

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235462</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BEAUMONT REHAB &amp; CONTINUING CARE FARMINGTON HILLS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>21450 ARCHWOOD CIRCLE FARMINGTON HILLS, MI 48336</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>This citation pertains to Intake #MI 259 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) including the failure to adequately screen visitors for temperatures, and actively screen staff members for temperature and signs and symptoms of illness as precautionary safety measures to prevent the exposure of residents to 2019 Novel Coronavirus (COVID-19), resulting in the increased likelihood of symptomatic persons entering the facility undetected. The failure to follow current CDC guidelines for COVID-19 resulted in an Immediate Jeopardy (IJ) to the health and safety of all residents, many of whom were at high risk due to age and co-morbidities, to be exposed and/or develop COVID-19, resulting in serious health complications from COVID-19 including the risk of death. Findings include: The IJ began on 3/17/20. The IJ was identified on 5/11/20. The Administrator was notified of the IJ on 5/12/20 at 4:50 PM and a plan to remove the immediacy was requested. The immediacy was removed on 5/13/20 at 7:00 PM based on the facility's implementation of an acceptable plan of removal verified on-site by the survey team. Although the IJ was removed on 5/13/20, the facility remained out of compliance at a scope of widespread and a severity of potential for more than minimal harm that is not immediate jeopardy due to sustained compliance that has not been verified by the State Agency. A survey was conducted on 5/11/20 to 5/14/20. A complaint was filed with the State Agency that alleged the Facility was failing to implement prevention and safety measures pertaining to COVID-19. On 5/11/20 at 8:35 AM, upon entry to the facility, the survey team was asked to sign the Visitor Logbook. No questions about health, travel, or recent contact with persons positive for COVID-19 were asked. No temperatures (temps) were taken. On 5/11/20 at approximately 9:00 AM, the Administrator was asked the number of residents that were positive for COVID-19 (the first positive case identified on 3/17/20) and how many employees had tested positive. The Administrator explained there were 11 residents in the facility that were positive and four employees that had tested positive. On 5/11/20 at approximately 9:30 AM, Greeter 'A' brought a visitor screening form for each member of the survey team and explained the form should have been filled out upon entry to the facility. The form consisted of two questions: Have you traveled internationally or state-side in the last 14 days: Yes No. If yes, where? And, Do you have signs/symptoms of a respiratory infection such as fever, cough, sore throat? Yes No. There were no temperatures of the survey team taken by any of the staff upon entry or exit of the facility. On 5/11/20 at 11:05 AM, Certified Nursing Assistant (CNA) 'T' was interviewed and asked how the facility screened employees before their work shift. CNA 'T' explained employees took their own temp and filled out their own screening form before and after their shift. When asked if there was any verification of temps, CNA 'T' explained sometimes there was a manager or staffing person in the room. On 5/11/20 at 12:41 PM, an observation of the staffing office in the basement revealed a large room with two vital sign machines and one temporal thermometer that hung on the wall. The employee assessment sheet COVID-19 ASSESSMENT FOR TEAM MEMBERS dated 3/26/2020 at 2:32 PM was on top of a shredder bin that was holding the door open. There was a sign on the staffing room door that read the following: 6:30 AM - 7:30 AM Open 7:30 AM - 11:30 AM Closed 11:30 AM - 1:00 PM Open 1:00 PM - 2:30 PM Closed 2:30 PM - 4:00 PM Open 4:00 PM - 6:30 PM Closed On 5/11/20 at 1:02 PM, Medical Records Staff 'N' came into the staffing room, completed a COVID-19 ASSESSMENT FOR TEAM MEMBERS form, took their own temp, and placed the completed form on top of three other staff members' completed forms that were on a printer sitting on the desk. When asked if staff were usually present in the staffing room when employees sign in and out of their shift, Medical Records Staff 'N' explained there usually was not anyone in the staffing room around the time they left (1:00 PM) and that was the time they usually left for the day. Medical Records Staff 'N' further explained they (staff) are always sitting behind the desk when in the room. It was noted upon observation that staff taking their own temperatures from the vital machines or temporal thermometer could not be verified by designated staff sitting behind the desk. When asked about the times staff were supposed to be in the staffing room, Medical Records Staff 'N' stated, I don't know their schedule. On 5/11/20 at 1:30 PM, during an interview with the Director of Nursing (DON) when queried about the verification of staff screening, the DON explained staff enter through the staff entrance near the back elevator and go down to the basement to the staffing