STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235589	A. BUILDING _____ B. WING _____	04/21/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAKELAND CENTER (THE)	26900 FRANKLIN ROAD SOUTHFIELD, MI 48034

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 -** Immediate jeopardy **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 institute and operationalize appropriate infection control principles and practices per the Centers for Disease Control Prevention (CDC) including the failure to adequately screen staff and visitors for precautionary safety measures to prevent the exposure of residents to 2019 Novel Coronavirus (COVID-19), and follow CDC guidelines for six (R#700, R#701, R#705, R#708, R#709 and R#711) of six Residents reviewed for cohorting (sharing a room) with COVID-19 positive or presumed positive residents, resulting in the increased likelihood of symptomatic persons entering the facility undetected and the increase likelihood of transmission of COVID-19. The failure to follow current CDC recommendations 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 3/20/20. The IJ was identified on 4/15/20. The Administrator was notified of the IJ on 4/16/20 at 5:31 PM and a plan to remove the immediacy was requested. Although the IJ was removed on 4/17/20, 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. Review of CDC guidelines for Long-Term Care Facilities Guidance read in part, . every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare workers, vendors, etc.) should be asked about COVID-19 symptoms and they must also have their temperature checked . Screen all HCP (Health Care Professionals) at the beginning of their shift for fever and symptoms of COVID-19 . Actively take their temperature and document absence of shortness of breath, new or change in cough, sore throat, and muscle aches. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace . On 4/15/20 at 8:00 am, upon entering the facility, an observation of a table with a thermometer, sign in sheet, disinfectant, sanitizer and information on COVID-19 was posted. Surveyors were directed to the table by staff to take their own vitals, document it on the sign in sheet and answer the following questions . Cough?, Travel?, Proximity to Sick? . Do you have a fever?, Do you have a cough?, Have you traveled within the last 14 days?, Have you been in close proximity to anyone who has been sick? The facility assessment questions for staff did not include the complete assessment questions recommended by the CDC. Surveyors completed their temperatures and answered written questions with no oversite from any facility staff reviewing and verifying the temperatures or answers to the questions. On 4/15/20 at 10:07 am, an observation was completed of the facility's side entrance door (which was considered the staff entrance) where two staff members had been observed entering the building on 4/15/20 at 7:53 am. There was a table with a thermometer, alcohol pads, sign in sheets for each department, disinfectant wipes and directive sheets for staff. A green sign documented in part .100.6 fever, notify supervisor . No staff was observed to be present to monitor that each staff member took their temperature or completed the assessment questions. A review of the employee sign in sheets revealed the following: Business office/Administration staff sheet: A staff member circled a Y (indicating yes) for cough on 4/8/20, 4/9 and on 4/13, 4/14 and 4/15 also had a Y circled for Proximity to Sick (it was confirmed that the staff member continued to work). Laundry staff sheet: On 4/12/20 a staff member documented their temperature but did not complete the assessment questions and continued to work that day. Front Desk Reception staff sheet: On 4/15/20 documented one staff circled a Y for cough and three staff members circled a Y for proximity to sick and continued to work with the residents. On 4/15/20 at 10:10 am, Housekeeper (HK) A was queried on how the facility screened them at the start of their shift and stated in part, . Usually a nurse is there at the door to screen us but most of the time there is not (a nurse at the door) . On 4/15/20 at 10:27 am, Staffing Coordinator (SC) B was queried on how the facility screened them at the start of their shift and stated in part, . I come through the employee entrance. Put my name down, answer the questions and take my temp. When asked what they do if their temperature is abnormal, SC B stated, I would call up to the unit and tell the nurse. On 4/15/20 at 10:30 am, Recreational Therapist (RT) C was queried on how the facility screened them at the start of their shift and stated in part, . I stop at the front desk and take my vitals and answer the questions. When RT C was asked if their assessment was abnormal what would they do, RT C stated, I would tell my boss. On 4/15/20 at 8:50 am, the Administrator was queried on who reviewed the staff assessment questions when