

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235614	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/05/2025
NAME OF PROVIDER OR SUPPLIER  Covenant Village of the Great Lakes		STREET ADDRESS, CITY, STATE, ZIP CODE  2520 Lake Michigan Drive NW Grand Rapids, MI 49504	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>41982</p> <p>Based on interview and record review, the facility failed to provide showers per resident preference in 1 (Resident #17) of 1 resident reviewed for self determination, resulting in dissatisfaction with care and the potential for poor hygiene, skin breakdown, and infection.</p> <p>Findings include:</p> <p>Review of an Admission Record revealed Resident #17 was a female, with pertinent diagnoses which included: encounter for palliative (hospice) care, muscle weakness, unsteadiness on feet, and difficulty walking.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #17, with a reference date of 12/18/24, revealed a Brief Interview for Mental Status (BIMS) score of 12, out of a total possible score of 15, which indicated Resident #17 was cognitively impaired. Further review of said MDS revealed Resident #17 required substantial/maximal assistance with shower/bathe self (the ability to bathe self, including washing, rinsing, and drying self .)</p> <p>In an interview on 3/3/25 at 12:22 PM, Resident #17 reported she did not receive showers as frequently as she felt she should. Resident #17 reported she had been getting a shower once a week and felt that she should have been receiving them twice a week.</p> <p>Review of the North Hall Shower Schedule revealed Resident #17 was scheduled to receive a shower twice a week, on Monday evening shift and Thursday evening shift.</p> <p>On 3/4/25 at 10:51 AM, the facility was requested to provide this surveyor with shower sheets for Resident #17 for the last 3 months (12/5/24 - 3/3/25). On 3/5/25 at 12:38 PM, the facility provided, electronically, copies of Resident #17's shower sheets and a copy of an unnamed report with codes entered next to dates for the same requested period. There was no legend to describe the codes.</p> <p>Review of Resident #17's completed shower sheets revealed Resident #17 received 8 showers out of 25 shower opportunities (2 times per week for 12.5 weeks).</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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 3/5/25 at 1:12 PM, Assistant Director of Nursing (ADON) C reported she had realized the previous week that there had been an issue with Resident #17's showers. ADON C reported Resident #17 was supposed to have received showers from facility staff on Mondays and from hospice staff on Thursdays. ADON C reported facility staff thought that hospice staff was giving Resident #17 her showers on both Mondays and Thursdays and were consequently not giving Resident #17 her Monday showers as they should have been. ADON C reported the result was that Resident #17 had been receiving 1 shower a week (from hospice), instead of the 2 showers per week that she was scheduled to receive. ADON C reported because she just updated the shower schedule to reflect which staff was supposed to give Resident #17 showers on which days and had educated facility staff, Resident #17 should start receiving 2 showers per week starting the week of 3/3/25.</p> <p>In an interview on 3/5/25 at 1:34 PM, NHA A was queried for additional information related to the unnamed report with codes entered next to dates submitted with Resident #17's shower sheets. NHA A initially reported the unnamed report should have been additional documentation of Resident #17's showers; however, it was the wrong report. NHA A was requested to provide any additional documentation as evidence of Resident #17's showers for the last 3 months. No additional documentation was submitted prior to survey exit.</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>38384</p> <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on observation, interview, and record review, the facility failed to ensure professional standards of practice for physician orders were followed for 1 of 8 residents (R9) reviewed for professional standards of care, resulting in the lack of following orders, and the potential for the worsening of a condition and a delay in treatment.</p> <p>Findings include:</p> <p>Review of R9's Physician Order dated 12/320/2024, revealed, Slow Fe 137 mg (45 mg iron) tablet, extended release, 1 tablet oral (by mouth/PO) .one time daily .iron deficiency . It was noted that there was no documentation of physician stating it was allowable to interchange with a stock medication.