STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235013	A. Building B. Wing	08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairview Nursing and Rehabilitation Community	441 E Main St Centreville, MI 49032

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 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36221 Based on interview, and record review, the facility failed to complete a significant change Minimum Data Set (MDS) assessment after a change in health status, in 1 of 13 residents (Resident #40) reviewed for a significant change in condition, resulting in the potential for unassessed physical, mental, emotional, and psychosocial needs. Findings include: Review of a Face Sheet revealed Resident #40 was a female, with pertinent diagnoses which included respiratory failure, heart failure, high blood pressure, atrial fibrillation (an irregular heart rate that results in poor blood flow), anxiety, depression, and obstructive lung disease. Noted Resident #40 readmitted to the facility on [DATE] after a hospital stay and expired on [DATE]. Review of Resident #40's Order History revealed .Hospice to evaluate and treat . with a start date of [DATE]. Review of a Licensed Nurse Progress Note for Resident #40, dated [DATE] at 5:20 PM, revealed .resident returned from (Hospital Name) with hospice order .resident (short of breath) with any activity .returning to the facility with Hospice services .(Hospice Name) will be here as soon as resident returns to evaluate . Review of a Licensed Nurse Progress Note for Resident #40, dated [DATE] at 5:30 PM, revealed .(Hospice Name) in to see resident at this time and evaluate per order . Review of a Social Services Progress Note for Resident #40, dated [DATE] at 2:47 PM, revealed .Resident is now receiving Hospice care through (Hospice Name). Start date of [DATE] . Review of Resident #40's MDS 3.0 Resident Assessments revealed no Significant Change in Status Assessment (SCSA) was completed after Resident #40 enrolled in a Hospice program on [DATE]. In an interview on [DATE] at 10:42 AM, MDS Coordinator R reported the Interdisciplinary Team (IDT) discusses changes in resident health status to determine if a Significant Change in Status Assessment needs to be completed. MDS Coordinator R reported any time a resident enrolls in a Hospice program a Significant Change in Status Assessment should be completed within 14 days. MDS Coordinator R reported she did not recall an IDT discussion after Resident #40 enrolled in Hospice on [DATE] and stated .with Hospice it should have triggered me to do one (a SCSA) . (continued on next page)

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.

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

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, v1.18.11, Chapter 2: Assessments for the Resident Assessment Instrument (RAI), revealed .Significant Change in Status Assessment (SCSA) .The SCSA is a comprehensive assessment for a resident that must be completed when the IDT (Interdisciplinary Team) has determined that a resident meets the significant change guidelines for either major improvement or decline .A significant change is a major decline or improvement in a resident's status that: 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, the decline is not considered self limiting; 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care plan .An SCSA is required to be performed when a terminally ill resident enrolls in a hospice program (Medicare-certified or State-licensed hospice provider) or changes hospice providers and remains a resident at the nursing home. The ARD (Assessment Reference Date) must be within 14 days from the effective date of the hospice election (which can be the same or later than the date of the hospice election statement, but not earlier than). An SCSA must be performed regardless of whether an assessment was recently conducted on the resident. This is to ensure a coordinated plan of care between the hospice and nursing home is in place .

