

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Galesburg (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 1080 N 35th Street Galesburg, MI 49053	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47955</p> <p>This citation pertains to intake #MI00144537 and #MI00144432</p> <p>Based on interview and record review the facility failed to ensure a complete and accurate assessment was completed and documented for 3 (Resident #101, Resident #110, and Resident #100) of 3 residents reviewed for complete and accurate assessment, resulting in the potential for a lack of monitoring, unnoticed adverse reactions, unnoticed injury, and the potential for a negative impact to the resident's psychosocial well-being.</p> <p>Findings include:</p> <p>Resident #101</p> <p>Review of an Admission Record revealed Resident #101 had pertinent diagnoses which included: Hemiplegia and Hemiparesis (one sided paralysis) following cerebral infarction (stroke) affecting the left dominate side, and cognitive communication deficient.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #101, with a reference date of 7/1/2024 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #101 was cognitively intact.</p> <p>In an interview on 8/27/24 at 3:32 PM., Resident #101 reported that he was given an insulin injection in his right upper arm a couple of months ago by Registered Nurse (RN) F. This surveyor asked Resident #101 if he took insulin and he reported no, his roommate at the time, Resident #110 took an insulin shot once a day. Resident #101 reported that RN F entered his room on that day, told him she needed to check his blood sugar and she did . Resident #101 reported that RN F then told him his sugar was high and he needed his shot. Resident #101 reported that he told RN F that he did not get insulin and Resident #101 reported that RN F told him the doctor ordered him to have insulin. Resident #101 reported the RN F was insistent that she needed to give him the insulin shot, and he agreed to let RN F give him the insulin injection. Resident #101 reported that he felt sick after the shot was given to him and laid down for the rest of the day and night. Resident #101 reported that he was angry and scared.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Galesburg (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 1080 N 35th Street Galesburg, MI 49053	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Guest Assistance Form filed by Resident #101 with the assistance of Nursing Home Administrator (NHA) A dated for 4/25/24, revealed .I was given insulin by the nurse who worked last night . she walked into my room, poked my finger, and injected me with insulin, I told her I do not take insulin and she gave it to me anyway .when did the problem occur .date 4/24/24 . dinner time .</p> <p>Review of Physician Orders for Resident #101 revealed no order for insulin injections.</p> <p>Resident #110</p> <p>Review of an Admission Record revealed Resident #110 had pertinent diagnoses which included: Type 2 diabetes mellitus (disease that causes blood sugar to fluctuate), and long term (current) use of insulin (a medication that helps to manage blood sugar in patients with diabetes).</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #110, with a reference date of 7/14/2024 revealed a Brief Interview for Mental Status (BIMS) score of 7/15 which indicated Resident #110 was moderately cognitively impaired.</p> <p>Review of Physician Order for Resident #110 revealed insulin glargine solution, give 60 units subcutaneous one time a day for diabetes . ordered on 4/11/24 .</p> <p>Review of Census for both Resident #101 and Resident #110 revealed both residents resided in the same room on 4/24/2024.</p> <p>Review of Allegation of medication error report attached to Resident #101's concern form authored by Regional Clinical Coordinator (RCC) PP revealed .educated him (Resident #101) that he can refuse any medications at any time. I did call RN F who worked, and she denied giving insulin to Resident #101. She (RN F) stated she knew the residents and she knows he (Resident #101) doesn't get insulin .roommate is an insulin dependent diabetic . we checked BS (blood sugars) for both resident on 4/25/24 and both were WNL (within normal limits) .</p> <p>In an interview on 8/28/24 at 2:27 PM., RCC PP reported that she was the nurse that investigated the allegation of Resident #101 receiving an insulin injection. RCC PP stated we did a blood sugar, and it was spot on. When asked what spot on meant by this surveyor RCC PP stated it was like 140, almost perfect . RCC PP reported that the resident's blood sugar reading should have been documented in the resident's record.