</p> <p>Review of R9's Medication Profile dated 12/30/2024 included Slow Fe 137 mg (45 mg iron) tablet, extended release (table extended release). Notes: Indication: Iron deficiency anemia .1 tablet PO (by mouth) .class (of medication) minerals and electrolytes-iron.</p> <p>During an observation, interview, and record review on 3/05/25 at 11:16 AM, Licensed Practical Nurse (LPN) R prepared medications to be administered to R9. Among the medications ordered to be administered included Slow Fe 137 mg (45 mg Iron) 1-tab whole PO. The LPN pulled 1 tab Fe 325 mg (65 mg essential iron stating, The facility's doctor allows nurses to give the stock medication. The doctor writes on the order Okay to give stock med. The LPN reviewed the order and stated, I do not see where the physician said it was okay to give the stock med but that is what the nurses have been doing.</p> <p>Review of facility policy Medication Orders revised November 2014, revealed, The purpose of this procedure is to establish uniform guidelines in the receiving and recording of medication orders .a current list of orders must be maintained in the clinical record of each resident .</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide special eating equipment and utensils for residents who need them and appropriate assistance.</p> <p>38666</p> <p>Based on observation, interview, and record review the facility failed to ensure adaptive dining equipment was provided consistently for 1 (Resident #179) of 2 residents reviewed for nutrition resulting in difficulty drinking, feelings of worry, and the potential for dehydration.</p> <p>Findings include:</p> <p>Resident #179</p> <p>Review of Resident #179's face sheet, printed 3/5/25, included diagnoses of Muscle weakness, Osteoarthritis (cartilage that cushions the ends of bones in joints gradually deteriorates), Need for assistance with personal care, and Dysphagia, oropharyngeal phase (difficulty in swallowing).</p> <p>Review of the social services progress note, dated 2/25/25, noted Resident #179's brief interview for mental status score was 15 which indicated the resident was cognitively intact.</p> <p>Review of Resident #179's Occupational Therapy Evaluation, dated 2/24/25, stated, Patient (R179) will improve ability to safely and efficiently perform eating tasks with Setup or Clean-up Assistance with use .a 2-handled mug.</p> <p>During an observation on 03/03/25 at 10:26 AM, Resident #179 was seated in her room with her tray table in front of her that had two beverages; a double handled cup with spout lid containing what looked like juice and a disposable foam cup (no handles) with lid and straw which contained what appeared to be water.</p> <p>During an observation and interview on 03/03/25 at 10:45 AM, Resident #179 still had the same two beverages in front of her and confirmed it was juice in the dual handled cup and water in the disposable foam cup. Resident #179 reported the dual handled cup was helpful and would prefer if the facility would put her water in a dual handled cup with lid. Resident #179 reported the facility usually only gave her the dual handled cup with spout lid for her juice and her water was usually in a foam cup (no handles).</p> <p>During an observation and interview on 03/03/25 at 11:56 AM, Certified Nurse Aide T delivered Resident #179's lunch to her room. The lunch tray was delivered with three beverages: cranberry juice (in a two handled cup with spout lid), water (in a two handled cup with spout lid), and a coffee in a regular mug with plastic disposable lid. Resident #179 reported the coffee mug with one handle would spill and was not as easy to drink from than the two handled cups. On the bedside table along with the lunch tray was a disposable zero handled foam cup of water with disposable lid and straw. Resident #179 reported it was much easier to drink from the two handled cups, she was working with the therapy department with dining, and the therapy department had started the adaptive dining devices including the dual handled cup. Resident #179 reported she had to be real careful and that any cup that didn't have two handles could slip from her hands easily. Resident #179 reported she was worried about dropping a drink, it was easy to let it go (drop a cup), and she preferred not to have that happen.</p> <p>(continued on next page)</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 03/03/25 at 03:03 PM, Resident #179 was in her bed with bedside table next to her. On the bedside table was a disposable foam cup with lid and straw (no handles) and a plastic clear 2 handled cup with spout lid filled with cranberry juice.