room. They complete the COVID-19 ASSESSMENT FOR TEAM MEMBERS form, take their temp and punch in. When asked if there was verification of staffs' temps, the DON explained the facility's full time Staffing Coordinator 'X' was out on a leave of absence with a broken arm, and they had a part time staffing employee (Staffing Secretary 'Y'). The DON further explained they had a sub-acute coordinator (Clinical Coordinator 'O') that was filling in when Staffing Secretary 'Y' was not there. On 5/11/20 at 1:58 PM, when asked how long they had been monitoring the staff screening of employees, Clinical Coordinator 'O' stated, For the last couple of weeks. When asked about the screening process, Clinical Coordinator 'O' explained staff come in, take their temp, complete the form, and put it in the tray (in the staffing office). Clinical Coordinator 'O' further stated. If they (staff) take their temp and it's high, they call and report symptoms to Employee Health. When asked why there was no one in the staffing room, Clinical Coordinator 'O' explained they were down there, but they had to go upstairs to their office to get something. Clinical Coordinator 'O' further stated, It was cold down there (in staffing room) . On 5/11/20 at 2:23 PM, CNA 'P' was observed in the staffing room completing a COVID-19 ASSESSMENT FOR TEAM MEMBERS form. At that time, Clinical Coordinator 'O' was not in the staffing room. A review of facility provided COVID-19 ASSESSMENT FOR TEAM MEMBERS forms dated 5/4/20 -5/10/20 revealed the following: TEMP IN: TEMP OUT: . ALL FIELDS ARE REQUIRED. Name (first and last), Employee ID, Date and time: . 1. Have you been exposed (which means being within 6 feet for 10 minutes or more without a face mask) to a confirmed diagnosed COVID-19 person? YES NO 2. Have you developed ANY of the following: fever greater than 100F (Fahrenheit), NEW shortness of breath, NEW flu-like symptoms like body aches, NEW diarrhea, NEW abnormal cough, NEW loss of taste or smell (in addition to the above) . YES NO 3. Please check which two answers you selected above: . DO NOT REPORT TO WORK . CLEARED FOR WORK . 5/04/20 - There were four forms that were not marked with any temps for (In or Out) and/or unanswered questions: Staff Member 'Z' filled out the form at 6:55 AM with no temp written for AM or PM. Questions 2 and 3 were left blank. Staff Member 'CC' filled out the form with PM circled and no temp written for AM or PM. Staff Member 'EE' filled out the form at 3:00 PM with no temp written for AM or PM. Staff Member 'GG' filled out the form at 8:00 AM with no temp written for AM or PM. Questions 1 and 2 read, Same as before see previous sheets. Question 3 had a circle around the question with three question marks (???). 5/06/20 - There were four forms that were not marked with any temps for (In or Out) and/or unanswered questions: Staff Member 'V' left Question 3 blank. Staff Member 'FF' filled out the form at 5:07 PM with no temp written for AM or PM. 5/09/20 - There were three forms that were not marked with any temps for (In or Out): Staff Member 'Z' filled out the form at 6:58 AM and another at 4:08 PM with no temps for either form. Staff Member 'AA' filled out a form with PM circled and no temp written. 5/10/20 - There were three forms that were not marked with any temps for (In or Out): Staff Member 'BB' filled out the form at 4:09 PM with no temp written. Staff Member 'CC' filled out a form with PM circled and no temp written. Staff Member 'DD' filled out a form at 7:30 AM with no temp written. On 5/12/20 at 11:06 AM, during a telephone interview, when queried about the facility's screening process for visitors, the DON explained when visitors enter the building, they complete the screening form, they</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  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>are educated on PPE (Personal Protection Equipment), and given a gown and surgical mask. When asked if visitors' temps were taken by staff, the DON stated, No. The DON was asked why the surveyors' temps were not taken when they entered the building. The DON stated, You should have been sent to the basement for your temps to be taken. The DON was further queried about the CDC guidelines regarding active monitoring of staff. The DON explained, someone is usually in the staffing room, and since there is someone in the staffing room, they consider that monitoring. When queried about the missing In and Out temperatures on the COVID-19 ASSESSMENT FOR TEAM MEMBERS forms dated 5/4/20 -5/10/20 for Staff Members V, Z, AA, BB, CC, DD, EE, FF and GG, the DON explained the clerk responsible at that time should have had the staff to come back and complete the forms. When asked how often the forms are reviewed, the DON stated, After the shift change. On 5/12/20 at approximately 12:29 PM, an interview was conducted with the Administrator. The Administrator was queried about staff self-monitoring temps when CDC guidelines are to actively monitor temps. The Administrator explained the Staffing Department should be monitoring the staff during their assessment, staff had all been educated on the signs and symptoms of COVID-19, and they were instructed to call Employee Health if they