</p> <p>In an interview on 8/28/24 at 3:05 PM., Director of Nursing (DON) B and RN F were in the conference room with this surveyor and another surveyor. RN F stated I didn't administer any insulin when it was reported by Resident #101, I wouldn't know and I don't know anything about it, I wasn't even working when it happened. RN F was asked by this surveyor how do you identify a resident for medication administration and RN F stated I'm the charge nurse, I know every resident, I know every medication, I know every wound, and I know everything about every resident. This surveyor asked if asking another staff member was acceptable to identify a resident and RN F stated Yes, I could ask, but I don't need to I know the residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Galesburg (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 1080 N 35th Street Galesburg, MI 49053	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/28/24 at 3:05 PM., DON B reported that Resident #101's blood sugar was 118, and a skin assessment was done to look for needle sticks, and there was no indication that an injection occurred. DON B reported that her expectations were that a skin assessment be documented in the resident's record, vital signs and blood sugars be monitored and a general over all monitoring be completed for 3 days and all be documented in the resident's record.</p> <p>In a telephone interview on 8/28/24 at 3:28 PM., Nurse Practitioner (NP) RR was asked if she recalled a situation involving Resident #101 and a medication error and NP RR stated response was the time when the nurse gave him insulin and his is not a diabetic . NP RR reported that the staff monitored him, checked his blood sugar, but no further testing was requested by her.</p> <p>Review of Blood Sugar Summary for Resident #101 revealed 4/21/2024 10:50 blood sugar value of 118. No other documented blood sugars were noted.</p> <p>Review of Blood Sugar Summary for Resident #110 revealed .4/24/2024 16:43 value 109, 4/25/2024 15:49 value 286, 4/26/2024 16:03 value 486 .</p> <p>Review of Progress Notes revealed no additional documented assessment of Resident #101 or Resident #110 blood sugars or monitoring of conditions following the reporting of the allegation of a medication error.</p> <p>In an interview on 8/28/24 at 3:51 PM., RCC PP reported that she was unable to locate any documentation regarding the assessments and monitoring of Resident #101 and Resident #110 following the allegation of a medication error insulin administration.</p> <p>41424</p> <p>Resident #100:</p> <p>Review of an Admission Record revealed Resident #100 was a female with pertinent diagnoses which included Alzheimer's disease, mood disorder, psychotic disorder with hallucinations, arthritis, contracture (muscles, tendons, joints, or other tissues tighten or shorten causing a deformity) of right knee, left knee, right hand, left hand; convulsions, and post polio syndrome (disorder of the nerves and muscles and starts between 20-[AGE] years after the original polio illness).</p> <p>Review of Incident submitted on 4/24/24 at 6:07 PM, revealed, .Date/Time Incident Discovered: 4/24/24 at 03:00 PM .Date/Time Incident Occurred: 4/21/24 .Incident Summary: A review of the chart revealed that resident had a skin discoloration below one of her breast. When asked by a cena what happened, she said get away, you are not a nurse not a nurse. On the night of 4/22, the same nurse had conducted a skin assessment on the resident and found no skin abnormalities. However, upon interviewing some aides, some of them stated they observed some skin abnormality on the resident a few days ago. Resident is also a hospice patient and also receives care from hospice. She was seen by hospice aides on the morning of 4/23 and had a shower. Resident is care planned for behaviors like physical aggression directed towards herself and she is also care planned for scratching herself. It is not clear how or when the skin abnormalities first appeared. There is a possibility these abnormalities are self inflicted, there is also a possibility that those abnormalities are care related. Resident was assessed by NP on the morning of 4/24, she denies pain or discomfort at the moment. More investigation is being conducted to find out what the origin of these abnormalities .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Galesburg (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 1080 N 35th Street Galesburg, MI 49053	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Full Investigation for Resident #100 incident dated 4/21/14, revealed, .Incident: A review of the chart revealed that resident had a skin discoloration below one of her breast. When resident was asked by a cena what happened, she said get away, you are not a nurse not a nurse. This incident was documented the night of 4/23 by (Licensed Practical Nurse I) an LPN. On the night of 4/22, the same nurse had conducted a skin assessment on the resident and found no skin abnormalities. However, upon interviewing some aides, some of them stated they observed some skin discoloration on the resident a few days ago. Resident is also a