STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235444	A. BUILDING _____ B. WING _____	08/25/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WESTWOOD NURSING CENTER	**16588 SCHAEFER DETROIT, MI 48235**

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 0585 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to intake : MI 929 Based on interview and record review the facility failed to respond and resolve a grievance/concerns related to missing clothing's/sentimental items for one (#505)of three residents reviewed for abuse, resulting in frustration and emotional distress for family members. Findings include: On 8/20/20 at 10:50 A.M. during a phone interview with the complainant, it was reported R#505 was resident at the facility for over a year. The resident contracted Covid-19 in April 2020 and lost her battle with [MEDICAL CONDITION] on July 27,2020. On Friday, July 7,2020 at approximately 2:00 P.M. to pick up R#505's personal belongings. The facility's security Guard gave the complainant one-night gown in an oversized cardboard box. The resident's other personal clothing's were not given to the complainant (pajamas, shoes, family photos, flowers, card). The Director of Nursing (D.O.N) was informed by the complainant of the missing items and a Grievance/Concern was verbally voiced concerning locating the missing items. The complainant explained the missing (clothing)items had been given to resident R#505 during her stay at the facility, but missing items (family photos, flowers, card) were of a sentimental value to the family. On 8/20/20 at 11:50 A.M. the D.O.N. stated the missing items had not been found and a Grievance/Concern Form had been initiated on 8/7/20, but the investigation was not completed . The D.O.N. stated there had not been any communication with the family since the verbal complaint was voiced on july7,2020. On 8/21/20 at 10:00 A.M. the Administrator was asked if the facility had a system for identifying resident's personal property/belongings. The Administrator responded no the system is broke, that is why we have the Grievance/Concern Forms. R#505 did not have an Inventory Sheet identifying her belongings and staff indicated they did not know what happened to her belongings. Upon exiting the facility on 8/25/20 at 4: 30 P.M. R#505's belongings had not been located Review of the facility's undated policy Titled: Resident and Family Grievances, explained the process of filing a grievance (verbal and written) and stated under: #12 The facility would make a prompt effort to resolve grievanes.
F 0698 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Past noncompliance - remedy proposed** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to demonstrate consistent post [MEDICAL TREATMENT] assessments for one resident (Resident #508) of one resident reviewed for [MEDICAL TREATMENT] services, resulting in the potential for undetected complications associated with receiving [MEDICAL TREATMENT], including Bleeding, infection, and site failure. Findings include: Resident #508 On 8/20/20 at 10:23 a.m., the clinical record for R#508 were reviewed. The resident was admitted on [DATE] and readmitted [DATE] with [DIAGNOSES REDACTED]. According to the annual Minimum Data Set (MDS) assessment dated [DATE], the resident BIMS was not scored. The resident was aware of his name, day and time, and the location of where he was during the interview. The resident required set up only for bed mobility and transfers and was independent for all Activity Daily Living (ADLs). Review of the resident's [MEDICAL TREATMENT] care plan dated 2/9/19 documented, Resident on [MEDICAL TREATMENT] three times weekly. .Resident will sneak and get own fluids and will become verbally aggressive with staff during attempts to educate resident about fluid restrictions .Resident will have no infection at port site .Access site to have dressing intact per [MEDICAL TREATMENT] treatment center recommendation. Alert nurse/physician/treatment technicians of any changes to access site Monitor access site for sign and symptoms of infection. On 8/20/20 at 11:200 a.m., Review of a [MEDICAL TREATMENT] Communication Form (A [MEDICAL TREATMENT] Communication Form for Pre-[MEDICAL TREATMENT] Information, [MEDICAL TREATMENT] Center Information, and Post-[MEDICAL TREATMENT] Information) for R#508 revealed, the [MEDICAL TREATMENT] center information and the Facility's post-[MEDICAL TREATMENT] information was not completed for the following dates: 5/10/20, 6/12/20 ,6/15/20,6/19/20, 6/24/20, 6/26/20, 6/29/20, 7/1/20, 7/3/20, 7/6/20, 7/8/20, 7/10/20, 7/13/20, 7/15/20, 7/17/20, 7/22/20, 7/27/20, 7/29/20, 7/31/20, 8/3/20, 8/5/20, 8/7/20, 8/10/20, 8/12/20, 8/17/20, and 8/19/20. On 8/20/20 at 12:01 p.m., review of the Nurses Progress' notes revealed, no consistency in recording vital signs, post [MEDICAL