STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235654	A. BUILDING _____ B. WING _____	04/15/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE VILLAGES OF LAPEER NURSING & REHABILITATION	239 S MAIN ST LAPEER, MI 48446

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 0684 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Provide appropriate treatment and care according to orders, resident's preferences and goals.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This Citation pertains to Intake Number MI 563. Based on record review, the facility failed to administer medications timely and perform respiratory assessments as ordered by the physician for five residents (Resident #301, Resident #302, Resident #303, Resident #306, and Resident #311) of 25 residents reviewed for medication administration and respiratory assessments with Covid-19 infection, resulting in missed medications and the likelihood of worsening unnoticed respiratory symptoms. Findings include. Resident #301: On 4/14/20, at 10:00 AM, a record review of Resident #301's electronic medical record revealed an admission on 11/2/2018 with [DIAGNOSES REDACTED]. A review of Medication Administration Record [REDACTED]. [MEDICATION NAME] Sprinkle Capsule Delayed Released Sprinkle 125 MG ([MEDICATION NAME] Sodium) Give 2 capsule by mouth three times a day for [MEDICAL CONDITION] . There was no documented refusals for the missed medications. A review of care plans revealed no care plan for resident refusing medications. Resident #302: On 4/14/20, at 11:20 AM, a record review of Resident #302's electronic medical record revealed an admission on 02/22/2019 with [DIAGNOSES REDACTED]. A review of the MAR for April, 20 revealed the following missed medications on 4/4/20 PM 7-: Carvedilol Tablet 6.25 MG Give 1 tablet by mouth two times a day related to Essential (primary) Hypertension . [MEDICATION NAME] Tablet 20 MG Give 1 tablet by mouth two times a day for [MEDICAL CONDITION] . LevETIRAcetam Tablet 250 MG Give 1 tablet by mouth two times a day for [MEDICAL CONDITION] . [MEDICATION NAME] Solution Pen-injector 100 Unit/ML (milliliter) (Insulin [MEDICATION NAME]) Inject 10 unit subcutaneously at bedtime for DM2 . [MEDICATION NAME] Sodium Tablet Give 112 mcg (micrograms) by mouth at bedtime for [MEDICAL CONDITION] . Atorvastatin Calcium Tablet 10 MG Give 1 tablet by mouth at bedtime for [MEDICAL CONDITION] . A review of progress notes revealed no documented refusal for the medications not given. The last documented progress note for respiratory assessment in the progress note was on 4/5/2020 14:07 Nursing Progress Note Resident remains in his room. A&Ox3 (alert, orientated to person and time), continues with a productive cough spo2 (oxygen saturation) 92% on RA (room air), continues to eat and drink well, denies pain at this time. A review of the April, 20 MAR for respiratory assessments revealed missed respiratory assessments for 4/7/20 AM and 4/8/20 PM when the resident was actively fighting Covid-19. A review of the assessment tab revealed no additional respiratory assessments. Resident #303: On 4/14/20, at 11:30 AM, a record review of Resident #303's electronic medical record revealed an original admission on 07/20/2017 with [DIAGNOSES REDACTED]. A review of progress notes revealed the following on 4/4/2020 21:40 Nursing Progress Note Received report from (hospital) lab that Covid-19 test is positive . The last documented progress note regarding any respiratory assessment in the progress note was on 4/5/2020 13:56 Nursing Progress Note Resident remains in his room A&Ox2-3, continues with productive cough and is drinking plenty of fluids. A review of the MAR for April, 20 revealed two missed respiratory assessments for the day of 4/4/20 and 4/7/20 while the resident was actively fighting Covid-19. A review of the physician orders [REDACTED]. Start Date 3/17/2020 . There was no end date for this order. A review of the