hospice patient and also receives care from the (Hospice Provider) hospice. She was seen by hospice aides on the morning of 4/18 and 4/23 and had a shower. Resident is care planned for behaviors like physical aggression directed towards herself and she is also care planned for scratching herself. It is not clear how or when the skin abnormalities first appeared. There is a possibility these abnormalities are self inflicted, there is also a possibility that those abnormalities are care related during transfers. Resident was assessed by NP (Nurse Practitioner RR) on the morning of 4/24, she denied pain or discomfort at the moment of this assessment .Interviews:</p> <p>(CNA T): (CNA T) is one of the cenas who had taken care of her on Sunday 4/21. When questions, she had the following to say: I saw some purple skin discoloration under her breast and when I asked her what had happened, she refused to talk to me and told me to get away, you are not the nurse .</p> <p>(CNA X): This cena also worked over the weekend of 4/20-4/21 .When questioned, she had the following to say: On Sunday night around shift change, I noticed a slight skin purple discoloration under resident's breast. I informed (LPN J) LPN .</p> <p>(LPN J): This staff member was the LPN on Sunday night (4/21/24). She had the following to say: I was notified of the skin discoloration by cena during shift change. I went to look at resident but she could not let me do a proper assessment on her, she swatted my hands away. I did, however, notice slight purple discoloration under her breast. I passed this on my report to the oncoming nurse (LPN H) LPN and clocked out for my shift .</p> <p>(LPN H): This staff member took report from (LPN J). She had the following to say: I took report from (LPN J) Sunday night and she informed me regarding the skin discoloration on resident. I thought she had taken care of the incident and I carried on with my shift. I did not feel there was anything else that needed to be done .</p> <p>(Hospice Aide SS): This staff member is employed by (Hospice Provider) hospice and she gave showers to this resident on Thursday 4/18 and on the morning of 4/23. She stated that resident did not have any discoloration on Thursday but she had some discoloration on the morning of 4/23 when she provided a shower. When asked whether she had any idea how the skin discoloration might have appeared, she said she had no idea .</p> <p>Conclusion: It can be concluded with a degree of certainty that resident did have skin discoloration on the night of Sunday 4/21 .Signed by Administrator A and dated 5/2/24 .</p> <p>Review of Nurses Notes dated 4/24/24 at 9:51 PM, revealed, .Skin discoloration under right breast reported to this nurse 4-21-24. Resident swatted this nurses hands away from completing skin inspection. What this nurse was able to visualize was pale, purple discoloration along underside of right breast line. Provider has been informed and this nurse left a voice mail for guardian to r/c for any further concerns with this happening .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Galesburg (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 1080 N 35th Street Galesburg, MI 49053	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Nurses Notes dated 4/22/24 at 11:59 PM, revealed, .Late Entry: IDT met to discuss plan of care for resident who has fragile skin and history of bruising. Resident has a new discoloration under breast. Nursing is monitoring bruise, resident pain 0/10 pain. Resident is confused and has poor recall. Nursing is assisting resident with adl care and her guardian and provider are updated on new interventions to protect her skin integrity and decrease risk for bruising in relation to daily activities. Nursing will monitor residents skin and continue to monitor pain, provide assistance in facility . Note: Entered on 4/30/2024 12:04:13 Director of Nursing.</p> <p>In an interview on 08/29/24 at 11:43 AM, LPN G reported for an injury the nurse would go in and assess the resident and the injury, complete a progress note, notify the doctor, notify family, notify the management and complete a skin assessment. When contacting the doctor, if they had new orders then would make sure to enter them. The nurse would complete an incident report in risk management and when there was a shift change the new information in regards to the resident would be passed on to the nurse and CNA taking over the care for the resident.