staff were coming on duty and stated in part, Every day we go through the listing. If they fall within the risk category, we would remove them . On 4/15/20 at 1:44 pm, the Administrator and Director of Nursing (DON), who served as the Infection Control Nurse and the COVID-19 task Nurse, were queried regarding the concerns of not having a staff member verify each employees temperature and review assessment questions prior to the employee starting their shift (to ensure healthcare personnel did not pose a risk for the residents residing at the facility) no response was offered and no additional information was provided before the end of the survey. Review of CDC guidance for Long-Term Care Facilities read in part, Monitor ill residents (including documentation of temperature and oxygen saturation) at least 3 times daily to quickly identify residents who require transfer to a higher level of care . Have a plan for how residents 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) . 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 #700 and #711 A review of R#711's clinical record revealed the following: R#711 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED].) A Minimum Data Set ((MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15 out of 15 (Intact Cognition) and was dependent on staff for all activities of daily living (ADL's.) A Nursing note dated 3/9/20 at 11:29 AM, documented Patient contact isolation d/c'd (discontinued). Patient IV (intravenous) ABT (antibiotic) completed and patient asymptomatic at this time. R#711 was previously diagnosed with [REDACTED]. A Nurse Practitioner (NP) noted dated 3/18/20 at 15:46 (3:46 pm) documented in part, . Patient also spiked a fever to 102.8 f (Fahrenheit) with associated chills. On encounter patient was lying in bed, with shivering . Vitals: BP (blood pressure): 196/91,P (pulse):107 ,R (respiration): 18,T (temperature): 102.8 . A Nursing note dated 3/18/20 at 18:03 (6:03 pm) documented in part, RESIDENT SENT OUT 911 TO (Name Redacted local hospital) @ 1710 (5:10 pm) FOR [MEDICAL CONDITION] PER NP (Name Redacted), RESIDENT TEMP 102.8 BP 196/91 HR 107 RESP 18 . A NP note dated 3/24/20 at 14:02 (2:02 pm) documented in part, . readmitted to the facility. He was transferred from here to the hospital for c/o (complaints of) hematuria (blood in the urine), fever and pain at catheter site. He was treated for [REDACTED]. Patient was stabilized and transferred back here. He currently denies any complaints, states that he feels better . A nursing note for R#711's roommate (R#700) dated 3/25/20 at 19:37 (7:37 pm) documented in part, . NURSE WAS APPROACHED BY CNA (Certified Nursing Assistant) STATING THAT PT FELT WARM, NURSE TOOK TEMP ORALLY 102.6 . Residents #711 and #700 remained sharing the same room despite R#700's fever and R#711 considered being high risk per a review of Centers for Disease Control and Prevention (CDC) guidelines which documented in part, . 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 . including: . people with diabetes . [MEDICAL CONDITION] undergoing [MEDICAL TREATMENT] . A Medical Doctor (MD) note dated 3/26/20 at 14:25 (2:25 pm)

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235589	A. BUILDING _____ B. WING _____	**04/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAKELAND CENTER (THE)	**26900 FRANKLIN ROAD SOUTHFIELD, MI 48034**

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 - Immediate jeopardy

Residents Affected - Many

(continued... from page 1)

for R#711 documented in part, .Patient was confused to where he was right now whether he was in the hospital or back at the nursing facility, but after reorienting he remembered that he is back at the nursing facility . On 3/30/20 at 12:56pm, a Nursing note documented in part . RESIDENT WAS SENT FROM [MEDICAL TREATMENT] TO HOSP (Hospital). BECAUSE RESIDENT HAD INCREASE TEMP . A Nursing note dated 4/9/20 at 16:06 (4:06 pm) documented in part, . RESIDENT POSITIVE FOR COVID. RESIDENT REMAINS IN HOSPITAL AT THIS TIME . A review of R#700's clinical record revealed the following: A nursing note dated 3/25/20 at 19:37 (7:37 pm) documented a temperature of 102.6. A Nursing note for R#700 dated 3/25/20 at 20:31 (8:31 pm) documented in part, . temperature of 100.0 as ordered . non-productive cough noted . A Nursing note for R#700 dated 3/26/20 at 2:12 am documented in part, . has negative result for influenza A and a negative result for influenza B physician and on call physician notified . A MD note dated 3/26/20 at 17:47 (5:47 pm) documented in part, . temp of 99.9 F with dry cough from morning. Patient lying in the bed, tired and drowsy . Fever with cough- Patient high risk for COVID-19 as he is [MEDICAL CONDITION] (End Stage [MEDICAL CONDITION]) on HD ([MEDICAL TREATMENT]). Swab for Influenza, other respiratory viruses including RSV (Respiratory [MEDICAL CONDITION]) and COVID-19. Contact and droplet isolation . Residents #700 