assessment tab revealed no additional respiratory assessments. Resident #306: On 4/14/20, at 11:35 AM, a record review of Resident #306's electronic medical record revealed an admission on 8/27/2015 with [DIAGNOSES REDACTED]. A review of progress notes revealed the following on 4/5/2020 13:42 Nursing Progress Note resident a&ox2-3 remains in isolation with a very productive cough O2 (oxygen) is at 3L (liters), and sore throat, resident is drinking well. There were no further progress notes assessing respiratory status. A review of the physician orders [REDACTED]. Start Date 3/17/2020 . There was no end date for this order. A review of April, 20 MAR indicated [REDACTED]. A review of the assessment tab revealed no additional respiratory assessments. The April, 20 MAR indicated [REDACTED]. [MEDICATION NAME] Sodium Tablet 112 MCG Give 1 tablet by mouth at bedtime for Hypothryroidism . [MEDICATION NAME] Tablet 2 MG ([MEDICATION NAME]) Give 1 tablet by mouth at bedtime related to [MEDICAL CONDITION] DISORDER, [MEDICAL CONDITION] TYPE . [MEDICATION NAME] Sprinkles Capsule Delayed Release Sprinkle 125 MG ([MEDICATION NAME] Sodium) Give 4 capsule by mouth two times a day related to [MEDICAL CONDITION] DISORDER, [MEDICAL CONDITION] TYPE . [MEDICATION NAME] Tablet 2 MG Give 2 tablet by mouth two times a day related to OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS . GIVE 2 TABS FOR A TOTAL DOSEAGE OF 4 MG . [MEDICATION NAME] XR Tablet Extended Release 24 Hour 200 MG (Quetiapine [MEDICATION NAME] ER) Give 1 tablet by mouth at bedtime related to [MEDICAL CONDITION] DISORDER, [MEDICAL CONDITION] TYPE . The following medications were missed on 4/13 [MEDICATION NAME] HCI Tablet 500 MG Give 1 tablet by mouth before meals related to TYPE 2 DIABETES MELLITUS . Befor (before meals) the first two boxes were left blank for the breakfast and lunch meals. [MEDICATION NAME] Sprinkles Capsule Delayed Release Sprinkle 125 MG ([MEDICATION NAME] Sodium) Give 4 capsule by mouth two times a day related to [MEDICAL CONDITION] DISORDER, [MEDICAL CONDITION] TYPE . [MEDICATION NAME] Tablet 2 MG Give 2 tablet by mouth two times a day related to OTHER SPECIFIED EXTRAPYRAMIDAL AND MOVEMENT DISORDERS . GIVE 2 TABS FOR A TOTAL DOSEAGE OF 4 MG . [MEDICATION NAME] Tablet 1 MG ([MEDICATION NAME]) Give 1 tablet by mouth one time a day related to [MEDICAL CONDITION] Disorder [MEDICAL CONDITION] type . There was no documented refusals for the missed medications. The care plans revealed no care plan for refusing care. Resident #311: On 4/14/20, at 12:15 PM, a record review of Resident #311's electronic medical record revealed an admission on 1/13/2020 with [DIAGNOSES REDACTED]. A review of progress notes revealed the following on 4/5/2020 15:09 Nursing Progress Note Resident remains on east hall, ambulating with her walker, gait is steady, continues with a dry cough, denies any discomforts, eating and drinking well. This was the last progress note regarding any respiratory assessment. A review of April, 20 MAR indicated [REDACTED]. while the resident was actively fighting Covid-19. A review of physician orders [REDACTED]. Start Date 3/17/2020 . There was no stop date listed. A review of the assessment tab revealed no further respiratory assessment documented. On 4/14/20, 12:40 PM, an interview with Staff U revealed that the residents at times would complain that they wouldn't get their medications and that it happened all the time. On 4/14/20, at 12:30 PM, The Director of Nursing (DON) was called via phone to clarify email. The DON was asked to provide the facility policies; nursing assessment with condition changes, medication administration and following physician orders. On 4/13/2020, at 3:30 PM, a record review of the facility provided policies Administering Medications Revised 2/1/19 revealed . 3. Medications must be administered in accordance with the orders, including any required time frame . The policy Physician order [REDACTED].
