STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235712	A. BUILDING _____ B. WING _____	06/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
CATHERINE'S PLACE	28750 ELEVEN MILE RD. FARMINGTON HILLS, MI 48336

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** - Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to 1) actively assess and monitor five residents (Resident #1, #2, #3, #4, #5) for signs and symptoms of COVID-19 of five reviewed, 2) utilize recommended Personal Protective Equipment (PPE) for care of residents on Transmission-Based Precautions, and 3) ensure knowledge of proper cleaning procedures for nursing and housekeeping staff to effectively disinfect dangerous pathogens, resulting in the potential for failure of early detection of COVID-19 and the potential for inadvertent spread of COVID-19 to all 11 residents and staff. Findings include: Review of the Centers for Disease Control and Prevention's (CDC) Key Strategies to Prepare for COVID-19 in Long Term Care Facilities (LTCFs) reflected, .Identify infections early: Actively screen all residents daily for fever and symptoms of COVID-19; if symptomatic, immediately isolate and implement appropriate Transmission-Based Precautions . (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care-strategies.html) Review of the CDC's Preparing for COVID-19 in Nursing Homes, reflected .Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. Actively monitor all residents upon admission and at least daily for fever (temperature greater than or equal to 100.0 F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions .Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures > (greater than) 99.0 F might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 . (https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html) According to the CDC, .People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19: -fever or chills -cough -shortness of breath or difficulty breathing -fatigue -muscle or body aches -headache -new loss of taste or smell -sore throat -congestion or runny nose -nausea or vomiting -diarrhea . (https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsymptoms.html) Resident #1 (R1) Review of the Admission Record reflected that R1 was originally admitted to the facility on [DATE] and was readmitted on [DATE], with [DIAGNOSES REDACTED]. R1's medical record failed to reflect daily monitoring for signs and symptoms of COVID-19. Resident #2 (R2) Review of the Admission Record reflected that R2 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. R2's medical record failed to reflect daily monitoring for signs and symptoms of COVID-19. Resident #3 (R3) Review of the Admission Record reflected that R3 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. R3's medical record failed to reflect daily monitoring for signs and symptoms of COVID-19. Resident #4 (R4) Review of the Admission Record reflected that R4 was originally admitted to the facility on [DATE] and was readmitted on [DATE], with [DIAGNOSES REDACTED]. R4's medical record failed to reflect daily monitoring for signs and symptoms of COVID-19. Resident #5 (R5) Review of the Admission Record reflected that R5 was originally admitted to the facility on [DATE] and was readmitted on [DATE], with [DIAGNOSES REDACTED]. Progress Notes reflected that R5 had a fall and was sent to the emergency roiagnom on [DATE] at 7:10 AM. A Progress Note for 6/4/2020 at 7:25 PM reflected that R5 returned to the facility. R5's medical record failed to reflect daily monitoring for signs and symptoms of COVID-19. During an interview and observation that began on 6/9/2020 at approximately 9:35 AM, Nursing Home Administrator/Director of Nursing (NHA) A reported that the facility had one hallway designated as a yellow zone, which had two residents residing on it. NHA A reported that one resident was a readmission, and one went out of the facility for medically necessary reasons. NHA A reported that new admissions and readmissions were on precautions for 14 days. During an interview on 6/9/2020 at 10:18 AM, Licensed Practical Nurse (LPN) D reported that resident temperatures were monitored every shift, which was three times per day, and recorded on a list. LPN D reported that residents were also monitored for signs and symptoms of COVID-19. When asked if that information was documented anywhere else, LPN D reported that it was sometimes placed on the 24 hour board. During this same interview, LPN D reported that one resident used a glucometer (device to monitor blood sugar levels). LPN D reported that alcohol swabs were used to disinfect the glucometer, with a contact time of about 30 seconds. LPN D reported that reusable resident equipment (used by more than one resident) was wiped down with Clorox wipes for a contact time of 30 seconds to one minute (after use). During a phone interview on 6/10/2020 at 11:07 AM, Certified Nurse Aide (CNA) G reported that residents in isolation (Transmission-Based Precautions) had equipment dedicated for their use. According to CNA G, equipment used by more than one resident (not in isolation) was disinfected with alcohol wipes or foam. When asked what brand the foam was, CNA G reported they had Purell. CNA G reported they also had disinfectant wipes. They then stated the brand could have been Clorox or Purell. CNA G did not recall receiving any instruction on contact times for disinfecting against COVID-19. CNA G was also queried on PPE use to care for residents in yellow zone rooms. CNA G reported that a gown, gloves and mask were to be worn in yellow zone rooms. CNA G reported that eye protection could be worn at their own discretion and was not a requirement for yellow zone rooms, to their knowledge. CNA G also reported that eye protection had not been provided by the facility as part of the PPE, to their knowledge. A facility Prevent COVID-19 Daily Resident Screening Log reflected columns for first and