showed any signs or symptoms. On 5/12/20 at 2:51 PM, during a telephone interview, when queried about the facility's screening process for visitors/ancillary staff (i.e. doctors, hospice, lab, etc.), the DON explained the doctors come in the front door, get screened and go downstairs to take their own temperature. The DON further stated, We have three doctors that have a form they use from an App (Application) on their phone, because they are corporate employees. The DON further explained the doctors take their own temps and put them on their App. When asked about other ancillary staff coming to the facility, the DON explained when Hospice or a Lab Technician came to the facility they would go downstairs and use the staff COVID-19 ASSESSMENT FOR TEAM MEMBERS form and take their own temps. On 5/12/20 at 5:21 PM, during an interview, when asked what date the facility started screening staff for COVID-19 symptoms, the DON explained the original form was implemented on 3/5/20 but did not include temperatures. The DON stated, The facility's (Name Redacted) Health Questionnaire form was revised on 3/16/20 to include temps. The DON further explained the form had been revised again on 3/26/20 to the COVID-19 ASSESSMENT FOR TEAM MEMBERS form. Further review of facility provided Health Questionnaire forms starting 3/16/20 -3/23/20 revealed staff were taking their own temperatures and completing their own form with no appearance that the forms were continuously verified and/or reviewed by Staffing Coordinator 'X', Staffing Secretary 'Y' or Clinical Coordinator 'O' that were designated to monitor the forms. There was no further review of staff with possible signs and symptoms of COVID-19. A review of facility staff that had tested positive revealed: Staff Member 'R', who tested positive on 3/23/20, worked on 3/17/20, 3/18/20 and 3/20/20, had completed their own form with no apparent verification or review of their form by Staff X, Staff Y or Staff O. Staff Member 'L', who tested positive on 3/23/20, worked 3/18/20, 3/19/20, 3/20/20, and 3/23/20, had completed their own form with no apparent verification or review of their form. The CDC guidelines for Long Term Care facilities read in part, .Screen all HCP (Healthcare Personnel) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document . Decisions about visitation for [MEDICATION NAME] care situations should be made on a case-by-case basis, which should include careful screening of the visitor for fever or symptoms consistent with COVID-19 . Review of a facility policy titled, Infection Prevention Guidance in the Setting of Ongoing COVID-19 Community Transmission dated 5/1/20 read in part, .All persons entering the facility - including patients, visitors, and HCP - will be screened by questionnaire for fever and other symptoms of COVID-19 upon entering . HCP who are performing screening assessments should wear a face mask, and hand hygiene performed between screenings if any physical contact is involved . The facility provided the following plan to remove the immediacy and it was verified onsite by the survey team: The Nursing Home Administrator and Director of Nursing reviewed the process of Covid-19 symptoms screening which applies to every individual, regardless of reason for entering the facility (including residents, staff, visitors, outside healthcare personnel, vendors, etc.) All residents have potential for being affected by this deficiency. The Covid-19 Assessment form for visitors was revised to monitor temperatures upon entering the facility. The staff Covid-19 assessment form was reviewed and deemed appropriate. The Greeters and Nurse Managers were educated on the new form and taking the temperatures of the visitors. They were also re-educated on the staff Covid-19 assessment form. Both visitors and staff enter at the main entrance. Education provided to greeters on how to use no- touch thermometer and the process. They were also educated on the thermometer function on the vital signs machine and staff assessment form. On 5/13/2020 at 7:00am, a staff member was designated to actively take the assess (sic) and complete staff Covid-19 assessment form. Nurse Managers were educated regarding the new process. Staff members will no longer take their own temperatures or complete their own Covid-19 assessment form. As of 5/12/20 at 5:45pm, the Director of Nursing educated 3 out of 6 Nursing Supervisors and the regarding (sic) the revised employee temperature monitoring process. Employees are no longer allowed to take and document their own temperatures. As of 5/13/2020, staff are being re-educated on the new process as they report for work, 6 out of 6 Nursing Supervisors have been educated on the new process. Staff assessment forms will be monitored daily, by nurse manager or designee, to ensure that they are not positive for signs and symptoms and temperatures are with in (sic) normal limits. These audits will be monitored daily by the Director of Nursing. Audit findings will be reported to the Quality Assessment and Process Improvement committee monthly. Director of Nursing is responsible for compliance. Action will be completed May 12, 2020 at 11:59pm Submitted by (Name Redacted), Administrator</p>		