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** This Citation pertains to Intake Numbers MI 563 and MI 578 Based on observation, interview and record review, the facility failed to follow accepted Infection Control standards of practice to ensure the appropriate Personal Protective Equipment/PPE (the use of facial masks) was made available for staff usage when caring for residents during the onset of the facility's COVID-19 outbreak of a census of 58 residents, resulting in increased COVID-19 cross contamination, 25 facility residents with reported positive COVID-19 tests (Residents #301, #302, #303, #304, #305, #306, #307, #308, #309, #310, #311, #312, #314, #315, #316, #319, #320, #321, #322, #323, #324, #325, #326, #327 and #328), numerous staff members

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235654	A. BUILDING _____ B. WING _____	04/15/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE VILLAGES OF LAPEER NURSING & REHABILITATION	239 S MAIN ST LAPEER, MI 48446

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) with reported positive COVID-19 test results, 6 resident deaths (Residents #312, #314, #315, #316, #319 and #324), and the potential for further cross contamination of other residents residing in the facility with possible hospitalization and death. Immediate Jeopardy: This immediate jeopardy began on [DATE], when the former Director of Nursing F came into the facility therapy room and told Occupational Therapist/OT B to remover her own personal protective face mask and told OT B she was not going to wear the mask in her building. This was during a worldwide pandemic of the COVID-19 virus. According to the Michigan Department of Health and Human Services (dated [DATE]), Lapeer County had the first case reported of the [MEDICAL CONDITION] on [DATE]. Thirty four cases had been reported in Genesee County (adjacent county) and the total reported COVID cases in Michigan that were reported on [DATE], had reached 1,791, up from 1,328 the day before. Two Nursing Assistants had been sent home from working at the facility on [DATE], by previous Director of Nursing/DON F, for wearing their own protective face mask while caring for facility resident's. The County Health Department reported during a phone interview done on [DATE] at 10:55 a.m., that the facility had a total of 22 residents with a positive COVID-19 test result. As of [DATE], there was a total of 25 residents who tested positive for COVID-19. The immediate jeopardy was identified on [DATE] at 4:00 p.m., the Administrator and Interim Director of Nursing were notified on [DATE] at 11:04 a.m.; accepted by the Interim Director of Nursing on [DATE] at 11:17 a.m., of the immediate jeopardy that began on [DATE], due to the facility's failure to follow accepted Infection Control standards of practice to ensure and provide the appropriate Personal Protective Equipment and allow staff to wear protective face masks. Findings Include: PPE is equipment that is to be worn to minimize exposure to a variety of hazards. The Employer obligations include, a hazard assessment, identifying and providing appropriate PPE for employees and training employees in proper usage of PPE. Employers must pay for PPE for their employees, on [DATE] this OSHA rule went into effect. The standard makes clear that employers cannot require workers to provide their own PPE and the worker's use of PPE they already own must be completely voluntary. OSHA Healthcare Workplace Classified as Very High or High Exposure Risk for Pandemic Influenza (would include COVID-19), OSHA Publication No. 3328, Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employers Long-term care facilities should ensure all staff are using the appropriate PPE while giving care and interacting with residents to the extent PPE is available and per CDC (Center for Disease Control) guidance. The facilities are to determine the amount necessary for daily use and ensure the proper PPE is made available at each shift. CDC Up-date [DATE], CMS (Centers for Medicare & Medicaid Services), COVID-19 Long Term Care Facility Guidance, [DATE] All Long-term care facilities should require those involved in direct patient care to wear a mask per standard recommendations. If national and local supplies are at contingency levels, only direct care staff should use one mask per shift. https://www.cdc.gov/coronavirus/2019 Timeline of Facility COVID-19 Positive cases: During a phone interview done on [DATE] at 10:08 a.m., the county Health Department spokesperson I stated I have 22 resident's that have tested positive, some of the residents are in the hospital and 2 have died (as of [DATE]). During a phone interview done on [DATE] (at 4:17 p.m. and again at 4:50 p.m.), Physician MD K and Infection Control Nurse, RN L, revealed as of [DATE], the facility had a total of 17 residents that had tested positive for the COVID-19 virus and 3 residents who also had tested positive for [MEDICAL CONDITION] and had deceased . During a phone interview done on [DATE] at 11 :50 a.m., the current DON Q and SW C revealed there was a total of 25 residents who had positive COVID-19 lab results and a total of 6 residents with positive COVID-19 lab results who had deceased . Review of documentation provided by the facility on [DATE], 1 staff member resigned, 3 said they would not return because of the media coverage of 101 staff members employee, 12 had tested positive for COVID-19, 6 COVID-19 tests were still pending and 19 other staff were on out due to illnesses and self-quarantine. During a phone interview done on [DATE] at 10:15 a.m., the current DON N stated According to the documentation provided to that (the above statement) is true. During an interview