</p> <p>Review of Incident Report Checklist obtained on 8/29/24, revealed, .Complete the incident report in Risk Management in PCC including all portions .Filling out the Risk management a Details- complete all three portions a Injuries- complete pain assessment and document any injuries a Factors- ensure all the factors of fall are included after you fall huddle has taken place Witness- document any and all witnesses .Action-completed the people notified, place nurses note under progress note, and check the box care plan reviewed after updating care plan Signature- sign your name under this tab .Nurses note completed in the risk management that includes ALL of the following .Location and position of the resident .Witnessed or unwitnessed .Injuries or no injuries .Vital signs .Any pain or discomfort .Assistance back to which surface {i.e. wheelchair or bed) and how many people assisted them .Notification of provider .Notification of Guardian or POA .a Immediate interventions that you provided .</p> <p>Review of Educational Moment dated 5/1/24, revealed, .You are receiving this educational moment to re-educate you regarding reporting injuries of unknown origin .Upon being discovered, resident safety must be ensured immediately. Physician and responsible parties must also be notified. Management must also be informed about these injuries in a timely manner. An incident report must also be generated on the EMR . This education was deemed necessary following the events that transpired on the night of 4/21 where an injury was discovered on one of the residents, a cena reported it to you, and you failed to report it to management, physician, or responsible party . Documented was signed by LPN J</p> <p>In an interview on 08/29/24 9:11 AM, DON B reported there was a book at the nurse's station that would guide the nurses on what to do. DON B reported the nurse would complete the risk management report (incident report, start the process of the investigation, and would contact the administrator and report to him. DON B reported there were no cameras in the building at this time. DON B reported the nurse would assess the skin, pain, take vitals, complete a whole head to toe assessment on the resident.</p> <p>This writer attempted to contact LPN J multiple times prior to exit and was not able to interview her prior to exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Galesburg (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 1080 N 35th Street Galesburg, MI 49053	
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>47955</p> <p>Based on observation, interview, and record review the facility failed to ensure 1.) proper hand hygiene was used during administration of enteral feeding in 1 (Resident #102) of 1 reviewed for enteral feeding; 2.) proper use of personal protective equipment (PPE) by staff for residents in enhanced barrier precautions during showers in facility community shower rooms and 3.) sanitize resident shared equipment between resident use resulting in the potential for the spread of infection, cross contamination and disease transmission for residents residing in the facility.</p> <p>Findings include:</p> <p>Resident #102</p> <p>Review of an Admission Record revealed Resident #102 had pertinent diagnoses which included: Barrett's esophagus (a thickening of the esophagus near the stomach connection causing narrowing), gastrostomy (a tube inserted directly into the stomach through the skin to provide nourishment), and gastro-esophageal reflux disease (condition when stomach acid flow into the esophagus causing irritation).</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #102, with a reference date of 7/11/2024 revealed a Brief Interview for Mental Status (BIMS) score of 7/15 which indicated Resident #102 was severely cognitively impaired.</p> <p>Review of Physician Orders for Resident #102 revealed Diet .Nothing by mouth diet .ordered 7/16/2023 . Enteral Feed Order .four times a day flush peg tube with 200cc of water QID (four times a day) 8am, 12 pm, 4pm 12am .ordered 7/10/2024 .Enteral Feed Order . four times a day Glucerna 1.5 474 ml (2 cartons) three times a day and 237 ml (1 carton) at HS (evening) : total volume 1, 659 ml per 24 hours . ordered on 8/31/2023 . Enhanced barrier precautions .ordered on 4/16/2024 .Creon Oral Capsule Delayed Release Particles 12000-38000 Unit (pancrelipase (Lipase-Protease-Amylase)) Give 1 capsule via G-tube with meals for digestion .ordered on 7/11/2023 .Acetaminophen Oral Table give 650 MG via G-tube every 6 hours as needed for fever or general discomfort max dose is 4000 mg from all sources .ordered on 8/14/2024</p> <p>Review of Care Plan' for Resident #102 revealed Need .is at risk for inadequate oral intake related to dysphagia (difficulty swallowing) with esophageal strictures (narrowing) resulting in NPO (nothing by mouth) status 100% reliance on PEG tube feeding .Intervention .enhanced barrier precautions date initiated 4/10/2024 .tube feeding as ordered to meet needs date initiated 2/22/2023 .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Galesburg (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 1080 N 35th Street Galesburg, MI 49053	