TREATMENT] assessments, and no documentation for monitoring for COVID-19 infection. On 8/21/20 at 1:35 p.m., the Director of Nursing (DON) was interviewed. The DON was asked, were the '[MEDICAL TREATMENT] Communication Form used to give the facility a report of the resident 's status during [MEDICAL TREATMENT]. The DON stated, Yes. The DON was shown multiples of R#508's [MEDICAL TREATMENT] Communication Forms incomplete. The DON was asked, should all section of the [MEDICAL TREATMENT] Communication Form be completed. The (DON) confirmed the [MEDICAL TREATMENT] Communication Forms should have been completed. The [MEDICAL TREATMENT] Center should have filled out their section, and the post [MEDICAL TREATMENT] documentation should be completed by the nurses once the residents return. The DON was asked, should the nurses call the [MEDICAL TREATMENT] center to get report if the [MEDICAL TREATMENT] communication form are not completed. The DON stated, Yes, they should be. On 8/21/20 at 3:05 p.m., the facility's policy titled Care Planning Special Needs-[MEDICAL TREATMENT] revised date 4/6/20 documented, This facility will provide the necessary care and treatment, consistent with professional standards of practice, physician orders, the comprehensive person-centered care plan .to meet the special medical, nursing, .needs of residents receiving [MEDICAL TREATMENT] .Comprehensive care plans will be developed based on resident assessments, goals and preferences in accordance with assessment and care plan procedures .The care plan will reflect the coordination between the facility and the [MEDICAL TREATMENT] provider and will identify nursing home and [MEDICAL TREATMENT] responsibilities . Interventions will include, but not limited to: (A) Documentation and monitoring of complications, (C)Assessing, Observing, and documenting care of access sites, (F) Vital Signs . (5) If no written report is received upon return from [MEDICAL TREATMENT], nursing staff will call the [MEDICAL TREATMENT] provider to receive a report. (6) Changes in condition following a [MEDICAL TREATMENT] treatment will be reported immediately to the physician. (7) The care plan will be reviewed routinely and as needed for effectiveness and revised as needed.
F 0812 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.** Based on observation, interview, and record review the facility failed to properly thaw a ham that was left unrefrigerated , resulting in a potential for food borne illnesses. This deficient practice had the potential to affect 83 of the 84 residents in the facility. Findings include: On 8/21/20 at 4:35 P.M. a ham (approximately 15-20 Pounds) was observed thawing on a brown paper towel, stored on top of a chest refrigerator/freezer in the kitchen During the observation from the hallway a visible defrosting ring of water vapor was noted through two of the kitchen's doors that were gapped opened to allow air flow /ventilation due to a non-functioning air conditioning unit/system . Dietary Aide #2 (P.M. Cook) was asked about the ham being left on top of the refrigerator/freezer unit and why was the ham being stored in that manner. The

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 0812 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) employee denied knowing anything about the ham and proceeded to wash her hands at the kitchen sink . At 4:45 P.M. while exiting the facility the Administrator was informed of the observation, in addition to the temperature of the kitchen during serving time of resident's trays. On 8/25/20 at 8:45 A.M. during an interview with the Dietary manager, It was reported the ham had been placed on the refrigerator/freezer unit around 2:00 P.M and Dietary Aide #1 (A.M. Cook) who was off duty at 2:30 P.M. was to return the ham into the refrigerator unit. The Dietary manger explained the A.M Cook had forgotten and stated the Dietary staff never thaw meats in the manner observed . Review of the facility's Policy Titled: Thawing Food Products dated 2000, under #'s (7 and 8) Food which has not completely thawed by product need, may be placed under cold running water to complete the process. Food will never be thawed at room temperature, standing in warm water, or in ovens. According to the 2013 FDA Food Code Section 3-501.12 Potentially hazardous food (time/temperature control for safety food) that is slackened to moderate the temperature shall be held: (A)Under refrigeration that maintains the food temperature at 41 degrees Fahrenheit or (B) At any temperature if the food remains frozen. Section 3-501.13 Thawing-potentially Hazardous Food (Time/Temperature Control for Safety Food) shall be Thawed : (A) Under Refrigeration that maintains the food temperature at 41 degrees F or less, (B). Completely submerged under running water. Water temperature of 70 degrees Fahrenheit or below .
