STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235549	A. BUILDING _____ B. WING _____	06/08/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ROOSEVELT PARK NURSING AND REHABILITATION COMMUNIT	1300 W BROADWAY AVE MUSKEGON, MI 49441

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 -** Many	**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 follow CDC (Center for Disease Control) guidelines and recommendations to contain and prevent the spread of COVID-19, resulting in an Immediate jeopardy when (1) nursing staff treated a COVID-19 positive resident without the use of a face mask and then treated COVID-19 negative residents without the use of a face mask, (2) kitchen staff prepared food without the use of masks or gloves, and (3) residents positive for COVID-19 were not separated from the general population. This deficient practice placed all residents at risk for serious harm, injury, and /or death. Findings include: On [DATE] at 8:39 A.M. a COVID-19 Focused infection Control survey commenced. According to CMS (Centers for Medicare & Medicaid Services) notice COVID-19 Long Term Care Facility Guidance, dated [DATE], Long-term care facilities should ensure all staff are using appropriate PPE when they are interacting with patients and residents, * For the duration of the state of emergency in their State, all long-term care facility personnel should wear a facemask while they are in the facility. * Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, nor have an unknown status. According to the facility policy 2019 Novel Coronavirus (COVID-19) dated ,[DATE], Care should be taken with delivery and pick up of resident meal trays to resident's room requiring Transmission-Based Isolation. The tray should not enter the room, items should be removed from the tray and placed before the resident by an employee in appropriate PPE. This process is performed by two employees-one in the room and the other outside the room with the tray. Pickup of items is performed in much the same manner with items being placed back on the tray and the whole tray being bagged for delivery back to the kitchen. Once the cart reaches the kitchen, the bag(s) are put aside until ALL other dishes are washed. Once that has taken place, kitchen staff should use the thick rubber gloves, take the Isolation dishes and run them through the dish machine. The dish machine is then drained, and all surfaces are washed with soap and water and sanitized from top to bottom, inside and out. This also includes the rubber gloves. The policy goes on to specify Priorities for testing may include: High Priority-hospitalized patients with symptoms, Healthcare facility workers , workers in congregate living settings, and first responders with symptoms, Residents in long-term care facilities or other congregate living settings, including prisons and shelters with symptoms. According to Executive Order No. ,[DATE] signed by the Governor of the State of Michigan on [DATE], Enhanced protections for residents and staff of long-term care facilities during the COVID-19 pandemic section III, 4. A long-term care facility must adhere to the following protocol with respect to a COVID-19 affected resident who is medically stable: (a) If the long-term care facility has a dedicated unit and provides appropriate PPE to the direct-care employees who staff the dedicated unit, the facility must transfer the COVID-19-affected resident to its dedicated unit. (b) If the long-term care facility does not have a dedicated unit or does not provide appropriate PPE to the direct-care employees who staff the dedicated unit, it must transfer the COVID-19-affected resident to a regional hub, if one is available to accept the resident. If no regional hub is available to accept the transfer of the COVID-19-affected resident, the long-term care facility must attempt to send the resident to a hospital within the state that has available bed capacity. If no hospital will admit the COVID-19-affected resident, the long-term care facility must transfer the resident to an alternate care facility. R#1 Review of a Resident Face Sheet reflected Resident #1 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. R#2 Review of an Resident Face Sheet reflected Resident #2 admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #2 was also diagnosed with [REDACTED]. According to a physician progress notes [REDACTED].