</p> <p>During observations and interviews which began on 03/04/25 at 07:46 AM, Resident #179 was observed in bed attempting to eat her breakfast. The coffee was delivered in a mug with disposable lid (one handle). On the tray table there was a disposable foam cup with lid and straw (no handles). Registered Nurse (RN) Y was observed doing range of motion with Resident #179's arms and RN Y reported Resident #179 was stiff in the morning. RN Y proceeded to leave the resident's room.</p> <p>Resident #179 continued to attempt to eat breakfast, but stated, I can't feed myself as she struggled to bring the built-up curved spoon to her mouth and was shaky. The tray ticket on the table stated, 2 handled cup and included Preferences .Regular Coffee (1 cup).</p> <p>At 07:55 AM, RN Y reported Resident #179 has fine motor issues and has some weakness.</p> <p>At 07:58 AM, Resident #179 was observed trying to drink the coffee (with the one handle), but she was unsuccessful. Resident #179 took her right hand and grabbed the coffee mug handle, then attempted to grab the mug with her left hand but she was observed unable and stated, I can't do it. Resident #179 was unable to pick up the mug and drink her coffee and gave up trying. Resident #179 reported she likes to drink coffee but hasn't been able to with the cup. The water on her bedside table in the disposable foam cup, lid, and straw was dated 3/4 and still had the paper over the straw tip. There were no handles on that water.</p> <p>During an observation on 03/04/25 at 09:51 AM, Resident #179 was laying in her bed with the tray table next to her. The tray table had one beverage in a dual handled cup with spout lid but the bedside water in the disposable foam cup (no handles) still had the paper over the straw with none of the beverage consumed.</p> <p>During an observation on 03/04/25 at 11:53 AM, Resident #179 was served a coffee in a mug with one handle and disposable lid. Resident #179 still had a disposable foam water cup dated 3/4 which had no handles.</p> <p>During an observation on 03/04/25 at 12:39 PM, Resident #179 was sitting upright in her wheelchair watching television with her tray table next to her that was holding a dual handled cup with spout lid with juice and a disposable zero handled foam cup with disposable lid and straw.</p> <p>During an interview on 03/04/25 at 12:43 PM, Dietary Aide P reported they don't put coffee in a dual handled cup, but they could.</p> <p>During an interview on 03/04/25 at 12:57 PM, Dietary Manager H reported Resident #179 was supposed to get the dual handled cup for all beverages. Dietary Manager H confirmed coffee could be put in the dual handled cups and that the dual handled cups could handle both hot and cold liquids. Dietary Manager H confirmed certified nurse aides can see the kardex (key resident information reference) which indicated a two handled cup should be used for Resident #179 for all liquids.</p> <p>(continued on next page)</p>		

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<p>F 0810</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 03/04/25 at 01:29 PM, Director of Therapy J reviewed Resident #179's occupational therapy notes and confirmed occupational therapy had recommended dual handled cups for liquids for ease of drinking and to get it to her (Resident #179) mouth with control.</p> <p>Review of the Assistance with Meals policy, revised March 2022, stated, Residents Who May Benefit from Assistive Devices: 1. Adaptive devices (special eating equipment and utensils) will be provided for residents who need or request them. These may include devices such as . and/or specialized cups.</p> <p>Review of Resident #179's Occupational Therapy note, dated 2/24/25, stated, Eating: Pt's (Patient/Resident #179) self-feed skills significantly impacted due to limited shoulder AROM (active range of motion) bilaterally (both sides). Pt (patient) requires setup assist for placing all utensils and plate within her functional reach .Pt then able to bring food to mouth, however effortful. Pt manages beverage with bilat (both hands) hands, would benefit from double handled cup for improved ease.</p> <p>Review of the Resident Summary Template (able to be viewed by staff to see various care needs for the resident) (also known as the CENA (Competency-Evaluated Nursing Assistant)) Template, signed 2/28/25, stated, .2 handled cup with lid.</p> <p>Review of Resident #179's nutrition care plan, print date 3/5/25, stated, (R179) is at nutrition risk d/t (due to) limited arm mobility with .need for adaptive equipment .