done on [DATE] at 3: 44 p.m., the Administrator and Infection Control Nurse L revealed the facility had 15 residents in the building with positive COVID-19 tests on the East unit, 6 residents with COVID-19 signs/symptoms and/or positive tests in the hospital and 8 residents who had positive COVID-19 positive tests who had deceased . Review of the typed note by DON N dated [DATE] sent at 4:04 p.m., stated We currently still have 6 residents in the hospital (4 of the 6 residents had a positive test for COVID-19, Residents #326, #327, #328 and un-sampled #329). Review of the hospital and facility lab results for residents who had tested positive for the COVID-19 virus and facility residents who had deceased are as follows: -Resident #301, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #302, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #303, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #304, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #305, on [DATE], the resident tested positive for COVID-19. . Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #306, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #307, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #308, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #309, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #310, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #311, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #312, on [DATE], the resident tested positive for COVID-19. The resident deceased on [DATE]. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #314, on [DATE], the resident tested positive for COVID-19. The resident deceased on [DATE]. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #315, on [DATE], the resident tested positive for COVID-19. The resident deceased on [DATE]. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #316, on [DATE], the resident tested positive for COVID-19. The resident deceased on [DATE]. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #319, Per interview done on [DATE] at 4:17 p.m., Physician K revealed on the residents Death Certificate was put COVID-19. The resident decreased on [DATE]. -Resident #320, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #321, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #322, on [DATE] the resident tested positive for COVID-19. Review of the ab dated [DATE], revealed COVID19 was detected. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #323, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #324, on [DATE], the resident tested positive for COVID-19. The resident deceased on [DATE]. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #325, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #326, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #327, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed COVID19 was detected. -Resident #328, on [DATE], the resident tested positive for COVID-19. Review of the lab dated [DATE], revealed covid19 was detected. During a phone interview done on [DATE] at 9:11 a.m., previous DON F stated we had enough masks and PPE, I was saving them. She (Administrator) said she's keeping the masks in her office locked only.; she kept them on a little table in the corner of her office. During a phone interview done on [DATE] at 12:20 p.m., the Administrator said the facility had enough masks and PPE in the building on [DATE], for staff to use (including masks). The Administrator said the facility had N-95 face masks, gowns, gloves, face shields and hand sanitizer in the facility. She said the masks were available to staff. The Administrator stated, I am so sick, I got a hold of my doctor, she changed my antibiotic. I am going to get tested (for COVID-19). The Administrator said she had been in the facility every day, even on the morning of [DATE]. The Administrator said she had cough, congestion, some body aches and was taking Tylenol. The Administrator had a high potential for being a vector (transmit pathogen) passing the COVID-19 virus to residents and staff at the facility. During a phone interview done on [DATE] at 10:13 a.m., the current Director of Nursing, RN N revealed her first day as the DON was [DATE], she just started as the DON and said the Administrator was not in the facility at this time; DON N stated The Administrator does not have a doctor note yet (to be cleared to be in the facility after having signs/symptoms of COVID-19), waiting for one to come back to facility. Review of the Physician typed note dated [DATE], revealed the Administrator may return to work on [DATE]. The typed note also revealed the Physician had seen the Administrator in the office on [DATE], and again per phone on [DATE]. The Administrator had been in the facility prior to having a Physician release to return to work. Review of the facility COVID-19 policy (un-dated), stated If you have cold symptoms, such as cough/sneezing/fever or feel poorly, request sick leave or work from home if able. If you have being (been) close contact with someone infected by COVID-19, with high

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235654	A. BUILDING _____ B. WING _____	04/15/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE VILLAGES OF LAPEER NURSING & REHABILITATION	239 S MAIN ST LAPEER, MI 48446

