

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER THE VILLA AT GREAT LAKES CROSSING		STREET ADDRESS, CITY, STATE, ZIP 22811 W SEVEN MILE RD DETROIT, MI 48219	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake MI 813 Based on observation, interview, and record review, the facility failed to maintain proper infection control practices by ensuring staff properly used Personal Protection Equipment (PPE), ensure Personal Protection Equipment (PPE) was readily accessible, and perform proper hand hygiene with glove use for all residents on the People Under Investigation (PUI) unit including two residents (Resident #602, #603) from a sample of four residents reviewed for COVID-19 Infection Control Protocol, resulting in the potential for the spread of disease to a vulnerable population. Findings include: In an observation on 7/7/20 at 9:10 a.m., signage on the PUI unit on the second floor read Before entering the UNIT PUT ON FULL PPE Personal Protective Equipment. There was no PPE located for the staff to put on before entering the unit. In an observation on 7/7/20 from 9:16 - 9:42 a.m., 15 staff members entered the PUI Unit on the second floor and wore only a mask. In an interview on 7/7/20 at 9:48 a.m., Unit Manager A reported PPE is required before you enter a room on the PUI unit. UM A then reported the sign should not be on the door, and stated, It should say before you enter the room not the unit. UM A then exited the conference room and removed the signage from the PUI unit door. In an interview on 7/7/20 at 9:52 a.m., the Administrator reported full PPE must be worn before entering resident rooms, not the unit. The Administrator then reported there is one COVID 19 positive asymptomatic resident on the PUI unit. In an interview on 7/7/20 at 10:15 a.m., the Director of Nursing (DON) reported there is one COVID positive resident on the PUI unit. The DON then reported new admits are monitored for 14 days. The DON stated, You must wear full PPE before entering (Resident #601's) room. The DON reported staff does not have to put on full PPE before entering the PUI unit. In an observation on 7/7/20 at 10:34 a.m., the second floor back door entrance from the stairway had signage which read Before entering the UNIT PUT ON FULL PPE Personal Protective Equipment. There was no PPE located for the staff to put on before entering the unit. In an observation on 7/7/20 at 10:43 a.m., signage outside of Resident #602 and #603's room indicated droplet precautions. There was no isolation cart with PPE outside the room. Housekeeper B entered Resident #602 and #603's room and wore gloves and a mask. Housekeeper B entered the bathroom with toilet brush and water in a container. Housekeeper B then exited Resident #602 and #603's room with a ripped gloved hand and long pink nails visible, placed the container on a cart, and grabbed a washcloth. Housekeeper B entered Resident #602 and #603's room and touched fan, wiped both residents bedside tables, touched their water cups and exited the room without removal of gloves or hand hygiene. In an interview on 7/7/20 at 10:48 a.m., Housekeeper B stated, I change my gloves all day when asked if gloves should be changed when they are ripped. Housekeep B then removed gloves and applied a new pair of gloves with no hand hygiene before application. Housekeeper B reported hands should be washed when you clean the bathroom, take off gloves, and go to another room. In an observation on 7/7/20 at 10:53 a.m., signage on the PUI unit back stairway door read, UPON EXITING THE UNIT TAKE OFF PPE PERSONAL PROTECTION EQUIPMENT. There were no red bins or trash can near the door to dispose PPE before exiting the PUI unit. In an observation and interview on 7/7/20 at 10:54 a.m., There were no red bins or trash can near the door to dispose PPE near the front entrance/exit of the PUI unit. Certified Nursing Assistant (CNA) E reported PPE should be put on once you enter the unit. CNA E then reported PPE is removed in the shower room because there are no positive COVID cases on the unit. There was not a cart with PPE near the entrance of the unit. In an interview on 7/7/20 at 11:03 a.m., the DON reported staff should remove PPE in Resident #601's room. The DON then reported the additional signs that are on the second floor back stairway entrance and exit are old. The DON reported PUI unit previously had red bins by the doors. In an interview on 7/7/20 at 12:48 p.m., the DON reported the housekeeping staff are educated on glove change and hand hygiene. The DON then reported if staff notice that their gloves are ripped, they should put on a new pair of gloves. Resident #602 Review of an Electronic Health Record (EHR) revealed, Resident #602 originally admitted to facility on 6/16/20 with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment, with a reference date of , revealed Resident #603 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 15, out of a total possible score of 15. Resident #603 required extensive assistance with ADL (Activities of Daily Living) care. Resident #603 Review of an Electronic Health Record (EHR) revealed, Resident #603 originally admitted to facility on 6/12/20 with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment, with a reference date of 6/17/20, revealed Resident #603 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 13, out of a total possible score of 15. Resident #602 required extensive assistance with ADL (Activities of Daily Living) care. Review of a Infection Prevention and Control Interim Guideline for Suspected or Confirmed Coronavirus (COVID-19) policy with a revised date of 4/6/2020 revealed, . Guideline It is the practice of this facility to minimize exposures to respiratory pathogens and promptly identify residents with Clinical Features and an Epidemiologic Risk for the COVID-19 and to adhere to Federal and State/Local recommendations . Full PPE should be worn per CDC guidelines for the care of any residents with known or suspected COVID-19 per CDC guidance on conservation of PPE . Review of a Hand Hygiene Guidelines policy with an effective date of 3/4/2020 revealed, Purpose: Hand hygiene is one of the most effective ways to prevent the spread of microorganisms. Clean hands stop germs from spreading from one person to another and throughout an entire facility or community . Multiple opportunities for hand hygiene may occur during a single care episode. The following are the clinical indications for hand hygiene .When hands are visible soiled . After touching the residents immediate environment . Immediately after glove removal . In an interview on 7/8/20 at 11:34 a.m., Housekeeping Supervisor C reported staff should remove gloves when leaving a room and wash their hands before entering and exiting a resident room. Housekeeping supervisor C then reported if your gloves are ripped and fingertips are noticed staff should immediately remove gloves, wash their hands, and apply a new pair of gloves.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.