

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235470	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER BELLBROOK		STREET ADDRESS, CITY, STATE, ZIP 873 W AVON RD ROCHESTER HILLS, MI 48307	
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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to institute and operationalize appropriate infection control principles and practices per the Centers for Disease Control and Prevention (CDC) guidelines including the failure to ensure precautionary safety measures to prevent the exposure of residents to 2019 Novel Coronavirus (COVID-19) for six (R#s: 701, 702, 703, 704, 705 and 706) of eight residents reviewed for cohorting (sharing a room) with COVID-19 positive or presumed positive residents, resulting in the potential for transmission of COVID-19 from a positive or presumed positive roommate to a negative roommate many of whom were at high risk due to age and co-morbidities to be exposed and/or develop COVID-19. Findings Include: A review of CDC guidance for Long-Term Care Facilities read in part, . Isolate symptomatic patients as soon as possible . place patients with suspected or confirmed COVID-19 in private rooms with the door closed and with private bathrooms (as possible) . Residents #701 and #702 Review of the census record revealed R#701 and R#702 had shared a room beginning on 4/21/20. Review of the clinical record revealed R#701 was originally admitted into the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. According to the admission Minimum Data Set (MDS) assessment dated [DATE], R#701 scored 13/15 on the Brief Interview for Mental Status (BIMS) Exam, indicating intact cognition. The MDS assessment also indicated R#701 required the assistance of staff for Activities of Daily Living (ADL's). Review of R#701's progress notes revealed: An Admission note dated 3/27/20 at 4:27 PM read in part, .Wheezing noted at the bases BL (bilaterally). Elder expressed very mild shortness of breath . A Nursing note dated 3/29/20 at 3:26 PM read in part, .Resident noted with labored breathing and audible wheezing. BP (blood pressure): 150/86 P (pulse): 98 T (temperature): 97.3 R (respirations): 24 SPO2 (oxygen saturation levels): 76% (normal range 94-100%) 3L (liter) O2 (oxygen) via nc (nasal cannula). HOB (head of bed) elevated and oxygen increased to 4L via nc . SPO2 93% 4L O2 via nc. Labored breathing and audible wheezing still noted . A Nursing note dated 3/31/20 at 3:08 PM read in part, .Pulse ox (pulse oximeter - SPO2) 25%, elder answers to name and arousable . Non rebreather mask with hi flow oxygen administered 75% pulse ox with 101 HR RR (respiratory rate) 22 . 911 called and elder taken to (Name Redacted - local hospital) . An Admission note dated 4/8/20 at 9:36 PM read in part, . was sent to the hospital for cough and shortness of breath. (R#701 was diagnosed and treated for [REDACTED]. Review of (Name Redacted) Hospital records revealed R#701 was tested for COVID-19 on admission to the hospital on [DATE] and was negative for COVID-19. A Social Services note dated 4/21/20 at 3:49 PM read, Elder moved to room (number redacted). Staff moved all of elders belongings and introduced to new roommate. It is noted the new roommate was R#702. A Nursing note dated 4/23/20 at 4:54 PM read in part, .facility testing all residents for Covid-19 virus . Review of a facility provided report revealed R#701 was tested for COVID-19 on 4/24/20 and the results were reported as NOTDETECTED, indicating R#701 was negative for COVID-19. Resident #702 Review of the clinical record revealed R#702 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the most recent annual MDS assessment dated [DATE], R#702 scored 11/15 on the BIMS exam, indicating mild cognitive impairment. The MDS assessment also R#702 required the minimal assistance of staff for ADL's. Review of a Nursing progress note dated 4/4/20 at 11:42 read in part, Writer spoke with (R#702) about moving to room (number redacted) in attempt to cohort resident under investigation for covid-19 to one hall and asymptomatic resident to another. (R#702) currently is asymptomatic . Review of vital signs for R#702 revealed: On 