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 48637 Based on observation, interview and record review, the facility failed to ensure proper label and dating of foods in the kitchen resulting in the potential to spread food borne illness to all residents that consume food from the kitchen. Findings Include: During the initial tour of the main kitchen on 8/06/2024 at 9:26 AM, the reach in refrigerator was observed to have the following: 1 lemonade pitcher had a prepare date of 8/1/2024 and a use by date of 8/3/2024. 1 plastic storage container of individual cups of mayonnaise with no label and date. 1 plastic storage container of individual cups of mustard with no label and date. 1 plastic storage container of individual cups of tartar sauce with no label and date. 1 shallow pan with individual bread slices in individual ziploc bags with no label and date. During an interview at 9:40 AM, Dietary Aide (DA) K stated that she didn't work the night before when the individual cups of mayonnaise, mustard and tartar sauce were prepared. DA K threw out the lemonade pitcher and said that it should have been tossed out on 8/3/2024. During another kitchen tour on 8/07/2024 at 9:49 AM with Certified Dietary Manager (CDM) M, the following was observed: 1) The reach in refrigerator had 1 plastic storage container of individual cups of ketchup with no label and date. 2) The shelf by the tray line had 1 plastic storage container of individual cups of brown sugar with no label or date and 1 plastic storage container of individual cups of syrup with no label and date. 3) The bread area contained 1 loaf of UDIs bread, opened with no label or date and 1 package of hamburger buns, opened with no label and date. 4) The walk-in refrigerator had 1 package of hot dogs, opened, with no label and date. During a tour of the nourishment room with CDM M, a plastic storage container was observed to have individual cups of brown sugar with no label and date. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 8/07/2024 at 10:30 AM, CDM M stated that she will reeducate her staff on making sure labels and dates are put on opened packages and when transferring items from a big container to smaller containers/individual serving cups. CDM M said there are several new staff starting and she will make sure this is included in their training. Review of the Storage Policy with a revision date of 8/2023 revealed Dry Storage of Food 5. Opened packages are to be stored in closed containers, labeled, and dated Refrigerated Storage 5. Food should be covered, dated . According to the 2017 FDA Food Code revealed: 3-501.17 Ready-to-Eat, Time/Temperature Control for Safety Food, Date Marking. (A) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under S 3-502.12, and except as specified in (E) and (F) of this section, refrigerated, READY-TO EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than 24 hours shall be clearly marked to indicate the date or day by which the FOOD shall be consumed on the PREMISES, sold, or discarded when held at a temperature of 5 C (41 F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46999 Based on observation, interview, and record review the facility failed to properly implement enhanced barrier precautions for 1 (Resident #11) of 13 residents sampled for infection control, resulting in the potential for cross contamination and spread of infection. Findings include: Review of an Admission Record revealed Resident #11, was originally admitted to the facility on [DATE] with pertinent diagnoses which included: chronic respiratory failure with hypoxia (low oxygen levels in the blood), pneumonia, retention of urine (inability to empty the bladder), encounter for attention to tracheostomy (opening in the trachea from outside the neck). Review of a Minimum Data Set (MDS) assessment for Resident #11, with a reference date of 8/2/24 revealed a Brief Interview for Mental Status (BIMS) score of 14/15 which indicated Resident #11 was cognitively intact. Section E of the MDS revealed Resident #11 did not reject care during the 14-day assessment period. Section G of the MDS revealed Resident #11 required dependent assistance (helper does all the effort) for dressing, moderate assistance (helper lifts, holds trunk or limbs) for changing from a lying to sitting position, and dependent assistance (helper does all the effort) for transferring from bed to chair. Section H of the MDS revealed Resident #11 had an indwelling urinary catheter. Review of a Care Plan for Resident #11, revealed problems/goals/approaches of: 1. Reference date 10/24/23: Problem: (Resident's name omitted) requires an indwelling catheter related to urinary retention. Approaches: enhanced barrier precautions . 2. Reference date 11/1/23 Problem: (Resident's name omitted) has an open old tracheostomy stoma. (Resident's name omitted) has mucus and respiratory drainage . Approaches: enhanced barrier precautions . 3. Reference date of 8/6/24, 10:24am. Problem: (Resident's name omitted) has stated he doesn't want staff to wear PPE (personal protective equipment) when caring for him. He is under enhanced barrier precautions .Goal: (Resident's name omitted) will allow staff to ear PPE while providing care .Approaches: educate on the reasons and procedures related to enhanced barrier precautions. Let him know that the procedures protect staff from exposure to bodily fluids . Review of a nursing progress note dated 8/5/24, 1:05pm, revealed resident was noted to having (sic) increased secretions through the trach stoma (opening in the neck) . During an observation on 8/6/24 at 9:31am, a sign hung next to Resident #11's door that stated: STOP. Enhanced Barrier Precautions. EVERYONE MUST: clean their hands, including before entering and when leaving the room .STAFF MUST ALSO: Wear gloves and a gown for the following high contact resident care activities: dressing .transferring .changing briefs . During an observation on 8/6/24 at 9:33am, Resident #11 sat supported in his bed. Resident #11's stoma was covered by a single ply mesh material that was saturated with yellow mucus in an area approximately 2x2. The mucus appeared wet with a shiny surface. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 8/6/24 at 9:34am, Certified Nursing Assistant (CNA) I entered Resident #11's room donned gloves and began assisting Resident #11 with personal care. CNA I did not attempt to don a gown or discuss the need for a gown prior to assisting Resident #11. In an interview on 8/6/24, at 9:51am, Certified Nursing Assistant (CNA) I reported he assisted Resident #11 with a brief change, dressing, and transferred the resident to his recliner chair during the care he provided a few minutes earlier. When further queried about the type of personal protective equipment (PPE) he used while providing care for Resident #11, CNA I reported he only used gloves, and did not realize the resident was in enhanced barrier precautions. CNA I reported he did not recall receiving training regarding enhanced barrier precautions, and that the rationale for using enhanced barrier precautions was unclear to him. In an interview on 8/8/24 at 11:04am, Director of Nursing (DON) B reported staff needed to wear a gown and gloves while providing direct care to Resident #11, and not doing so would be a breach of infection control measures. DON B reported she confirmed that CNA I did not wear the appropriate personal protective equipment during cares for Resident #11 on 8/6/24, at 9:34am. In an interview on 8/8/24 at 2:14pm, Resident #11 reported some staff wore personal protective equipment (PPE) while providing his care and others did not. When asked about his preference, Resident #11 reported he did not care if staff wore the PPE if it was just a matter of protecting him, but if it was to also protect others, he wanted them to wear it. Resident #11 reported he did not know if the PPE was recommended to protect him or to protect others. Review of Consideration for the Use of Enhanced Barrier Precautions in Skilled Nursing Facilities, published June 2021, by the Centers for Disease Control and Prevention, revealed: Residents in skilled nursing facilities are disproportionately affected by multidrug-resistant organism (MDRO) infections . Resident-to-resident pathogen transmission in skilled nursing facilities occurs, in part, via healthcare personnel, who may transiently carry and spread MDROs on their hands or clothing during resident care activities . Residents who have complex medical needs involving wounds and indwelling medical devices are at higher risk of both acquisition and colonization by MDROs.