

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Medilodge at the Shore		STREET ADDRESS, CITY, STATE, ZIP CODE 900 S Beacon Blvd Grand Haven, MI 49417	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37872</p> <p>This citation pertains to MI00140080</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed to ensure proper hand hygiene was performed 1). During tray meal pass on the Northwest Hall 2). during incontinence care for 1 resident (R11), resulting in the potential of cross-contamination and the spread of illness and disease.</p> <p>Findings include:</p> <p>Review of a policy titled Hand Hygiene last revised 12/13/23 revealed: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Alcohol-based hand rub is not allowed to be used in the kitchen or other food preparation areas. Review of the Hand Hygiene Table included with the Hand Hygiene policy revealed when and how hands should be washed including: Between resident contacts; and After handling contaminated objects . Either Soap and Water or Alcohol Based Hand Rub (ABHR is preferred)</p> <p>During a meal pass observation of the Northwest Hallway on 4/15/24 between 12:27 and 12:37 PM, Registered Dietitian (RD) G and Certified Nursing Aide (CNA) A, Social Worker (SW) E were observed removing lunch trays from the cart and delivering them to resident rooms. Hallway observation failed to reflect hand washing taking place prior to passing lunch trays. Further observation revealed hand washing was not taking place upon entering or exiting resident rooms.</p> <p>Observation of the Northwest Hallway on 4/16/24 at approximately 8:42 AM, revealed two Certified Nursing Aides, and two aides in training were passing breakfast trays without hand washing taking place.</p> <p>During an interview on 4/16/24 at 9:25 AM, the DON (Director of Nursing) revealed the following expectations when it came to hand hygiene, I expect staff to wash their hands after resident contact and before they come in contact with another resident tray.</p> <p>37573</p> <p>Resident #11 (R11)</p> <p>(continued on next page)</p>

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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a Face Sheet revealed R11 has generalized weakness and colitis.</p> <p>During an observation on 4/15/24 at 11:00 AM, R11 is receiving incontinence care by Certified Nursing Assistant (CNA) A who used the same gloves to change the brief soaked with urine and stool to apply barrier cream, put on new brief, and touch clean surfaces.</p> <p>In an interview on 4/16/24 at 1:00 PM, CNA A reported she should have changed her gloves and done hand hygiene when going from dirty/soiled to clean surfaces.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>37573</p> <p>This citation pertains to intake M100139912.</p> <p>Based on interview and record review, the facility failed to have a system in place to ensure routine monitoring of patient care equipment for safe and functional condition with the potential to affect the safety of all residents residing in the facility.</p> <p>Findings include:</p> <p>In an interview on 4/16/24 at 10:00 AM, the Director of Nursing (DON) reported they do not have a log of resident care equipment being monitored. The mechanical lifts get checked once or twice a year by the company, but the maintenance department does not have a log of patient care equipment being routinely monitored for function and safety including but not limited to wheelchairs, shower chairs, mechanical lifts, bed rails. They do have an electronic communication program in place to communicate to the maintenance department for equipment that needs to be fixed, but no formal system for preventative maintenance and monitoring of patient care equipment.</p> <p>Review of a policy titled Preventative Maintenance Program last revised 3/12/22 revealed A Preventative Maintenance Program shall be developed and implemented to ensure the provision of a safe, functional, sanitary, and comfortable environment for residents, staff, and the public.</p>		