</p> <p>Review of the dietary progress note, dated 2/28/25, stated, .Receiving mechanical soft ground diet, 2 handled cup .</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>41982</p> <p>Based on interview and record review, the facility failed to maintain a complete and accurate medical record related to Advance Directives / Code Status for 1 (Resident #17) of 1 resident reviewed for accurate medical records, resulting in the potential for the resident's care wishes not being honored as desired.</p> <p>Findings include:</p> <p>Review of a Face Sheet revealed Resident #17 was a female.</p> <p>Review of Resident #17's paper-based medical chart on 3/4/25 at 8:35 AM revealed Resident #17 had a signed DO NOT RESUSCITATE (DNR) order in place. There was a red page in the front of the chart that read DNR.</p> <p>Review of Resident #17's Electronic Medical Record (EMR) Clinical tab Ribbon indicated that Resident #17 was DNR.</p> <p>Review of a current Physician Order for Resident #17 revealed, 8/15/24 12:00 AM Full Code Active (Current)</p> <p>In an interview on 3/5/25 at 9:39 AM, this surveyor, along with Licensed Practical Nurse (LPN) R, reviewed Resident #17's paper-based medical chart and EMR advance directives documentation. LPN R confirmed Resident #17's paper-based chart and EMR Ribbon indicated Resident #17 was a DNR. LPN R confirmed Resident #17's physician order was for a Full Code.</p> <p>In an interview on 3/5/25 at 9:47 AM, Assistant Director of Nursing (ADON) C reported all documentation related to a resident's advance directives should match so that everyone can be certain of what someone's last care wishes were.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>38384</p> <p>Based on observation, interview, and record review, the facility failed to ensure infection control practices were followed to ensure appropriate PPE was worn during foley catheter care and brief change for two of 12 residents (R5 and R16) reviewed for infection control, resulting in the potential for the spread of disease to a vulnerable population.</p> <p>Findings include:</p> <p>R5</p> <p>According to R5's Face Sheet, the resident had diagnoses that included chronic multifocal osteomyelitis (infection of bone) of left ankle and foot, neuromuscular dysfunction of bladder and retention of urine, pressure ulcer of right and left buttock stage 2, and pressure ulcer of right heel stage 4.</p> <p>Review of R5's Care Plan, Skin Breakdown, dated 10/2/2022, indicated the resident had a supra pubic catheter (device to collect urine) and multiple pressure ulcers.</p> <p>Review of R5's Care Plan, goal date 6/10/2025, indicated the resident had osteomyelitis to multi focused areas of left foot and was actively on Enhanced Barrier Precautions.</p> <p>During an observation and record review on 3/03/25 at 11:40 AM, there was signage inside the alcove between R5 and roommate that declared, Enhanced Barrier Precautions with two-pictures of a gown, a pair of gloves, and goggles next to a full hand sanitizer. On the inside of the room's door were 2-boxes of gloves. A 3-drawer dresser had nothing in the first 2 drawers with 4-yellow gowns in bottom drawer. No eye covering was available.</p> <p>R16</p> <p>According to R16's Face Sheet the resident had diagnoses that included neuromuscular dysfunction of bladder.</p> <p>Review of R16's Care Plan, indicated the resident's Enhanced Barrier Precautions related to foley catheter use had been discontinued. It was noted the Care Plan provided by the facility did not have a start/end date or revision history date(s).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/03/25 11:45 AM, signage inside the alcove between R16 and roommate that declared, Enhanced Barrier Precautions with two-pictures of a gown, a pair of gloves, and goggles. The signage did not indicate what PPE had to be worn. On inside of room's door were 2-boxes of gloves with a 3-drawer dresser with each drawer containing blue gowns. No goggles were available. Hospice aide (Aide) L was providing morning cares for the resident lying partially clothed on the bed. On the resident's right inner thigh was a leg strap attached to a foley catheter (indwelling urine collection device). Aide L was wearing gloves was not wearing a gown. Aide L stated, (R16) is not on any precautions. I did not see any EBP signs. I should be wearing gloves because I am touching her (R16's) catheter, soiled brief, and body. I make sure I don't splash urine on me. Aide L did not change gloves while moving from soiled brief to body.