STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235427	A. BUILDING _____ B. WING _____	06/17/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
AUTUMN WOODS RESIDENTIAL HLTH	29800 HOOVER RD WARREN, MI 48093

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation has two deficient practices Deficient Practice Statement #1 Based on observation, interview, and record review, the facility failed to properly maintain infection control practices during a COVID-19 Infection Control Survey by not donning (applying) adequate facial personal protective equipment (PPE) appropriately on the designated COVID-19 unit, resulting in the likelihood of the spread of COVID-19 (a highly contagious respiratory infection) to residents and staff members. Findings include: On 6/16/2020 at 9:55 AM, an observation of the designated COVID-19 unit was completed with Unit Manager E, a nurse. There were some residents in the common area and in the hallways. Some resident doors were open, while others were not. According to Unit Manager E, those with the doors open, preferred their doors open. On the doors of the unit, a sign was posted stating that the resident(s) within the room were in isolation precautions (contact/droplet). The sign also depicted the type of PPE to be worn (gown, mask, eye protection, gloves) and that everyone MUST adhere to the PPE requirement, including visitors, doctors & staff. Unit Manager E explained that all the residents on the unit were tested positive for COVID-19. When queried about PPE available to staff, Unit Manager E explained that the staff enter the unit and have PPE available on the donning cart located just outside the unit. When queried about N95 style masks (a mask recommended by the Centers for Disease Control/CDC to be worn while around COVID-19 patients to reduce the risk of contracting the infection), the Unit Manager E stated that there was enough available and the staff get a mask located at the entrance into the facility before they enter the unit and are to utilize those masks while on the unit. On 6/16/2020 at 10:25 AM, Housekeeper A was observed to be on the designated COVID-19 unit. Housekeeper A was wearing only a black and white reusable cloth mask on her face with no goggles or a face shield on and was observed to be going in and out of rooms with residents that had COVID-19. When queried regarding the use of a cloth mask verses a N95 mask, Housekeeper A explained that it was her own personal mask and stated, It does have a filter inside. When queried if it was a N95 style mask, she stated, No. She went on to explain that it was her choice to wear the current mask she was wearing and that the facility gave her the option. On 6/16/2020 at 10:45 AM, Certified Nursing Assistant (CNA) C was observed sitting outside a resident's room on the COVID-19 unit. CNA C had her N95 mask resting underneath her nose. Upon further inspection, CNA C had a white procedural mask underneath the N95 mask, defeating the necessity of the tight fit of the N95 mask creating gaps along the sides of the mask. CNA C was observed to be walking in and out of resident rooms on the unit with a procedure mask underneath her N95 mask. On 6/17/20 at 1:50 PM, an interview was completed via phone with the Infection Control Preventionist (ICP) Nurse D. ICP D explained that the COVID -19 unit residents are all in isolation (droplet/contact). On 6/17/20 at 2:19 PM, ICP D was interviewed via phone again and asked what type of PPE should staff be wearing while on the unit. ICP D stated, If staff are in the room or six feet from a resident, they should be wearing a gown, mask, face shield and gloves. ICP D was further queried about the type of mask that should be worn and stated the mask should be a N95 style mask. When queried regarding the observation of Housekeeper A going in and out of rooms with just a personal cotton mask on, the ICP D stated, They can wear a procedural mask with eye goggles or face shield on. ICP D was then queried in regard to CNA C wearing her mask under her nose and wearing the N95 mask incorrectly with a procedural mask underneath it with no eye protection and stated, The masks need to be worn covering the nose and the mouth. They are allowed to wear more than one type of mask. We haven't been letting them wear a personal mask, they have to wear a procedural or N95. On 6/17/20 at 2:55 PM, an interview was completed with the Director of Nursing (DON) and the Nursing Home Administrator (NHA) via phone. When queried on what PPE should be worn by staff on the COVID-19 unit, the NHA stated, Staff are to wear mask, gown, gloves and a face shield, during care, something for the eyes, goggles. When queried