and #711 continued to share the same room despite the high-risk criteria, the physician's written directive to be placed on contact and droplet isolation and per CDC guidelines. A Nursing note for R#700 dated 3/29/20 at 16:36 (4:36 pm) documented in part, . Nursing monitoring resident r/t (related to) a non-productive dry cough, and fever . Influenza A/B and CoViB-19 (sic) precautions implemented, monitor resident for s/s cov-19 and influenza . A Nursing note for R#700 dated 3/31/20 at 19:56 (7:56 pm), documented Influenza AB test- negative. A Nursing note for R#700 dated 4/5/20 at 12:08 pm documented in part, . Patient + (positive) Covid-19 . On 4/16/20 at 5:23 pm, the Director of Nursing (DON) was queried on why R#711 remained in a shared room with R#700, when R#700 showed signs of a fever on 3/25/20. The DON stated that the residents were screened (with the facility's COVID screening guide) and didn't screen positive. A request was made at that time for the resident's COVID screening and it was not provided by the end of survey. An email was sent by the DON to Surveyor on 4/16/20 at 9:01 pm, which documented in part, . Patient did not present with symptoms that would require the IDT (Interdisciplinary team) to consider to move (R#700's name redacted). At the time (early March) what constituted positive screen was a temp of 100.4 or greater, cough, travel, or if you had been in proximity of anyone whom had a + dx (positive diagnosis) or presumed + (positive). His screen was negative . The inquiry regarding R#700 and R#711 was noted to be at the end of March which the CDC recommended in part, . Unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in these settings . Identify infections early and take actions to prevent spread . Quickly recognize and manage severe illness . Actively monitor all residents . for fever (T> or equal to 100.0 F) and symptoms of COVID-19 (shortness of breath, new or change in cough, sore throat, muscle aches). If positive for fever or symptoms, implement Transmission-Based Precautions . Identification of these symptoms should prompt isolation and further evaluation for COVID-19 . Residents #709 and #705 Review of the census record revealed R#709 and R#705 became residents in the same room on or about 8/21/18. Resident #709 Review of the clinical record revealed R#709 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the most recent quarterly MDS assessment dated [DATE], R#709 scored 12/15 on the BIMS exam, indicating moderately impaired cognition. The MDS assessment also indicated R#709 required the extensive assistance of staff for bed mobility and transfers. Review of R#709's temperatures revealed on 3/20/20 from 2:10 PM to 6:00 PM, R#709 had temperatures of 99 to 99.2 F, and one temperature of 99 F on 4/3/20 at 10:19 PM. The temperature record revealed no other elevated temperatures for R#709 through the end of the survey. Review of the observation history for R#709 revealed no facility COVID-19 screen was done on R#709. Review of R#709s physician progress notes [REDACTED].Assessment/plan . Exposure to COVID suspect . A note dated 4/17/20 read in part, .patient's COID (sic) test has come back positive . It is noted the positive test was 28 days after R#709 had elevated temperatures on 3/20/20. Resident #705 Review of the clinical record revealed R#705 was originally admitted into the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. According to the most recent quarterly MDS assessment dated [DATE], R#705 scored 3/15 on the BIMS exam, indicating severely impaired cognition. The MDS assessment also indicated R#705 required the total dependence of staff for bed mobility and transfers. Review of R#705's temperatures and oxygen saturation levels (SaO2) revealed no elevated temperatures or low SaO2 from 3/20/20 until 3/30/20, ten days after R#705's roommate, R#709, had an elevated temperature. Review of R#705's progress notes revealed: A nursing note on 3/30/20 at 10:26 AM read, received in bed with O2 per n/c (nasal cannula) at 2 lpm (2 liters per minute). SaO2 is 89% (normal range 94-100%). Bumped O2 up to 4 lpm and rechecked. Resident is at 92% . A nursing note on 3/30/20 at 5:34 PM read, Resident has recently been placed on O2. Temperature this afternoon is 100.0 F. Tylenol given and contact;droplet (sic) precautions initiated . A Registered Respiratory Therapist (RRT) note on 4/5/20 at 11:25 PM read, o2 sat on 5 liters is 92 percent breath sound diminished bilaterally . A RRT note on 4/7/20 at 4:43 AM read, Resident received on 3L O2 via nasal cannula. Pt (patient) spo2 89% so raised to 4L and Spo2 up to 92%. BS (breath sounds) dim (diminished) with productive cough . A RRT note on 4/9/20 at 10:36 AM read, Found pt without O2 nasal cannula spo2 84% placed back on O2 at 5L spo2 92% . Review of the facility's COVID-19 screening for R#705 revealed on 3/30/20 the document indicated R#705 had None of the above marked for 'Travel', None of