F 0835 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Administer the facility in a manner that enables it to use its resources effectively and efficiently.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to effectively revise and implement infection control standards of practice according to the national standards (Center for Disease Control) for 3 residents (R#509, R#510, R#511) who required transmission based precautions upon admissions/ readmissions, from a total sample of 7 residents reviewed for infection control (COVID-19), resulting in the likely potential for the spread of a highly infectious virus, affecting all residents (84) and staff within the facility. Finding include: On 8/20/20 at an Immediate Jeopardy harm level was identified when the facility failed to provide isolation precautions for new admission and readmission residents according to the national standards (CDC). On 5/1/20 the facility was also cited for failure to provide infection control practices to prevent the spread of an infectious virus according to the national standards (CDC). On 8/20/20 at 12:02 p.m., review of the clinical record documented R509 was readmitted into the facility on [DATE] from the hospital. R509 was observed in room [ROOM NUMBER]on one of the long-term care units with two other residents. Upon further observation, there were no PPE (Personal Protection Equipment i.e. gloves, N-95 mask, gowns, face shield, etc.) cart or precaution signage outside of the room. On 8/20/20 at 12:05 p.m., staff were observed going in and out of the room without the use of PPE. CENA F was interviewed and stated she was unaware the room or the residents in the room should be on precautions. On 8/20/20 at 3:20 p.m., review of the clinical record documented R510 was newly admitted into the facility on [DATE]. R510 was identified to be roomed on the second floor in room [ROOM NUMBER]. On 8/20/20 at 3:40 p.m., during the tour of the facility R510's room door was observed with no isolation precaution signage and PPE cart outside the room. R510 was observed in his room (220-2) lying in bed without a facial mask with two other residents present also not wearing masks. On 8/20/20 at 4:10 p.m., review of the clinical record documented R511was newly admitted into the facility on [DATE]. On 8/20/20 at 3:30 p.m., R511's room door was observed with no isolation precaution signage, and PPE cart outside the door. R511 was observed sitting in the hallway on unit 2 near the nurse's station with no mask. On 8/20/20 at 4:20 p.m., the facility's policy titled Standard Precautions Infection Control, date implemented 4/7/20, date revised 5/18/20 did not include updated information regarding new admissions and readmissions (most recent update on 5/25/20, which included how to manage new admissions and readmissions). On 8/25/20 at 2:41 p.m., the Administrator and Director of Nursing (DON) was interviewed and asked about the facility's Infection Control Policy/ COVID-19 policy not including updated information as of June 25, 2020 regarding Managing New Admissions and Readmissions . The DON stated she received guidance from the CDC, Health Department, and Doctors without Borders, and the facility attending physicians regarding isolating residents when they had active cases of COVID in the facility. The DON stated she was unaware of the CDC recommendations regarding new admissions and readmissions and tried to gather information that was most relevant to the facility's situation. The Administrator stated, All changes should go through the QAPI/QAA process. The most recent update regarding COVID was the concern with our test result turn around time.