about Housekeeper A wearing a personal reusable cotton mask the NHA stated, Not on that unit, we don't give them the choice, they should not be wearing their own (mask). When queried in regard to CNA C wearing a procedural mask under the N95 and having it under her nose, the NHA stated, They can wear a procedure mask, we don't agree with it, but they can wear one over the N95. When explained to the NHA that the procedural mask was under the N95, the NHA stated, But they can wear a procedural mask according to (local state department of health). The NHA was then asked about nose covering, Well, yes, they are supposed to have their nose covered. A record review of the facility policy titled, Coronavirus (COVID-19) revised 4/29/20 revealed the following: Known or suspected case-2. For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher level respirator if available .if there are COVID-19 cases in the facility .staff implement universal use of facemasks while in the facility .When COVID-19 is identified in the facility, staff wear all recommended PPE i.e., (gloves, gown, eye protection and respirator or facemask .9. .PPE including gloves, gown, N95 respirator or approved equivalent, eye protection (goggles or face shield) must be utilized for any healthcare workers entering precaution rooms. Preventing illness-1. The best way to prevent illness is to avoid being exposed to this virus and properly using/wearing PPE when needed. Deficient Practice Statement Two: Based on observation, interview and record review, the facility failed to enact and implement policies and procedures to ensure Personal Protective Equipment (PPE) was maintained, stocked, and available for use and failed to operationalize policies and procedure to ensure communication to [MEDICAL TREATMENT] provider of infectious illness and transmission based isolation status related to Covid-19 for one (#701) of one Residents reviewed for Covid-19 and [MEDICAL TREATMENT], resulting in lack of available PPE on the Ventilator Unit and lack of communication of isolation precaution status to [MEDICAL TREATMENT] provider. Findings include: An interview was conducted with the facility Administrator and Director of Nursing (DON) on 6/16/20 at 10:10 AM. When queried regarding Residents with Covid-19 in the facility, the Administrator and DON revealed 28 Residents had tested positive and one other Resident was considered a Person Under Investigation (PUI). When queried if any Residents on the Ventilator unit had Covid-19, both the Administrator and DON indicated the Ventilator unit had no positive and/or presumptive cases. The Administrator and DON further revealed the facility had adequate supplies of PPE. During a tour of the ventilator unit on 6/16/20 at 10:50 AM, multiple Resident rooms were noted to have isolation precautions in place with hanging PPE stations on their room doors. Several of the hanging PPE carts did not have PPE supplies, including gowns and masks available for use. A sign indicating Contact Precautions and a hanging PPE station with no gowns and/or masks was observed on Resident #701's room. Resident #701 was not present in their room at this time. On 6/16/20 at 10:35 AM, an interview was completed with Nursing Assistant F. When queried what PPE is required to be worn by staff in rooms with contact precautions, Nursing Assistant F replied, Gloves, gown, and mask. All facility staff were noted to be wearing droplet/procedural masks in the facility. When queried regarding mask use in Resident rooms when they are already wearing a mask, Nursing Assistant F revealed staff are supposed to get a new mask after they provide care to Residents on precautions. Nursing Assistant F was then asked where they obtain a new mask and replied, They (masks) are usually on the door (hanging PPE station). When queried regarding observation of rooms without PPE available in the hanging PPE station, Nursing Assistant F did not provide an explanation. An interview was conducted with the DON on 6/15/20 at 10:40 AM. The DON was queried regarding Resident #701's location, and revealed the