4/16/20 at 6:04 PM, Temperature (Degrees) 99.00 Oral On 4/20/20 at 8:17 AM, Pulse Oximeter (%) 91.00 Room Air On 4/20/20 at 6:06 PM, Pulse Oximeter (%) 91.00 Nonrebreather On 4/21/20 at 7:41 AM, Pulse Oximeter (%) 92.00 Room Air A Nursing progress note dated 4/23/20 at 4:54 PM read in part, .facility testing all resident for Covid-19 virus . Review of a facility provided report revealed R#702 was tested for COVID-19 on 4/24/20 and the results were reported as DETECTED, indicating R#702 was positive for COVID-19. Review of a Resident Roster list dated 5/1/20 revealed R#701 and R#702 continued to share a room at the facility on a COVID-19 positive hall. Residents #703 and #704 On 5/4/20 at 11:15 a.m., R#703 was observed in bed resting and R#704 was observed in a chair in their room. Resident #703 Review of the census record revealed R#703 moved into the same room as R#704 on 5/14/19, where they remained together as of 5/4/20. A review of the clinical record revealed R#703 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. Further review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 2 out of 15 which indicated R#703 had impaired cognition and required limited assistance with one-person physical assist for ADL's. Further review of R#703's clinical record vital signs (VS) revealed the following: Temperatures: 3/26/20 @ (at) 9:08pm - 98.7 3/27/20 @ 6:22pm - 99.9 4/4/20 @ 12:39pm - 101.5 4/5/20 @ 3:44pm - 101.0 4/5/20 @ 4:24pm - 100.6 4/7/20 @ 9:04pm - 98.8 4/8/20 @ 10:05pm - 98.7 4/13/20 @ 7:56pm - 98.8 4/19/20 @ 4:10pm - 99.0 5/02/20 @ 8:28pm - 99.4 A review of the Clinical Notes in part revealed the following: 4/5/20 @ 3:44pm - SpO2 - 80% O2 applied. 4/5/20 @ 11:26pm - Resident lethargic during the beginning of shift; PRN (as needed) Tylenol received; PO2 88% RA (room air) 2 L O2 via NC received . 4/6/20 @ 3:59am - . Resident SpO2 86% on room air . Resident repositioned and nasal cannula replaced, SpO2 91% on 2L . 4/11/20 @ 3:02am - . SpO2 90% on room air . 4/13/20 @ 12:35pm - poor appetite . SpO2 95% on 2L per nasal cannula . 4/13/20 @ 2:25pm - Pulse ox 88 percent on room air. 93 percent on 2L oxygen. 4/15/20 @ 12:46pm - Resident is non-compliant with keeping NC on. SpO2 maintained about 92% RA. 4/15/20 @ 10:44pm - At dinner appetite poor . 92% on 2 liters O2 per nasal cannula . 4/21/20 @ 1:41pm - Ate 25% yogurt at BF (breakfast), not eating at lunch. Dr./Family aware of appetite changes. 4/23/20 @ 4:47pm - Resident received Covid 19 nasal swab test. 4/24/20 @ 4:42pm - Resident results of Covid received as positive via lab. Family notified of result, along with plan of care for the unit . 4/28/20 @ 11:39pm - . SpO2 94% on RA . Ate 50% of meal . 4/29/20 @ 2:40pm - . Elder continues to be on droplet precautions . 4/30/20 @ 2:48am - Isolation-airborne precautions in place . Resident #704 A review of the clinical record revealed R#704 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. Further review of the significant change MDS assessment dated [DATE], revealed a BIMS score of 8 out of 15 which indicated R#704 had moderately impaired cognition and required extensive to total care with two to three-person physical assist for ADL's. Further review of R#704's clinical record vital signs revealed the following: Temperatures: 4/8/20 @ 9:26am - 99.0 4/13/20 @ 7:57pm - 100.0 5/2/20 @ 8:28pm - 99.2 5/3/20 @ 9:36pm - 99.3 5/4/20 @ 8:19am - 99.0 A review of the Clinical Notes in part revealed the following: 4/5/20 @ 11:32pm - .Decrease in appetite . 4/10/20 @ 5:30pm - MDS Notes: 1135 waiver is in place for this elder. She is showing a change in condition due COVID-19 outbreak with social distancing and isolation as evidenced by cough, holding food, and difficulty swallowing. Skilled services is necessary . 4/12/20 @ 4:25pm - .BF ate yogurt 25%, lunch 25% plus yogurt 4/13/20 @ 2:03am - .Isolation precautions continues . 4/13/20 @ 6:19pm - Resident ate. 25% of dinner . 4/15/20 @ 12:36pm - Resident is refusing to eat or drink fluids . 4/15/20 @ 10:50pm - resident refused dinner- after multiple attempts from staff, drink very little fluids -VS 97.7, 18, 93% on RA - no noted SOB SpO2 93% on RA . 4/18/20 @ 8:21pm - c/o (complaint of) tiredness . C/O of hunger but refuses to eat . 4/19/20 @ 9:40pm - .Ate poorly states she is hungry but pushes food away . Droplet precautions remained . 4/23/20 @ 10:47am - Resident alert with confusion . appetite remains poor, consumes 30% of breakfast this AM with cueing . Pulse ox 95% on ra, temp: 97.9. 4/23/20 @ 3:54pm - Her PHQ-9 (Patient Health Questionnaire-9 - screen for depression) Test Score has changed since the COVID-19 pandemic, due to some reports of feeling down, feeling anxious,</p>		

