on 6/17/20 at 10:45 A.M., 7 residents were in the Cedar Cove Unit Dining/Activity Room bouncing a large ball back and forth to each other with the facility staff present. The ball bounced to residents hands and at times up to and into their faces. All residents present were within one foot of each other with no social distancing noted. When the activity was completed, the facility staff did not assist residents in hand washing. The activity took place just prior to the afternoon lunch meal. During an observation on 6/17/20 at 10:50 A.M., Interim Director of Nursing (IDON) B entered the Cedar Cove Unit Dining/Activity Room and reported to the facility staff that the residents should be 6 feet apart and began moving residents apart from each other. The ball activity then continued.</p> <p>In an interview on 6/17/20 at 11:45AM, Interim Director of Nursing (IDON) B stated, I just went and re-educated the staff in the memory care unit on social distancing while performing activities. I'm told this is the first one they decided to do for the last 2 months and they only did it because surveyors were here. IDON B reported she did not think about educating the staff on handwashing after the shared equipment activity was completed. IDON B stated, I didn't think about that part.</p>		