last name; temperature; oxygen saturation; cough (yes or no); sore throat (yes or no); new shortness of breath (yes or no); malaise, headache, change in mental status, diarrhea, nausea, vomiting, chest pain (yes or no). The log was blank, without any documentation of resident monitoring. An additional monitoring log provided by the facility was only reflective of temperature monitoring for facility residents for 5/1/2020 to 6/9/2020. During a phone interview with NHA A on 6/10/2020 at 12:29 PM, the State Agency inquired about the blank Prevent COVID-19 Daily Resident Screening Log that was provided by the facility. NHA A reported that the facility started with their own template, then changed to (Corporate) logs. NHA A reported the facility was keeping up with CDC recommendations to track for signs and symptoms of COVID-19, so they may have had some different logs. When asked if the resident screening for signs and symptoms of COVID-19 was documented in the medical record, NHA A stated it was documented on paper logs, but they had not had any COVID-19 cases. If they were to have one (resident case of COVID-19), it would be in their Infection Control note, according to NHA A. The State Agency requested the logs that were reflective of monitoring residents for signs and symptoms of COVID-19. No further documentation reflective of daily resident monitoring for signs and symptoms of COVID-19 was received prior to the exit of the survey on 6/11/2020. During a phone interview on 6/10/2020 at 12:48 PM, LPN J reported they were screening for signs and symptoms of COVID-19 but were only documenting resident temperatures on a sheet at the nurse's station. LPN J reported residents in isolation had equipment in their rooms that was designated for their use. According to LPN J, they were using alcohol swabs to clean and disinfect equipment between other facility residents. LPN J reported they also had Clorox wipes and Lysol wipes. LPN J reported using alcohol swabs on the glucometer and Lysol wipes for the bigger equipment. When asked what the contact time was for alcohol swabs or Lysol wipes, LPN J reported they did not know anything about that and denied receiving any

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 -** Many	(continued... from page 1) instruction. LPN J reported she let the items dry for one minute. LPN J was queried on PPE use for yellow zone rooms. LPN J reported they wore a gown, gloves and a mask in both yellow zone rooms. LPN J reported they had goggles on the PPE cart, but LPN J wore glasses. LPN J reported that since R5's test (for COVID-19) came back, she was no longer wearing eye protection in the room. During a phone interview on 6/10/2020 at 2:26 PM, Infection Control Nurse (IC) C reported that residents were monitored on a daily basis for signs and symptoms of COVID-19. According to IC C, they were screening for temperature every shift and were also monitoring anyone with a cough, difficulty breathing, loss of smell, decreased taste, abnormal vomiting, diarrhea or sore throat. When asked where the assessment of COVID-19 signs and symptoms was documented, IC C reported they were documenting in the Progress Notes if there was shortness of breath, vomiting or anything of that nature. IC C reported that in yellow zone rooms, staff must wear a surgical mask, gloves, a gown and a face shield or goggles. According to the CDC's Responding to Coronavirus (COVID-19) in Nursing Homes, .Considerations for new admissions or readmissions to the facility .Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown .All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown. Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE . (https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html) Review of the Safety Data Sheet provided by the facility reflected the EPA (Environmental Protection Agency) number for Lysol Disinfecting Wipes was 777-114. The Safety Data Sheet provided by the facility for Clorox Bleach Wipes reflected an EPA number of -12-5813. According to List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (COVID-19), the contact time for EPA number 777-114 was ten minutes. The contact time for EPA number -12-5813 was three minutes. (https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2-covid-19) On 6/10/2020 at 10:30 AM, in an interview with Housekeeper K, she stated, when she cleaned a resident room, she started with the bathroom spraying the sink and toilet then cleaning the bathroom mirror. Then I would go back and wipe up the sink and toilet. Housekeeper K then stated she would clean the sink in the resident's room followed by dusting and mopping the floor. After that, she would disinfect the bed rails, the phone and the TV control. On 6/10/2020 at 10:40 AM, in an interview with Housekeeper L, she stated she would clean the bathroom first when cleaning a resident room and then clean the rest of the resident's room after she finished cleaning the bathroom. When queried, Housekeeper L stated the disinfectant spray had a contact time of 3 to 5 minutes but didn't know the contact time for any sprays used. She stated the sprays dry quickly. On 6/10/2020 at 11:00 AM, Environmental Services Director (ESD) M was interviewed. When asked to describe how to clean a resident room, ESD M stated the bathroom was the first thing to clean followed by cleaning the door knobs and the call lights. Once that was done, the housekeepers would change their gloves and wipe down all surfaces. On 6/10/2020 at 3:15 PM, an interview with Infection Preventionist (IP) C was done. IP C was informed of the information provided by the interviews with housekeeping staff and she stated she was not aware that the rooms were being cleaned in that order. According to the CDC, resident rooms were to be cleaned from clean to dirty and from high places to low places with the bathroom being the last place to clean as it was the dirtiest part of a resident's room.