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 - Minimal harm or potential for actual harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>and also having a decrease appetite . 4/27/20 @ 12:59pm - Writer spoke with residents daughter (name redacted) about potential room change for mom 2/2 (sic) neg (negative) covid test. Discussed risk vs (versa) benefit including emotional room change. Family would like mom to remain in current room at this time. 4/27/20 @ 2:03pm - Resident received covid 19 nasal swab test. Left message with family to notify writer with update. Will F/U (follow-up) with results once received. Residents #703 and #704 continued to share the same room despite R#703's fever, lethargy, abnormal SpO2, loss of appetite, contact and droplet isolation per physician's orders [REDACTED]. those at high-risk for severe illness from COVID-19 are: People [AGE] years and older . who live in a nursing home or long-term care facility . underlying medical conditions . On 5/4/20 at 11:20 a.m., during a interview, when asked about R#703 and R704 sharing the same room, Registered Nurse (RN) 'E' stated, R#704 is negative. About 3 weeks ago, she (R#704) had a fever, but then it went away .When asked about roommate R#703, RN 'E' stated, She (R#703) had a low grade fever, loss of appetite ., but not at the same time as (name) R#704. They were at different times. An interview was conducted with the Director of Nursing (DON) on 5/4/20 at 12:45 p.m. when queried about R#703 (tested positive for COVID-19) and R#704 (tested negative for COVID-19) cohorting in the same room, the DON stated, (name) R#704 looked like roommate (R#703) so we left her in there (room). The DON further stated, We talked to the family and they did not want her to move. Residents #705 and #706 Review of the census record revealed R#705 and R#706 had shared a room beginning on 7/18/19. R#705 Review of the clinical record revealed R#705 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the most recent quarterly MDS dated [DATE], R#705 scored 13/15 on the BIMS exam, indicating intact cognition. The MDS assessment also indicated R#705 required the assistance of staff for ADL's. Review of progress notes for R#705 revealed: A Dietary note dated 4/9/20 at 11:29 AM read in part, 'Last weight 123.7# (pound) . Resident typically does not have much of an appetite for breakfast however, recently has not been eating much lunch either . Unintended wt (weight) loss r/t (related to) decreased intake . A Dietary note dated 4/23/20 at 3:23 PM read in part, 'Last weight 120# indicating slight weight loss over the last 2 weeks. Resident reported a good appetite overall despite weight loss . A Nursing note dated 4/23/20 at 4:30 PM read in part, Resident received Covid 19 nasal swab test . Review of a facility provided report revealed R#705 was tested for COVID-19 on 4/24/20 and the results were reported as NOTDETECTED, indicating R#701 was negative for COVID-19. R#706 A review of the clinical record revealed R#706 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. Further review of the quarterly MDS assessment dated [DATE], revealed a BIMS score of 6 out of 15 which indicated R#706 had impaired cognition and required extensive assistance with one-person physical assist for ADL's. Further review of R#706's clinical record vital signs revealed the following: Temperatures: 3/24/20 @ 10:08am - 99.4 4/6/20 @ 4:08pm - 99.0 4/9/20 @ 4:15pm - 99.0 4/17/20 @ 4:47pm - 99.0 4/24/20 @ 9:56pm - 98.9 4/28/20 @ 7:55pm - 98.8 4/30/20 @ 7:56pm - 98.7 A review of the Clinical Notes in part revealed the following: 4/7/20 @ 7:52am - resident noted with productive cough and congestion in lung fields, Temp 97.7. Resident SpO2 95% on room air . 