#2 .has not been eating or taking her medication for the past day or two. She is in bed, which is very unusual for her, staff was able to get a UA (urinalysis) this morning that her urine looks very cloudy. We are going to check a CBC (Complete Blood Count), CBC (Comprehensive Blood Count), UA, CXR (Chest x-ray) STAT (right away). She [MEDICATION NAME] [DATE]. We are going to empirically start her on [MEDICATION NAME] 1 gram daily for 3 days while awaiting urine results. Review of a Care Plan for Resident #2 started on [DATE] reflected Resident is positive or exhibiting signs and symptoms of COVID-19 infection. [DATE] - presents with Temp (temperature/fever) and SOB (Short of Breath) expired on [DATE]. Interventions included [DATE], administer COVID testing and record and report as ordered. Assess for any shortness of breath. Apply oxygen per physician orders, encourage resident to take deep breaths. Position resident to allow ease of breathing . Review of Resident Progress Notes dated [DATE] at 1:25 PM reflected Resident (Resident #2) A&O x 1 (alert and oriented to person only). No s/sx of pain noted or reported. Resident has been lethargic today. Will respond to her name. Refused medication and both meals today. Resident VSS (vital signs stable). Resident has been lying supine in bed since third shift. Lung sound CTA (clear to auscultation). Bowel sounds active x 4. Incontinent of B & B (bowel and bladder). No s/sx of hypo/[MEDICAL CONDITION] noted or reported. Blood sugars 97 and 105. (Medical Doctor) here this morning and did examine resident. New orders received, STAT (as soon as possible) CBC, CMP, UA and CXR and [MEDICATION NAME] 1 gram IM (intramuscular) x 3 days . Review of Resident Progress Notes dated [DATE] at 2:59 PM reflected Received chest x-ray results which show pneumonic infiltrates seen. (Physician) was notified and gave order for [MEDICATION NAME] 1 IM x 5 days total instead of 3 days . Review of Resident Progress Notes dated [DATE] at 6:45 AM reflected Res (Resident #2) alert to name but does not open eyes, continues to be non-verbal, remains on ABT (antibiotic) r/t pneumonia, res afebrile, res hypoxic with pulse ox stat rate at 89% the ,[DATE]% observed mouth breathing, O2 (oxygen) face mask at 2 L (liters) applied effective with pulse ox stat 98%. DON (Director of Nursing) notified, change reported to on-coming staff. Will continue to monitor. Review of Resident Progress Notes dated [DATE] at 1:54 PM reflected Resident #2 had a fever of 100.7 degrees Fahrenheit. Review of Resident Progress Notes dated [DATE] at 10:21 PM reflected (Resident #2) difficult to arouse. Will drink with cueing. Restless pulling O2 mask off. LS (lung sounds) CTA. O2 sats in the 80s with O2 at 3L via mask. Mouth breathing on an off. She is not talking, just moaning. T (temperature) at beginning of shift 102.5, Tylenol given per order. T came down to 101.8. Tylenol given again at 2100 (9:00 PM). At 2145 (9:45 PM), 97.2 . Review of Resident Progress Notes dated [DATE] at 1:50 PM reflected (Physician) in today, assessed resident, order received to extend [MEDICATION NAME] to total of 7 days. Resident afebrile, SpO2 ,[DATE]% ON O2 via face mask . Review of Resident Progress Notes dated [DATE] at 4:46 PM reflected Daughter called to follow-up with questions about nasal swab message left. Review of Resident Progress Notes dated [DATE] at 8:57 AM reflected Called to (Resident #2's) room by staff. Resident noted to have zero respirations, zero apical pulse. Verified by west end charge nurse. DON and (physician) notified. Order received to release to Funeral Home of family choice. DON will notify (Resident #2's daughter). During an interview on [DATE] at 10:39 AM, ADON A could not explain why Resident #2 was not tested for COVID-19 until [DATE]. Review of a laboratory report dated [DATE] reflected Resident #2 was tested for COVID-19 on [DATE]. The specimen was received by the laboratory on [DATE] and the result was positive for [DIAGNOSES REDACTED] CoV-2 on [DATE]. During an interview on [DATE] at 8:49 A.M., the Administrator (ADM) reported that the facility had 5 residents currently living in the facility, that had tested positive for COVID-19 and the facility did not have a separate dedicated unit for COVID positive residents. In addition, it was reported that a total of 15 residents had tested positive thus far, 5 of whom were now deceased . During an interview on [DATE] at 8:55 A.M., the ADM stated that all staff were to wear masks, face shields or goggles and a cover up (cover-all's, gown or lab coat) in

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 -** Many	(continued... from page 1) resident common areas, i.e.: hallways, activity rooms, lounge areas). During an observation on [DATE] at 9:24 A.M., the following was noted: (1) rooms ,[DATE] were occupied by residents who had not been diagnosed with [REDACTED]. During an interview on [DATE] at 9:27 A.M., Certified Nurse Aid (CNA) C reported that the procedure for caring for a COVID positive resident was to doff the current PPE worn to care for COVID negative residents and worn in common areas, and don new PPE that included an N95 mask, gown, face shield, and gloves. CNA C further stated that once staff had donned new PPE, the staff would then enter the room and provide any necessary care for the residents. Once care was provided, staff would doff all the PPE while in the doorway of the resident room and replace the PPE with a new gown, face shield or goggles, and mask. During an observation on [DATE] at 9:31 A.M., Dietary Manager (DM) D was in the kitchen and did not have a mask on. Dietary staff (DS) E was preparing meatloaf without the use of a mask or gloves. During an interview on [DATE] at 9:39 A.M., DM D indicated that he did not have to have a mask on while in the kitchen, only when in resident common areas. DM D reported that food served to COVID positive