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) chances of being infected yourself, request work from home. You will also be asked not to come into physical contact with any colleagues during this time. During an interview done on [DATE] at 2:15 p.m., Occupational Therapist/OT B stated, It happened on [DATE], I was with a resident (in the therapy room). She (DON F) told me I was not to wear a mask, she said it's not helping me. I told her it was helping me I didn't know who I have been in contact with. She said, you're going to take it off. I said no, she said not in my building, she stormed off. The Administrator was in the hall, so I told her (DONF) is sending people home for wearing a mask. I called my boss (Therapy manager) and he called the (Owner/Physician G). The next day (on [DATE]), (DONF) came storming in the therapy room and told me not to wear a mask. I told her no for the second time. She said she didn't care what the (Physician G) said. She asked me, was I choosing to go home if I didn't take it off; I went and told the Administrator. Then the two of them started yelling in the Administrators office. The next day the Administrator asked me if there was anything wrong and was there anything else, I wanted to complain about. During a phone interview done on [DATE] at 1:38 p.m., Nursing Assistant/CNA E said she was wearing her own paper facial mask at the facility as she was caring for the residents and DON F told her to take it off or go home. CNA E stated I just got my results back this morning (on [DATE], positive COVID-19 results). CNA E stated, They (management) took the PPE and locked it up, there was no PPE available at the nursing station at this time (on [DATE]). My last day was [DATE]th ([DATE]), as of this time there was no PPE at the nursing station. (DON F) told us we had to provide our own PPE. (DON F) and the Administrator had them (the PPE) locked up. I got my positive results today ([DATE]), there are 8 CNA's who tested positive. On [DATE] at approximately 1:45 PM, an interview was conducted with Social Worker C. It was explained their previous DON (Nurse F) was provided with samples of what other facilities were implementing in preparation for COVID 19. Nurse F provided pushback on implementing the necessary changes in the building, as Nurse F felt the facility did not need to prepare as there were no positive COVID 19 residents or staff. Social Worker C reported they just recently were able to implement all the necessary changes in the building. She continued, many of facility staff are upset and refusing to work as they feel they were exposed to COVID 19 from a resident or staff member. During a phone interview done on [DATE] at 10:10 a.m., CNA P stated She (DON F) put me on leave because my throat was sore, this was about the 24th (2020) or 25th (2020). When I called (DON F) and asked her if they were wearing masks, she said no. She said, we are not wearing masks, she said she took the PPE out of the building, nobody was allowed to wear it. I said I would have to consider if I was coming back to work, I haven't been back to work since. During a phone interview done on [DATE] at 11:45 a.m., CNA M revealed the facility had paper masks on the doors of the residents who had respiratory signs & symptoms of COVID-19 virus. CNA M said she had used a paper mask from the facility on [DATE], [DATE] and [DATE] without anyone telling her not to wear it. Then on [DATE], she stated (DON F) said we (CNA's) were uneducated enough to wear one (a masks). She said if you're not willing to take our masks off, we could go home. She said you can leave my building now. During a phone interview done on [DATE] at 9:11 a.m., DON F stated I told the Administrator when this first came about, there were several staff who had masks on. There were 2 or 3 , they said they didn't want to get the [MEDICAL CONDITION]. I told them we were checking temps and didn't want to alarm the residents and we wanted to save these masks. I went to one of the therapists (OT B) and a couple staff; I told them they did not need to wear them, and they shouldn't wear them in the building and the residents were getting upset. The therapist called (Physician G), then the Administrator said to let them wear them. The Administrator knew I was telling them (staff) not to wear them (masks) and she didn't say anything to me until (Physician G) was called. She told them the same thing, I heard her say that to them, and we talked about it in the morning meeting. Review of DON F's facility Human Resource/HR file revealed on [DATE], she verbally resigned from the facility. Review of the typed note dated [DATE], in DON F's Facility HR file stated On [DATE] at approximately 9:30 am, (the Administrator) asked me (HR Manager O) to be part of a conversation with (DON F) regarding employees wearing masks as PPE. When (the Administrator) told (DON F) that the staff needs to be allowed to wear masks, per Doctors, (DON F) told her to ask them how long of a notice they need because she is going to quit. (DON F) stated that she does not want her instruction undermined or gone around because it makes her ineffective in her role. Review of DON F's HR file revealed a history of facility concerns (on [DATE]) regarding the interactions between management (DON F) and staff. The Administrator talked to (DON F) with HR present regarding the proper procedure when dealing with staff and disciplinary action. During a phone interview done on [DATE] at 12:20 p.m., the Administrator stated the (DON F and Infection Control Nurse L) were doing swabs of the throat tests on all (residents with signs/symptoms). All tests (COVID-19 tests) came from (the local Health Department). (DON F) quit, she said she was not coming back, and the staff was mad at her, she would not let them wear masks because it would cause a panic. Some of the staff were wearing masks, she was sending them home. I told her they could wear masks if they wanted to. I told her this on [DATE]. (OT B) came to me and said (DON F) was sending people home for wearing masks; I told them they could wear masks if they wanted. During an interview done