the above marked for 'Exposures Identified through Contact Investigation', and Yes marked for 'Screening Results' for COVID-19. Review of lab orders for R#705 revealed an order dated 4/10/20 for a COVID-19 test to be done. The results were reported on 4/14/20 as positive for COVID-19. On 4/15/20 at 3:09 PM, the facility's Administrator and DON were interviewed by phone concurrently. During the interview, the Administrator and DON were queried about why R#709 was not moved out of the room on 3/30/20 when R#705 was put on contact/droplet precautions (for suspected COVID- 19). The Administrator and DON explained that since R#709 had run a fever on 3/20/20, they were presumed positive. The Administrator and DON were asked why R#705 was not moved out of the room when R#709 had an elevated temperature on 3/20/20. The Administrator and DON explained since R#705 was already exposed, it would have been irresponsible for the facility to move either roommate as it would have exposed more residents in the facility. Residents #701 and #708 Review of the census record revealed R#701 and R#708 became residents in the same room on or about 8/27/18. Resident #701 Review of the clinical record revealed R#701 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the most recent quarterly MDS assessment dated [DATE], R#701 scored 9/15 on the BIMS exam indicating moderately impaired cognition. The MDS assessment also indicated R#701 was independent with bed mobility and transfers. Review of R#701's temperatures revealed on 3/25/20 at 11:46 AM a temperature of 99.9 F. On 3/26/20 at 9:01 AM, R#701's temperature was documented as 99.8 F. Review of R#701's progress notes revealed: A NP note dated 3/27/20 at 1:53 PM read in part, .Assessment/plan- Fever: will obtain labs . Covid testing is pending . A nursing note dated 3/28/20 at 1:32 PM read, NURSING SUPERVISOR: Resident presents during shift with cough, diarrhea, low grade temperature of 99.9 oral . implement influenza A/B and co VIB-19 (sic) precautions per facility protocol, implement droplet/contact precautions, obtain culture for influenza A/B and place on quarantine x 14 days . A nursing note dated 3/28/20 at 6:57 PM read, NURSING SUPERVISOR: Assigned nurse report fever of 102.7 oral . implement influenza A/B, and Co VIB -19 (sic) precautions . A physician note dated 4/6/20 at 12:59 PM read in part, .Assessment/plan . Monitor closely, COVID testing pending. In isolation . Review of lab orders for R#701 revealed an order dated 4/10/20 for COVID-19. Results were reported on 4/14/20 as positive for COVID-19. Resident #708 Review of the clinical record revealed R#708 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the most recent quarterly MDS assessment dated [DATE], R#708 scored 3/15 on the BIMS exam indicating severe cognitive impairment. The MDS assessment also indicated R#708 was independent for bed mobility and transfers. Review of R#708's temperatures revealed: On 3/28/20 at 12:12 PM, a temperature of 100.3 F. At 7:18 PM, a temperature of 99.6 F. On 3/29/20 at 12:34 AM, a temperature of 101.2 F. At 1:34 PM, a temperature of 99 F. On 3/30/20 at 12:24 AM, a temperature of 99 F. At 5:17 PM, a temperature of 99 F. At 9:26 PM and 9:28 PM, a temperature of 99.2. A nursing progress note on 3/28/20 at 1:43 PM read in part, NURSING SUPERVISOR: Resident presents during shift with cough, diarrhea, low grade temperature of 100.3 oral. Resident denies SOB (shortness of breath), malaise, fatigue or sore throat. Respirations unlabored and even, spo2 level at 98% RA (room air) . implement influenza A/B and co VIB-19 (sic) precautions per facility protocol, implement droplet/contact precautions, obtain culture for Co Vib-19 . On 4/6/20 at 9:41 PM, a temperature of 101 F. On 4/7/20 at 1:09 AM, a temperature of 99.5 F. At 5:08 PM, a temperature of 100.7 F. On 4/15/20 at 1:18 PM, the facility's Administrator and DON were interviewed concurrently. During the interview, the Administrator and DON were queried about why R#708 was left in the same room with R#701, when R#701 was positive for COVID-19 and R#708 had not been tested . The Administrator and DON explained R#701 and R#708 had the same symptoms on 3/28/20, so they were left in the same room as both were presumed to have COVID-19. The Administrator and DON were asked why R#708 was not moved out of the room when R#701 started running a fever on 3/25/20, three days before R#708 developed symptoms. The Administrator and DON explained the curtain between the residents' beds was kept closed. On 4/20/20 at 2:43 PM, the Medical Director was called and a voicemail was left. There was no return call before the end of the survey. A

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235589	A. BUILDING _____ B. WING _____	**04/21/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
LAKELAND CENTER (THE)	**26900 FRANKLIN ROAD SOUTHFIELD, MI 48034**