residents was delivered on a reusable tray that went into COVID positive rooms and was then returned to the kitchen in a red biohazard bag. Kitchen staff would then discard the red biohazard bags and place the reusable trays in the washer with other items. DM D stated that the trays were washed in the order in which they returned to the kitchen and were not held until the end of the washing process. During an observation on [DATE] at 09:46 A.M., COVID positive R1 was out in the hallway without a mask on. During an observation on [DATE] at 10:01 A.M., COVID positive R1 was out in the hallway without a mask on. During an observation on [DATE] at 10:09 A.M., Licensed Practical Nurse (LPN) F entered the room of a COVID-19 positive resident (R3) without a mask on. LPN F brought medication, a stethoscope and blood pressure cuff into the room. After checking R3's blood pressure, the cuff and stethoscope were placed on R3's bedding. LPN F provided direct resident care and then exited the room. At no time during the delivery of care to R3 did LPN F have a mask on. LPN F placed the un-sanitized stethoscope and blood pressure cuff on the medication cart. LPN F completed the PPE donning and doffing process and did not perform any hand hygiene until he returned to the medication cart. LPN F proceeded to care for a resident who was not COVID positive and did not don a mask. During an interview on [DATE] at 10:25 AM, LPN F reported he had been educated about the use of PPE and the precautions to take in caring for residents who were COVID-19 positive. LPN F could not explain why he was not wearing a mask while caring for the COVID positive resident (R3). During an interview on [DATE] at 10:40 AM, Assistant Director of Nursing (ADON) A reported that LPN F continued to work the duration of his shift on [DATE] and again on [DATE] before being sent home for self-quarantine and COVID-19 testing. On [DATE] at 4:30 P.M., the Administrator was verbally notified of the immediate jeopardy, that began on [DATE] when A) Resident #2 was placed on transmission-based precautions with symptoms of suspected COVID infection and not placed on a dedicated COVID unit. R2 was not tested for COVID until [DATE] and was deceased on [DATE], and found to be COVID-19 positive when test results were reported on [DATE]. B) LPN F sustained an exposure to COVID-19 when caring for a COVID positive resident, then cared for COVID negative residents without a wearing a mask. C) Kitchen staff did not don appropriate PPE. The Administrator received written notification of the immediate jeopardy on [DATE] at 1:30 P.M. These deficient practices resulted in the high likelihood of serious harm, injury and death for all residents and staff at the facility On [DATE] the surveyor confirmed the facility implemented the following to remove the Immediate Jeopardy: 1. On [DATE] CDC Guidelines entitled Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings updated [DATE] were reviewed by the facility ADM, DON and ADON. 2. On [DATE] staff was educated on Infection Control and Prevention with an emphasis on Transmission Based Precautions and Personal Protective Equipment (PPE) by the interim ADON A. Education included: PPE to utilize for residents on contact and droplet precautions, how to don and doff PPE and disinfecting multi-resident equipment after each resident use. 3. On [DATE] kitchen staff members were educated on utilizing gloves and mask by the Regional Registered Dietitian. 4. On [DATE] COVID positive residents were placed or moved to a dedicated unit separate from residents who are asymptomatic or tested negative for COVID-19. The dedicated COVID unit has dedicated equipment and dedicated staff. Signage was placed on the entrance to the COVID unit indicating Restricted: Authorized Personnel Only as well as Droplet and Contact Isolation signage. 5. On [DATE] COVID positive facilities were contacted for placement of one COVID-19 Positive resident (R1) and that resident was placed on the dedicated unit until placement can be found due to her cognitive status. 6. On [DATE] facility rounds were completed by DON or designee to ensure symptomatic resident, residents with positive COVID-19 results, and residents being tested for COVID-19 were on contact and droplet precautions and signage was placed on the doorways to the rooms indicating Transmission Based Precautions. 7. On [DATE] facility rounds were completed by DON or designee to ensure symptomatic resident, residents with positive COVID-19 results, and residents being tested for COVID-19 were on contact and droplet precautions and signage was placed on the doorways to the rooms indicating Transmission Based Precautions. 8. On [DATE] LPN F was sent home following his scheduled shift and tested for COVID-19 on [DATE]. Although the Immediate Jeopardy (IJ) was removed on [DATE], the facility remained out of compliance at a scope of widespread and a pattern of No actual harm with a potential for more than minimal harm that is not Immediate Jeopardy due to not all staff had been in-serviced on revised procedures and sustained compliance has not been verified by the State Agency.