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F 0880 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	(continued... from page 1) Resident was at [MEDICAL TREATMENT]. When asked why Resident #701's was in isolation precautions, the DON revealed Resident #701 was on Droplet and Contact precautions related to their recent readmission to the facility and an infection. When queried regarding the lack of PPE in the hanging PPE stations the DON revealed PPE should be available and present in the hanging PPE supply cart for staff use. An interview was completed with Unit Manager G and the DON on 6/16/20 at 10:45 AM. When queried regarding facility policy/procedure pertaining to mask utilization in Resident rooms on precautions, Unit Manager G stated, I would put a procedure mask over my mask. With further inquiry, Unit Manager G revealed the same mask worn by staff into a Resident room on precautions should not be worn when caring for other Residents. Unit Manager G was then asked what precautions Resident #701 had in place and replied, Droplet and Contact. When asked what mask should be worn when providing care to Resident #701, Unit Manager G stated, I would wear an N-95 (respirator mask that is worn snuggly to the face to filter 95% of 0.3 microns sized airborne particles) and put a droplet mask over that. When queried regarding observation of lack of PPE including masks in multiple Resident isolation carts, including Resident #701, Unit Manager G revealed they were unaware no masks were available. When asked if masks and PPE are maintained in a different place on the unit for staff to access them, Unit Manager G opened a cabinet at the nurses' station, which was empty, and revealed there was no more available on the unit and that they would need to obtain supplies from the DON's office. Unit Manager G was then asked if staff were not following facility policy/procedure related to PPE use due to lack of available masks/PPE, and Unit Manager G replied, Correct. When asked about the length of time that the PPE had not been available on the unit, Unit Manager G revealed the last time they checked was on Sunday (6/14/20). An interview was conducted with the DON on 6/16/20 at 11:00 AM. When queried regarding the lack of PPE on the ventilator unit, the DON replied, That is unacceptable. On 6/16/20 at 11:07 AM, a Resident was observed in their bed in the elevator of the facility accompanied by facility staff. The Resident was not noted to be wearing PPE. At 11:13 AM on 6/16/20, Resident #701 was observed in their room in bed with no staff present. An interview was completed with Respiratory Therapist (RT) H at this time. When queried when Resident #701 had returned to their room, RT H replied (Resident #701) just got back from [MEDICAL TREATMENT]. An interview was completed with Unit Manager G on 6/16/20 at 11:15 AM. When queried regarding facility policy/procedure related to Residents who receive [MEDICAL TREATMENT] and are on isolation, Unit Manager G replied, They are three feet apart down there (facility in-house [MEDICAL TREATMENT] unit). No further explanation was provided. An interview was completed with Registered Nurse (RN) I on 6/16/20 at 11:18 AM. When queried regarding facility policy/procedure related to Residents who receive [MEDICAL TREATMENT] and are on isolation, RN I revealed Residents are transported in their beds and are supposed to wear a mask and be covered during transfer. An observation of the in-facility [MEDICAL TREATMENT] area and an interview occurred with [MEDICAL TREATMENT] Technician (DT) J on 6/16/20 at 11:25 AM. Seven Residents were present in the [MEDICAL TREATMENT] area of the facility. When queried if any facility Residents who were on isolation precautions and/or who were Covid-19 positive and/or presumptive were receiving [MEDICAL TREATMENT], DT J replied, No. When queried regarding policy/procedure pertaining to [MEDICAL TREATMENT] treatments for Resident who have isolation precautions in place related to Covid-19, DT J replied, When we did have contact precautions, we did ([MEDICAL TREATMENT]) at the bedside and then stored the equipment in a special area. DT J was then asked if Resident #701 received [MEDICAL TREATMENT], and DT J revealed they had. When asked if they were aware that Resident #701 had recently been readmitted to the facility and was in contact and droplet isolation precautions, DT J replied, No. When queried how Resident isolation status is communicated to [MEDICAL TREATMENT] staff from the facility, DT J stated, Get an email. At this time, [MEDICAL TREATMENT] RN K joined the interview. When queried regarding Resident #701 having Contact and Droplet precautions in place, [MEDICAL TREATMENT] RN K revealed they were unaware the Resident had isolation precautions in place. With further inquiry regarding the Resident being readmitted to the facility on [DATE] and [MEDICAL TREATMENT] policy/procedure, [MEDICAL TREATMENT] RN K stated, [MEDICAL TREATMENT] would be done in a separate room or on a separate shift. They would be treated as a PUI (for Covid). When asked if Resident #701's [MEDICAL TREATMENT] treatments would have been completed differently if they would have been made aware the Resident was on Contact and Droplet isolation precautions, both [MEDICAL