F 0841 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility.** Based on interviews and record review, the facility failed to ensure the Medical Director (MD) fulfilled his responsibility of implementing the facilities newly admitted /readmitted resident's policies and procedures, attending the Quality Assessment and Assurance (QAA) meetings to coordinate resident care. This deficient practice affected all 84 vulnerable residents and resulted in the likelihood for serious harm, injury and /or death for all residents. Findings include: On 8/20/20 at 11:35 a.m., review of the facility's policy titled Standard Precautions Infection Control date implemented 4/7/20 and revised date 5/18/20, revealed new admissions and readmissions residents for 14-day isolation was not included per National Standard (Center for Disease Control guidelines). On 8//20/2020 at 12:59 p.m., during an interview with the Director of Nursing (DON), the facility's infection control policy for new admissions and readmission was discussed. The Director of Nursing (DON) confirmed that the new admission/readmission residents were not on 14-day isolation precaution. The DON was asked, why the new admitted /readmitted residents not on isolation precaution. The DON stated, They are not in isolation because we require the admission residents to have two negative COVID-19 testing before admission and the last negative COVID-19 test within seven days, before they are admitted into the facility. The DON was asked if that was the facility's policy? The DON responded, Yes, I pulled the policy straight from the Center for Disease Control (CDC) guidelines, I get all my policies from the CDC. A review of the QAA meeting 'sign-in' sheets for July 9, 2020 and August 20, 2020 indicated that the Medical Director attended the QAA meetings. There are no documentations to indicate the MD was consulted or assisted with reviewing or implementing any resident care policies. On 8/21/2020 at 4:45 PM an attempted to reach the MD regarding the Facility's Infection Control Policy via phone was unsuccessful. On 8/25/20 at 2:41 p.m., the Administrator and Director of Nursing (DON) was interviewed and asked about the facility's Infection Control Policy/ COVID-19 policy not including updated information as of June 25, 2020 regarding Managing New Admissions and Readmissions . The DON stated she received guidance from the CDC, Health Department, and Doctors without Borders, and the facility attending physicians regarding isolating residents when they had active cases of COVID in the facility. The DON stated she was unaware of the CDC recommendations regarding new admissions and readmissions and tried to gather information that was most relevant to the facility's situation. The Administrator was asked how the Medical Director was informed of changes made to policies and procedures within the facility. The Administrator stated, All changes should go through the QAPI/QAA process. The last meeting, we had (July 2020) with the Medical Director in attendance, we discussed the turnaround time for receiving COVID test results. According to the facility's Medical Director's Responsibilities, dated 7/9/20 and signed by the Medical Director documented, Duties of Associate Medical Director as following: The Associate Medical Director shall serve as an independent contractor to the Company and shall oversee and supervise the medical aspect of the Company and shall ensure compliance of the Nursing Center with the medical doctrines of the Company. Additionally, the Associate Medical Director shall perform all the supervisory relative to the medical components of the Company . including but not limited to the functions ser forth on Exhibit A .Associate Medical Director will supervise midlevel's (NP/PA) by reviewing their charts. Exhibit A Duties of Associate Medical Director. 1.Provide professional and administrative coverage for the Nursing center. 2.Ensure that all Nursing Center policies and procedures are carried out and assure compliance with applicable Federal and State Laws, Rules and Regulations and Joint Commission on Accreditation of Health Care Organizations. 10. Authority and responsibility for assuring the quality improvement, quality assurance, safety, and appropriateness of services and sees that these services are monitored and evaluated so that appropriate actions based on findings may be taken .