</p> <p>During an observation on 3/4/25 at 2:05 PM, there was signage inside the alcove between R16 and her roommate that declared, Enhanced Barrier Precautions with two-pictures of a gown, a pair of gloves, and goggles. On top of the isolation cart was a rolled up blue gown with the strings torn as if a person had worn the gown and ripped it off.</p> <p>During an observation and interview, on 3/4/25 at 2:15 PM, Director of Nursing/Infection Control Preventionist (DON/ICP) B stated while observing EBP signage and isolation cart outside of R5's room, I do not really know what the resident is on as far as precautions or why. I am not sure what PPE Enhanced Barrier Precautions require. I'll look in the cart (isolation) and see what is in here, that should tell us what staff needs. The DON/ICP observed the top two drawers of the cart were empty with 4-yellow gowns in the bottom of the cart. The DON/ICP stated, Night staff is supposed to stock the carts with supplies. I will have to look to see what the resident needs.</p> <p>During an observation, interview, and record review, on 3/4/25 at 2:20 PM, DON/ICP B stated, looked at the EBP sign and isolation cart outside of R16's room. On top of the isolation cart was a rolled up blue gown. DON B stated, If that gown is soiled, it should be put in the garbage. Staff should not have left it here. I don't know if the goggles are to be worn for Enhanced Barrier Precautions for a foley catheter. You will have to ask (ADON C) about this, she is the Infection Control Preventionist.</p> <p>During an interview and record review on 3/4/25 at 2:25 PM, Assistant Director of Nursing (ADON) C stated, The facility has done a lot of training of staff on infection control. Last year, Corporate, sent the facility the policy on Enhanced Barrier Precautions and a CDC (Centers for Disease Control) directive of Enhanced Barrier Precautions. I also made the signs that indicate the resident is on Enhanced Barrier Precautions. I give the staff the option of wearing goggles for Enhanced Barrier Precautions. I can't find the CDC signage on Enhanced Barrier Precautions. Hospice staff should know before coming here to take care of a resident if the resident requires PPE for Enhanced Barrier Precautions by looking at the Care Plan. Hospice knows how to open the Care Plans, and they should know what PPE to wear for Enhanced Barrier Precautions before they even come here. The facility does not train them, they should just know. Training of agency and hospice staff is done by word-of-mouth and no signature page is taken to prove the training was done. The facility follows CDC guidelines on infection control. ADON C did not reply when asked if she knew where to obtain the CDC Enhanced Barrier Precautions signage.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/5/25 at 2:29 PM, DON/ICP B stated, Enhanced Barrier Precautions (EBP) expectations of ancillary staff that care for residents on EBP are the hospice nurses are to communicate to the hospice aides the precautions and care needs of each hospice resident. The charge nurse on 3rd shift should be checking the CNAs are doing their job of filling the isolation carts. No one from day management checks the carts to make sure they have been stocked. All hospice staff checks with facility staff when they enter the facility to be reminded what residents are on EBP.</p> <p>Review of facility's policy Enhanced Barrier Precautions dated August 2022, revealed, Enhanced barrier precautions (EBPs) are utilized to prevent the spread of multi-drug resistant organisms (MDROs) to residents EBPs employ targeted gown and glove use during high contact resident care activities when contact precautions do not otherwise apply. a. Gloves and gown are applied prior to performing the high contact resident care activity (as opposed to before entering the room). b. Personal protective equipment (PPE) is changed before caring for another resident. c. Face protection may be used if there is also a risk of splash or spray .examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include: a. dressing; b. bathing/showering; c. transferring; d. providing hygiene; e. changing linens; f. changing briefs or assisting with toileting; g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.); . EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization . EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk .Standard precautions apply to the care of all residents regardless of suspected or confirmed infection or colonization status. 9. Staff are trained prior to caring for residents on EBPs. 10. Signs are posted indicating the type of precautions and PPE required. 11. PPE is available inside or outside of the resident rooms.</p>		