TREATMENT] RN K and DT J replied, Yes. Record review revealed Resident #701 was originally admitted to the facility on [DATE] and most recently readmitted on [DATE] with [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was cognitively intact and required extensive to total assistance to perform Activities of Daily Living (ADLs). Review of Resident #701's medical record revealed the following progress note, 6/14/20: Admission Summary . Resident arrived via stretcher . Peg tube removed due to ESBL (Extended Spectrum Beta-Lactamase- infectious organism) in site. Resident will be in isolation for droplet precautions and ESBL . The following isolation precaution orders were noted in Resident #701's medical record: -Droplet Precautions every shift for monitoring for 14 Days (Active: 6/14/20) -Contact Precautions ESBL peg tube site every shift for ESBL for 90 Days (Active: 6/14/20) Review of Resident #701's [MEDICAL TREATMENT] Communication Record documentation dated 6/15/20 and 6/16/20 did not include any documentation indicating the Resident was on isolation precautions. An interview was conducted with the facility Administrator on 6/17/20 at 7:47 AM. When queried regarding observations of PPE not being available for Residents on isolation precautions, including Resident #701, the Administrator revealed they were aware, and that PPE should be stocked and available for staff use. When queried regarding communication of isolation status for Residents receiving [MEDICAL TREATMENT], including Resident #701, the Administrator indicated Resident isolation precaution status should be conveyed to [MEDICAL TREATMENT] staff. An interview was conducted with the Director of Nursing (DON) on 6/17/20 at 9:20 AM. When queried regarding facility policy/procedure pertaining to restocking and maintaining PPE in Resident isolation carts, the DON revealed the facility did not have a policy/procedure and stated, Nope, but we are going to create one. On 6/17/20 at 1:38 PM, an interview was completed with Infection Control Nurse D. When asked if PPE availability is monitored as part of Infection Control Surveillance, Infection Control Nurse D stated, No. When queried who is responsible, per facility procedure, for stocking PPE in Resident isolation carts, Infection Control Nurse D replied, The Unit Secretary brings up the stock (to unit) and it is group effort by staff. When asked about the facility policy/procedure regarding Resident admissions and readmissions related to Covid-19, Infection Control Nurse D stated, Originally, had an area sectioned off with contract and droplet precautions for 14 days prior to testing. With further inquiry regarding current process due to the facility no longer having a designated area for new and readmissions, Infection Control Nurse D replied, Now, we require a negative test before they (Residents) come (are admitted) to facility. When asked if a negative Covid-19 test is a requirement for admission to the facility, Infection Control Nurse D indicated it was and then stated, If they (Residents) do not have a negative or if the test was greater than 72 hours before admit then we test on admission. When asked about isolation precautions, Infection Control Nurse D stated, We do contact and droplet precautions until the test comes back. When asked what precautions are implemented if the newly admitted /readmitted Resident has a Covid-19 test within 72 hours of admission, Infection Control Nurse D replied, Then they don't go on any precautions. When asked about room placement for newly admitted /readmitted Residents, Infection Control Nurse D stated, They go to any unit. When queried regarding communication of isolation precautions for Residents receiving [MEDICAL TREATMENT], including Resident #701, Infection Control Nurse D indicated [MEDICAL TREATMENT] staff should be made aware of isolation status. Review of facility provided policy entitled, ([MEDICAL TREATMENT] Company) Identification and Management of PUI/Suspected COVID-19 Patients and Confirmed Positive COVID-19 Patients (Revised 6/4/20) revealed, Recently CMS recommended Skilled Nursing Facilities (SNF's) to quarantine residents returning from a hospital where a known positive case of COVID-19 was present for 14 days. In addition, ([MEDICAL TREATMENT] Company) is monitoring through ([MEDICAL TREATMENT] Company) RN's and the SNF Nursing staff and Infection Preventist any suspected PUI or confirmed COVID-19 positive patients that have not had a hospital stay . All ([MEDICAL TREATMENT] Company) staff must wear loops masks and eye protection in the [MEDICAL TREATMENT] den for asymptomatic patients and N95 masks for all PUI and COVID-19 positive patients .