F 0880 **Level of harm** - Immediate jeopardy **Residents Affected** - Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**

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F 0880 **Level of harm -** Immediate jeopardy **Residents Affected -** Few	(continued... from page 2) Based on observation, interview, and record review, the facility failed to 1.) isolate 3 newly admitted /readmitted residents (Residents #509, #510, and #511) for Transmission Based Precautions per National Standard (Centers for Disease Control) guidelines and Local Health Department recommendations from a total of 3 sampled residents reviewed for infection control , 2.) ensure staff wore the appropriate recommended PPE (Personal Protective Equipment) while providing care for and working with newly admitted /readmitted residents, and 3.) ensure newly admitted /readmitted residents were properly monitored for signs and symptoms for COVID-19 , resulting in an immediate jeopardy starting on 8/14/20, when the facility staff did not follow National Standard guidelines for Transmission Based Precautions. This deficient practice placed all 84 residents and staff members at risk for serious harm, injury and/or death. On 8/20/20 at 5:40 p.m., The initial Immediate Jeopardy (IJ) concern was identified on 8/20/2020 at 1:14 a.m. and began on 8/14/2020. The facility Administrator was notified of the IJ and a request for a written plan of correction for removal occurred on 8/20/2020 at 5:40 a.m. Findings included: On 8/20/20 at 11:07 a.m., during the Entrance Conference with the Director of Nursing was asked to confirm the number of COVID-19 positive residents if applicable, where in the building was the resident located. The DON stated there was one COVID positive resident in the facility located on 2 North and on isolation precautions. The DON was then asked does the facility have an observation unit for new admissions or readmissions, and if so where are they located. The DON stated, No not necessarily, they are put on 2 North for observation if there is a room available. And if not, they are put on a regular long-term unit. But we try to. Review of the facility's list of new admissions or readmission residents from 7/20/20 to 8/20/20 identified three new admission/readmission residents R#509, R#510, and R#511 with unknown COVID-19 status. Resident #509 On 8/20/20 at 11:43 a.m. review of the clinical record documented R509 was readmitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the admission MDS assessment dated [DATE], the Resident was cognitively intact and required limited one-person assistance with ADLs. R509 was also identified to be roomed on the first floor in room [ROOM NUMBER], a long-term care unit within the facility. On 8/20/20 at 12:02 p.m., R509 was observed in room [ROOM NUMBER] with two other residents. Upon further observation, there was no PPE cart or precaution sign outside of the room. At that time, lunch was also being passed by staff. On 8/20/20 at 12:05 p.m., CENA F was observed going into room [ROOM NUMBER] to deliver meal trays. CENA F did not have on PPEs except for a surgical mask. CENA F was observed going in and out of the room three times. CENA F was also observed passing out meal trays to other residents on the hall without washing or sanitizing her hands between meal pass. CENA F was asked was room [ROOM NUMBER] an isolated room. CENA F stated, No one in there has COVID, so I don't think so. CENA F was also asked how often should hand sanitizing or hand washing occur between tray pass. CENA F stated, Every 4th tray or something like that. On 8/20/20 at 2:59 p.m., further review of clinical records documented in the electronic record, R509's temperature was not taken consistently since admission. Upon admission (8/14/20), the Resident's temperature was taken and recorded once, on 8/15/20 was taken and recorded once, 8/16/20, was taken and recorded once, 8/17/20 was taken and recorded once, 8/18/20 was taken and recorded once, 8/19/20 was taken and recorded twice. Respiration was taken once a day from the dates of 8/14/20-8/20/20. O2 (oxygen) status was taken once a day except for the dates of 8/14/20, 8/15/20, and 8/18/20. Review of the physician's orders [REDACTED]. Order Date 08/19/2020. There were no readmission orders [REDACTED]. Resident #510 On 8/20/20 at 3:20 p.m. review of the clinical records documented R#510 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. No MDS were available. According to the facility's admission assessment dated [DATE] documented, R#510 is alert and oriented to name only, and is chair and bed bound. R#510 was identified to be roomed on the second floor in room [ROOM NUMBER]. On 8/20/20 at 3:40 p.m., during the tour of the facility R#510's room door was observed with no isolation precaution signage and PPE cart outside the room. R#510 was observed in his room (220-2) lying in bed without a facial mask with two other residents present also not wearing masks. On 8/20/20 at 3:55 review of R#510's clinical records revealed, no consistency of 14-day monitoring for COVID-19 in the electronic record since admission. Resident #511 On 8/20/20 at 3:30 p.m., R#511's room door was observed with no isolation