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>On 8/27/24 at 10:16 AM., Licensed Practical Nurse (LPN) L was observed in the hallway on the east wing at the medication cart preparing medications and a bolus (single volume given at one time) feeding for Resident #102. LPN L was observed applying gloves at the medication cart in the hallway, gathering medication cups and feeding supplies from the top of the cart and entering Resident #102's room. LPN L placed the supplies she was carrying on the top of the bedside nightstand, removed gloves, exited the room, collected a gown from a storage bin in the hallway, and an over the bed table from outside Resident #102's room and returned to Resident #102's bedside. LPN L placed Resident #102's medication cups, and feeding supplies onto the over the bed table and repositioned the table for access. LPN L did not clean the over the bed table, did not apply personal protective equipment (PPE) prior to entering Resident #102's room, and did not perform hand hygiene. LPN L was then observed applying gloves and then retrieved the bed control to adjust Resident #102's position in bed. At 10:24 AM., LPN L was then observed opening the door and entering Resident #102's bathroom to obtain tap water in a graduated cylinder (measuring device for liquid), returning to Resident #102's bedside, and then closed the door to Resident #102's room. LPN L was then observed applying gown at Resident #102's bedside, opening the piston syringe (needleless syringe used to administer formula through a peg tube) packaging, and uncapping the formula bottle. LPN L then reached into the right pocket of her scrub top under her gown with her gloved right hand to retrieve an ink pen that she proceeded to use to puncture the top of the formula bottle while she stated, I hope this isn't illegal . and then replaced the ink pen into the same right scrub top pocket under her gown with her gloved right hand. LPN L then used her gloved right hand to remove the foil barrier on the top of the formula bottle. At 10:27 AM. , LPN L was observed using a lancet needle to obtain a blood sample from Resident #102's middle finger on his left hand and applying the blood drop to the test strip in a glucometer to obtain a blood sugar reading. LPN L was then observed administering medications and a bolus feeding to Resident #102 through his Peg tube, a procedure that concluded at 10:41 AM. LPN L continued to wear the same gloves throughout this observation and at no time did LPN L remove gloves, change gloves, or perform hand hygiene.</p> <p>Review of facility policy Hand Hygiene with a revision date of 10/11/2023 revealed .hand hygiene should be performed .before performing aseptic task, after contact with blood, body fluids, visibly contaminated surfaces or after contact with objects in a resident's room .</p> <p>During an observation and interview on 8/27/24 at 11:00 AM., LPN L applied a glove to her left hand, and opened a single use packaged sanitizer wipe and wiped the surface of the glucometer that was used to check Resident #102's blood sugar and placed it on the top of the medication cart. This surveyor asked LPN L to provide the instructions for the use of the wipe used to clean the glucometer and LPN L stated this is what we were told to use and then LPN L handed this surveyor a Hygea single use packaged sanitizer wipe.</p> <p>Review of Hygea Benzalkonium Chloride Antiseptic Towelette packaging provided to this surveyor by LPN L revealed purpose . antiseptic handwash . use for hand washing to decrease bacteria on the skin .directions tear open packet, unfold and use, discard in trash receptacle after single use, wet hands thoroughly with product and allow to dry without wiping .</p> <p>Review of facility policy Disinfection, non-critical patient care equipment with a revision date of December 11, 2023, revealed .perform hand hygiene, put on gloves .clean and disinfect the patient care equipment with EPA-registered, facility approved disinfectant following the label's safety precautions and direction for use .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Galesburg (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 1080 N 35th Street Galesburg, MI 49053	
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>During an observation on 8/27/24 at 9:33 AM., Certified Nurse Assistant (CNA) O exited a resident room on the east wing hallway with noted signage on the door indicating the resident was in enhanced barrier precautions, with a resident on a shower gurney and was pushing the resident towards the shower room on the west wing. CNA O wore no personal protective equipment including gown.</p> <p>In an interview on 8/27/24 at 9:42 AM., CNA W reported that enhanced barrier precautions indicated that staff needed to wear a gown and gloves during care. This surveyor asked if a gown and gloves were required during a resident shower and CNA W reported staff should wear one, but they do not.</p> <p>During an observation on 8/27/24 at 9:53 AM., CNA O returned with resident from the shower and entered the room with noted signage on the door indicating enhanced barrier precautions should be used without applying any PPE. LPN L was observed entering the room and handing CNA O a gown.