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NAME OF PROVIDER OR SUPPLIER  Covenant Village of the Great Lakes		STREET ADDRESS, CITY, STATE, ZIP CODE  2520 Lake Michigan Drive NW Grand Rapids, MI 49504	

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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>38384</p> <p>Based on interview and record review, the facility failed to ensure the Infection Preventionist completed specialized training in infection prevention and control, resulting in the potential for knowledge deficits pertaining to current infection prevention and control standards and infectious disease outbreaks in a vulnerable population of 29 residents.</p> <p>Findings include:</p> <p>Findings include:</p> <p>During the entrance conference interview on 3/4/25 at 10:30 AM, Nursing Home Administrator (NHA) A stated, The (Director of Nursing (DON) B is the Infection Control Preventionist (ICP).</p> <p>During an interview on 3/4/25 at 2:20 PM, DON/ICP B stated, (Assistant Director of Nursing (ADON) C) is the Infection Control Preventionist.</p> <p>During an interview and record review on 3/4/25 at 2:25 PM, ADON C stated, I do a lot with infection control but (DON B) is the Infection Control Preventionist.</p> <p>Requested on 3/4/24 at 3:44 PM of the NHA A, the ICP Infection Control certificate by 4 PM on 3/4/25. As of 4:05 PM, the certificate has not been received.</p> <p>During an interview and record review on 3/5/25 at 3:39 PM, DON/ICP B stated, I am the Infection Control Preventionist. I started November 1 last year (2024). I am not certified in Infection Control. I started taking the course end of February this year. I've not had time to finish the modules plus I have to take a test to get the certificate.</p>

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NAME OF PROVIDER OR SUPPLIER  Covenant Village of the Great Lakes		STREET ADDRESS, CITY, STATE, ZIP CODE  2520 Lake Michigan Drive NW Grand Rapids, MI 49504	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38384</b></p> <p>Based on interview, and record review, the facility failed to develop policies and procedures to include current standards of practice in regard to pneumococcal immunizations, resulting in the potential for eligible residents to not be offered either the PCV15 (15-Valent Pneumococcal Conjugate Vaccine) or PCV20 (20-Valent Pneumococcal Conjugate Vaccine), therefore increasing the risk of acquiring, transmitting, or experiencing complications from pneumococcal pneumonia.</p> <p>Findings include:</p> <p>Review of the policy Pneumococcal Vaccine revised March 2022 indicated all residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections. Before receiving a pneumococcal vaccine, the resident or legal representative receives information and education regarding the benefits and potential side effects of the pneumococcal vaccine. (See current vaccine information statements at <a href="https://www.cdc.gov/vaccines/hcp/vis/index.html">https://www.cdc.gov/vaccines/hcp/vis/index.html</a> for educational materials.) Provision of such education is documented in the resident's medical record. It was noted there was no recommendations in regard to the PCV15 and PCV20 immunizations to reflect current CDC guidance.</p> <p>In an interview on 3/5/2025 at 2:29 PM, Director of Nursing (DON) B reported she was unaware of the types of pneumococcal vaccines that were available for residents and the CDC recommendations in regard to PCV15 and PCV20 immunizations, and if the policy had been updated to reflect the current guidance. It was noted an updated policy/procedure was not provided prior to survey exit, 3/5/2025 at 5:30 PM.</p> <p>Review of the Centers for Disease Control and Prevention (CDC) Pneumococcal Vaccine Recommendations, page dated 10/24/2024, revealed .CDC recommends routine administration of pneumococcal conjugate vaccine (PCV15 or PCV20) for all adults [AGE] years or older who have never received any pneumococcal conjugate vaccine or whose previous vaccination history is unknown .If PCV15 is used, this should be followed by a dose of PPSV23 one year later. The minimum interval is 8 weeks and can be considered in adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak .If PCV20 is used, a dose of PPSV23 is NOT indicated . Retrieved from <a href="https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html">https://www.cdc.gov/vaccines/vpd/pneumo/hcp/recommendations.html</a></p>		