4/8/20 @ 11:34am - Resident noted to have possible significant weight loss this week . Resident reported an ok appetite however per staff and writer observation intake decrease. Resident refused breakfast yesterday . Resident noted to have recent cough and congestion likely impacted appetite, [MEDICATION NAME] in place . initiate FAR (Food Acceptance Record) through the month of April . 4/8/20 @ 10:46pm - Occasional cough noted . 4/11/20 @ 3:23am - Temp 97.0 Productive cough noted . 4/12/20 @ 2:31am - Resident continue with occasional cough . Temp 97.7 4/12/20 @ 12:20pm - Temp 98.0, mild cough noted . 4/18/20 @ 1:50pm - Resident T 96.3. Resident SpO2 92% on room air . 4/23/20 @ 4:32pm - Resident received COVID-19 nasal swab test . 4/27/20 @ 2:15pm - Resident results of Covid received as positive via lab . 4/28/20 @ 1:32pm - temp 97.1, SpO2 93% .; 4/28/20 @ 4:58pm - Update resident's daughter of results of Covid testing . Residents #705 and #706 continued to share the same room despite R#706's fever, productive cough and congestion in lung fields, abnormal SpO2, and decreased food intake, On 5/4/20 at 12:43 PM, the DON was interviewed and queried about cohorting positive and negative COVID-19 residents. The DON explained the facility kept roommates together because the negative roommate was already exposed to [MEDICAL CONDITION]. The DON was asked about CDC guidelines for the cohorting of residents. The DON explained the facility were following guidelines that came out in March 2020, early on about keeping roommates together to not expose other residents in the facility. The DON was asked to provide the guidance and date it was issued. The DON was unable to locate the document at that time. On 5/4/20 at 1:52 PM, the Administrator was interviewed and queried about R#701 and R#702 sharing a room after confirming R#701 was negative and R#702 was positive. The Administrator explained since R#701 had been very symptomatic and hospitalized , R#701 more than likely had [MEDICAL CONDITION] already and R#702 had been asymptomatic and it was a surprise when R#702 had tested positive, so it was decided to keep the residents together so as not to expose any other residents. On 5/5/20 at 2:37 PM, the Administrator and DON were interviewed concurrently by phone. The DON explained there was a percentage of false negative tests, and they presumed R#701 had been positive for COVID-19 and falsely tested negative. The Administrator and DON were asked to confirm R#701 had two negative COVID-19 tests, one at the hospital on [DATE] and one at the facility on 4/24/20. The Administrator and DON both confirmed Yes. On 5/5/20 at 3:49 PM, an email from the Administrator provided the CDC guidance the facility was following regarding cohorting residents. The Administrator indicated the document was dated 4/19/20 and the only part highlighted read, Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed resident into a shared space with them. Review of the CDC guidance titled, Preparing for COVID-19: Long-term Care Facilities, Nursing Homes dated 4/15/19 read in part, Dedicate space in the facility to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort resident with COVID-19 . Have a plan for how resident in the facility who develop COVID-19 will be handled (e.g., transfer to single room, prioritize for testing, transfer to COVID-19 unit if positive). Closely monitor roommates and other residents who may have been exposed to an individual with COVID-19 and, if possible, avoid placing unexposed residents into a shared space with them . Indicating a resident who was positive should have been moved to a COVID-19 hall and their negative roommate should have been monitored in a separate room. Review of the facility's policies titled Limiting transmission of COVID-19 dated 3/5/2020 documented in part the following: . Immediate actions if COVID-19 is suspected: 1. Mask the patient as soon as identified 2. Place the patient in a private room with the door closed . However, the facility's policy did not address cohorting of positive or presumed positive roommates with negative roommates.</p>		