</p> <p>In an interview and observation on 8/27/24 at 1:35 PM., CNA X reported that there was no PPE stored in the shower room to be used during showers and that they should wear a gown during a shower if a resident was in enhanced barrier precautions, but they do not. CNA X toured the shower room on the west wing hallway with this surveyor and no gowns were noted in the room.</p> <p>In an interview and observation on 8/27/24 at 3:20 PM., CNA Y reported that PPE was not stored in the shower room. CNA Y reported that staff needed to get the PPE from the bins in the hallways. CNA Y reported that a gown and gloves should be worn when given a resident in enhanced barrier precautions a shower but not everyone wore it. No noted PPE was stored in the shower room on the skilled wing hallway.</p> <p>In an observation and interview on 8/27/24 at 4:17 PM., Director of Nursing (DON) B was observed handing a gown to a CNA AA through the door of a room with two signs present indicating that both residents in the room were in enhanced barrier precautions. CNA AA was observed pushing the mechanical lift from the room to DON B. DON B was then observed pushing the mechanical lift down the west wing to the skilled wing where DON B placed it against the wall and left it. DON B did not sanitize the mechanical lift. DON B was asked if CNA AA was wearing a gown, and DON B reported yes, she was wearing a gown. This surveyor asked DON B if CNA AA was wearing a gown before DON B handed her the gown and DON B stated I provided education in the moment, instructing CNA AA that she needs to wear a gown if she is in close contact with a resident in enhanced barrier precautions for more than 5 minutes and I provided her a gown to put on.</p> <p>In an observation on 8/27/24 at 4:23 PM., CNA Y was observed exiting the shower room on the west wing with a resident in a shower chair with a catheter bag noted to be hanging from the chair. A tour of the shower room indicated no discarded PPE present in the shower room garbage.</p> <p>In an interview on 8/27/24 at 4:24 PM., CNA AA reported that she did not know what enhanced barrier precautions meant, and that DON B just told her that she needed to wear a gown and gloves if she was going to be in close contact with a resident for more than 5 minutes. CNA AA reported that she did not clean the mechanical lift before she passed to DON B.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235483	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Laurels of Galesburg (the)		STREET ADDRESS, CITY, STATE, ZIP CODE 1080 N 35th Street Galesburg, MI 49053	
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>In an interview on 8/28/24 at 10:30 AM., DON B reported that she had started education for staff regarding enhanced barrier precautions. DON B reports that there was an education gap regarding enhanced barrier precautions. DON B reported that the policy was included in the education provided. DON B reported that she had educated 39 staff members in the last 24 hours. When asked, DON B reported that her expectations were that resident shared equipment was cleaned and/or sanitized after each use.</p> <p>In an interview on 8/28/27 at 10:35 AM., Regional Clinical Coordinator (RCC) PP reported that she instructed DON B to begin enhanced barrier precaution education for staff yesterday.</p> <p>In an interview on 8/29/24 at 9:05 AM., CNA DD reported that for a resident in enhanced barrier precautions the staff should put on a gown and gloves before entering the room, and then remove the gown and glove before leaving the room. This surveyor asked CNA DD what about when a resident goes into the shower room for a shower, and CNA DD replied, the staff just take the resident to the shower room and give them a shower, the staff did not reapply PPE for the shower. CNA DD reported that staff should wear PPE when giving a resident in enhanced barrier precautions a shower.</p> <p>In an interview on 8/29/24 at 9:19 AM., Registered Nurse/Infection Preventionist (RN/IP) C reported that her expectations were that staff wore gown and gloves when giving a shower to a resident in enhanced barrier precautions. RN/IP C reported that storage bins containing gowns and gloves and trash bins had been placed into the shower room on the west wing and the skilled wing for use during showers. RN/IP C reported that her expectation was that resident shared equipment be sanitized after each use.</p> <p>Review of facility policy Enhanced Barrier Precautions with a revision date of 3/26/2024 revealed .health care personnel caring for resident on Enhanced Precautions should wear gloves and gown during high-contact resident care. Examples of high-contact resident care activities requiring gown and glove use .dressing, bathing/showering, transferring, changing linens .</p>		