on [DATE] at 9:30 a.m., Social Worker C stated A lot of our staff said they were not going to return because she (DON F) was here. She was telling them not to use masks. I called one CNA (CNA E), she was one of the first CNA's to get COVID. She said she couldn't breathe. I called (DON F) after the phone call with the CNA (CNA E) and she said she told the staff not to wear masks and she locked up the stuff (PPE) in the Beauty Parlor and Medical Supply and in (the Administrators) office. You can't deny someone the right to wear the masks. During a phone interview done on [DATE] at 12:46 p.m., the DON (Interim Director of Nursing on [DATE]) stated I haven't work since [DATE], she (DON F) didn't let them wear masks. The Administrator called me on [DATE] and asked me is this the truth (staff not allowed to wear masks), I said no and tell them they are welcome to any PPE available. I did training on COVID-19 on [DATE] (twice) and [DATE] (four times). In my opinion, she (DON F) is at fault, I am going to report her to the Board of Nursing. Observations made on [DATE] at 3:55 p.m., revealed a total of 15 residents on East Hall who had positive COVID-19 lab tests. Observation was made of all PPE available to staff, including PPE at nursing stations and in the Beauty Parlor (all were unlocked and available to staff). All 15 residents were observed by this surveyor at the time with no verbalizations of any complaints. During an interview done on [DATE] at 4:03 p.m., Nurse, LPN W said she had enough PPE available and no one at the facility had told her or staff not to use masks or any other PPE. Review of the facility Isolation Categories of Transmission-Based precautions policy dated [DATE], stated Transmission-Based Precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. Review of the facility Personal Protective Equipment-Using Face Masks policy dated [DATE], stated the use of masks was, to prevent transmission of infectious agents through the air, to protect the wearer from inhaling droplets, to prevent transmission of some infections that are spread by direct contact with mucous membranes. Masks were to be used, when providing treatment or services to a patient who has a communicable respiratory infection, when providing treatment or services to a patient and the use of a mask is indicated; and when performing a task that may involve the splashing of blood or body fluids into the mouth or nose. The Immediate Jeopardy was abated on [DATE], based on observation via virtual tour of the facility staff wearing the proper PPE, including protective facial masks while interacting and caring for residents and on confirmation during interviews conducted on [DATE] 3:55 p.m., that the facility had implemented the following to remove the immediate jeopardy. 1. On [DATE], facility personal protective equipment (PPE) was available for all staff, to care for residents. 2. On [DATE], the previous director of nursing F (who resigned without notice on [DATE]) was corrected by the nursing home Administrator and Corporate Compliance Officer. She was notified at that time that staff are free to wear PPE at any time in the facility, and that sending them (staff) home if they did not take it off was an incorrect directive, was not supported by facility culture or policy. The facility had enough PPE available to staff in the PPE supply areas. 3. On [DATE], staff members who were sent home by the former Director of Nursing (DON F), were notified by facility administration that the directive was inappropriate, and they can return to work wearing the PPE of their choosing. This was also conveyed on [DATE] via PCC (electronic medical record). However, some of these staff members failed to return to work. The Administrator ensured a back-up of supply of PPE was made available for staff use. 4. The facility had received 1 official resignation and 3 staff members who have stated due to media coverage, they were not returning to work but have not contacted the facility administration or Human Recourse. Of the 101 staff members currently employed, 12 staff have tested positive for COVID-19, 6 staff members with pending test results and 19 other staff members who are out for a combination of illness, self-quarantine or other personal reasons. Necessary and enough care is occurring for residents at the facility, starting [DATE] additional staffing resources from 6 staffing agencies were elected for service. 5. As of [DATE], residents that have tested positive for COVID-19, are isolated at the facility (on East Hall) and staff are continuing to monitor for signs and symptoms and risk factors for the COVID-19 virus. Any residents exhibiting with symptoms are tested for Covid-19 and staff are sent for testing. 6. Effective [DATE], the facility initiated segregating staff (staff working on the East unit) to maintain working with those residents that have tested positive. 7. As of [DATE], all staff members were wearing appropriate PPE. Infection Control Standards continue to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235654	A. BUILDING _____ B. WING _____	**04/15/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE VILLAGES OF LAPEER NURSING & REHABILITATION	**239 S MAIN ST LAPEER, MI 48446**

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 3) be practiced, including but not limited to proper PPE equipment for all staff, and CDC expectations specifically referring to COVID -19 guidelines (with CDC daily updates as needed). Although the Immediate Jeopardy was removed on [DATE], the facility remained out of compliance at scope and severity for potential for more than minimum harm pending the facility's ability to sustain compliance as verified by the State Agency.