precaution signage, and PPE cart outside the door. R#511 was observed sitting in the hallway on unit 2 near the nurse's station with no mask. On 8/20/20 at 4:10 p.m., review of the clinical records documented R#511 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. No available MDS available. According to the admission Nurses Progress notes documented, R#511 was alert and oriented x's three, required limited assistance with bed mobility, transfers, and Activity Daily Living (ADLs). On 8/20/20 at 4:25 p.m., review of the Nurses Progress' notes revealed no documentation of monitoring the resident's for signs and symptoms of COVID-19 Review of the resident's clinical record revealed no infection control (COVID-19) care plan. During the interview on 8/20/20 at 12:59 p.m., the Director of Nursing (DON) confirmed that R#509, R#510, and R#511 were not on 14-day isolation precaution. The DON was asked, why was not the newly admitted /readmitted residents in isolation precaution. The DON stated, They are not in isolation because we require the admission residents to have two negative COVID-19 testing before admission and the last negative COVID-19 test within seven days, before they are admitted into the facility. The DON was asked if that was the facility's policy? The DON responded, Yes, I pulled the policy straight from the Center for Disease Control (CDC) guidelines, I get all my policies from the CDC. The DON submitted test results for R#509 while at the hospital for the dates of 7/21/20 and 7/31/20, in which were negative however the R#509 was not admitted into the facility until 8/14/20. The DON did not have preadmission COVID-19 test results for residents R#510 and R#511. The DON was informed that the CDC recommendation stated, .negative results using RT-PCR for detection from at least two consecutive respiratory specimens collected ?24 hours apart (total of two negative specimens) . The DON was then asked, how are the newly admitted /readmitted residents being monitored for sign and symptoms of COVID-19 and where is the nurse's documentation. The DON responded, The nurses monitor the residents and document in the Nurses Progress Notes. Review of the facility's policy titled, Standard Precaution Infection Control, date implemented 04/7/20 and revised 5/18/20 the facility did not include the National Standard (CDC guidelines) for new admissions or readmission residents admitted into the facility. According to the Centers for Disease Control, updated 6/25/20 Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown: Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected . Actively monitor all residents upon admission and at least daily for fever (T?100.0oF) and symptoms consistent with COVID-19. Evaluate and Manage Residents with Symptoms of COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry The facility presented an acceptable removal plan for the immediate jeopardy on 8/21/20 at 9:50 a.m. Actions that were performed to address the recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the facility's noncompliance and the date the corrective actions were completed: Resident #510 no longer resides in the facility, Resident #509, and #511 were moved with their permission to an observation room immediately for 14-day observation and placed on transmission-based precautions on 8/20/20. Resident #511 was assessed by the Nurse Practioner and the assigned nurse and exhibits no signs and symptoms of distress or decline noted. Resident #511vitals were noted to be within normal limits and displays no signs and symptoms of infection on 8/20/20. Resident #509 was assessed by the nurse and displays no signs and symptoms of distress or decline. Resident #509 vitals were noted to be within normal limits and displays no signs and symptoms of infection on 8/20/20. Resident #509 and #511 orders and care plans were reviewed and revised as needed on 8/20/20. CNA #1 was educated on wearing appropriate PPE while providing care and working with newly admitted residents in the building on 8/20/20. The facility's actions taken to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring, and when those actions were completed. A facility wide sweep was conducted on 8/20/20 of all residents to assess for sign and symptoms of infection, all remained without signs and symptoms of infection as assessed by the nurse. New admits and re admits will be placed in 14-day observation to include shift to shift monitoring of vital signs. All staff have been educated prior to their next shift of work in the revision of the Coronavirus Surveillance policy which includes being placed in 14-day designated observation of all new admissions and readmissions to include being placed on Transmission Based Precautions for 14 days. All staff have been educated prior to their next working shift on wearing appropriate PPE while providing care and working with newly admitted /readmitted residents in the building. All licensed nursing staff have been educated prior to their next working shift to ensure that all admissions/readmissions are properly monitored for signs and symptoms for COVID-19. Date Facility Asserts Likelihood for Serious Harm No Longer Exists: 8/20/20.