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 -** Immediate jeopardy **Residents Affected -** Many	(continued... from page 2) facility policy titled Coronavirus-19, Prevention and Control dated 3/2020 documented in part, . Staff Screening . All staff will be screened at the beginning of their shift for fever and respiratory symptoms. Actively take staff temperatures and document absence of shortness of breath, new or change in cough, and sore throat. If they are ill, they will put on a facemask and leave the workplace . Coronavirus Modes of Transmission 1. [MEDICAL CONDITION] is thought to spread mainly from person-to-person. a. Between people who are in close contact with one another (within about 6 feet). b. Through respiratory droplets produced when an infected person coughs or sneezes. c. These droplets can land in the mouth or nose of people who are nearby or possibly be inhaled into the lungs. 2. It may be possible that a person can get COVID-19 by touching a surface or object that has [MEDICAL CONDITION] on it and then touching their own mouth, nose, or possible their eyes . Nursing will monitor for and evaluate all new fevers and respiratory illnesses among patients. Any patient with unexplained fever or respiratory symptoms will be placed on appropriate Transmission-Based Precautions and evaluate . A patient with known or suspected COVID-19 will be placed in a single-person room if available or cohort with another resident with the same diagnosis . (Name of Facility) PLAN OF REMOVAL VISITOR/STAFF SCREENING The visitor/staff policy was revised on 4/15/2020. The new policy includes the following provision: A Staff member will be assigned to take temperatures and will document in the surveillance log absence/presence of shortness of breath, new or changed in cough, and sore throat. Anyone with a temp of greater or equal to 100.0 degrees will not be allowed to enter workplace. This screening policy applies to employees and all visitors including, but not limited to outside vendors, surveyors etc. The front entrance is now the only point of entry for visitors/staff to enter the facility. Any staff person/visitor who presents with shortness of breath, new or change in cough and sore throat will not be allowed entry into the building, and advised to seek medical attention. The entire receptionist team was re-educated on the revised visitor/employee screening policy, and their responsibility for temperature checks and documentation. The receptionists will be responsible for screening visitors/employees from 5:00am to 8:00pm. The Unit 2 Nurse will be responsible for screening/documenting temperatures for hours outside of this time frame. The entire staff was provided a copy of the new policy by group email on 4/17/20. A copy of the policy will be maintained at the receptionist desk for visitors/vendors. COHORTING Resident 700 continues to reside in the facility in room (number redacted). The nursing staff continues to do a COVID-19 screen on him daily. He remains in a room by himself. Resident 701 continues to reside in the facility in room (number redacted). He is currently in a room by himself. Resident 705 continues to reside in the facility in (number redacted). He remains in a room with a roommate who also has a positive for COVID-19 test. Resident 706 continues to reside in the facility in room (number redacted). Resident 708 (roommate to 701) remains in the facility in room (number redacted). Resident 709 continues to reside in the facility in room (number redacted). Resident 710 no longer resides in the facility. Resident 711 no longer resides in the facility. If he returns to the facility, he will reside in a private room for 14 days. For all residents who develop symptoms of COVID-19 we will: COVID-19 screen and vital signs every shift and as needed will continue to be done for all residents Apply mask if tolerated Contact the physician to report new symptoms and possibility of infection Place in droplet/medical isolation For symptomatic resident who have no roommate, they will remain in the room on Unit 1 If the symptomatic resident has a roommate, he/she will be screened for COVID-19 If the room-mate's screen is negative, we will move him/her to another room without a roommate, and monitor for development of symptoms for the next 14 days. The COVID-19 policy was revised, and the Admissions and Nursing staff were provided a copy of the updated policy by group email on 4/17/2020. The facility has engaged the services of a new lab to test for COVID-19. The new company has demonstrated that they have an adequate amount of supplies to meet our needs. The turn-around time for the testing is 72 hours. This additional service provider augments our existing contract with (Name Redacted local hospital). Audits of visitor/staff screening documents and resident COVID-19 screens will be conducted 5x/week for resident who develop symptoms. The findings of these audits will be summarized and brought to QAPI on an ongoing basis.