STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235259	A. BUILDING _____ B. WING _____	06/10/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
WARREN WOODS HEALTH AND REHABILITATION CENTER	11525 E TEN MILE RD WARREN, MI 48089

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** - Minimal harm or potential for actual harm **Residents Affected** - Some	**Provide and implement an infection prevention and control program.** Based on observation, interview, and record review, the facility failed to follow recommended guidelines for Personal Protective Equipment (PPE) during a COVID-19 Infection Control Focused Survey in the isolation unit (location of R502 and R503) and in the remainder of the building, potentially affecting all residents in the facility, resulting in lack of or improper use of PPE. Findings include: On 6/9/20 at 10:19 AM, the Director of Nursing (DON) was queried regarding residents in the facility under observation for COVID-19. The DON indicated the facility currently no longer had any confirmed COVID-19 positive cases, but had an isolation unit (B unit/200 Wing) for observation of residents with unknown or pending COVID-19 status. On 6/9/20 at 10:30 AM, while being interviewed regarding COVID-19 in the facility, Nurse D was observed touching the outside of their surgical mask. Nurse D did not perform hand hygiene after touching their mask and before handling packets of resident medications. On 6/9/20 at 10:51 AM, Staff C was observed sitting in a chair in a room in the 200 wing (outside of the isolation section). Staff C was sitting next to a bed with a resident observed to be sleeping and indicated they were on a 1:1 safety assignment with the resident. The resident lying in bed had no mask on. Staff C's surgical mask was observed to be pulled underneath their chin. Staff C's mouth and nose were exposed. On 6/9/20 at 10:53 AM, Nurse A was observed to be in the isolation section of the B wing. Nurse A was observed wearing a surgical mask for personal protective equipment (PPE). Nurse A was observed washing their hands and then entering R503's room. Nurse A then exited the room and washed their hands. Nurse A exited the B wing wearing the same surgical mask and walked to another section of the building. At 10:55 AM, Nurse A entered back into the B wing wearing the same mask and no other PPE. On 6/9/20 at 10:58 AM, the door to the isolation unit which has stop signs and PPE instructions for entering the unit. Nurse A was observed exiting the unit with a bag of medications, wearing only a surgical mask. Nurse A was asked about the use of PPE in the observation unit and stated, I was at the nurses station in 227. The units nurse's cart is in 227 but they are taking care of (R502) right now. (R502) was tested for COVID-19 yesterday and the results are not back yet. (R503) was sent to the hospital for GI (Gastro-intestinal) bleeding and came back. On 6/9/20 at 11:24 AM, Nurse A returned to the unit and was talking to Nurse B in the hallway, wearing only a surgical mask. Nurse A then went into R503's room and washed hands in the room's bathroom. Nurse A was asked about PPE use when entering a resident's room in the observation unit and stated, (R503) came back from the hospital about a week ago. (R503) was sent to the hospital for GI bleeding. (R503) was tested at the hospital for COVID-19 and was negative. (R503) will be tested again on the 12th day. The DON makes sure they are negative before they come back. All of our positive residents go to (another facility). On 6/9/20 at 11:05 AM, the Assistant Director of Nursing (ADON) was interviewed regarding training provided to staff related to COVID-19. Throughout the conversation, the ADON touched and adjusted the outside of their surgical mask six different times. The ADON was not observed to perform hand hygiene. When queried regarding when education about PPE was given, the ADON indicated it was covered in April 2020. On 6/9/20 at 11:20 AM, Staff E was observed sitting at the 100 unit nurse's station with their mask pulled underneath their chin with their mouth and nose exposed. Staff E was observed speaking with two other staff members at the nurse's station. On 6/9/20 at 11:23 AM, Staff F was observed walking down the 100 unit hallway pushing a treatment cart with a surgical mask covering their mouth, but was not covering their nose. On 6/9/20 at 11:40 AM, the Infection Control Preventionist (ICP) was queried regarding the expectation for PPE use in the isolation section of the B wing. The ICP indicated when going into resident rooms on the unit, staff should be wearing, gown and gloves, with a mask and a (face) shield, some people feel more comfortable with that. If there is contact with a resident we prefer a shield. When queried regarding the COVID-19 status of the two residents on the B wing, the ICP indicated they will be tested for COVID-19 on 6/14 and 6/16 respectively, based on the facility's policy for testing after re-admission to the hospital. The ICP continued and stated, I am still expecting staff to be entering rooms and treating them (patients on the B wing) as positive when it comes to wearing PPE. On 6/10/20 at 1:30 PM, the DON was interviewed and queried regarding their expectation for staff PPE use in the isolation section of the B wing. The DON stated, If there is patient contact or they are going into the room they should have full PPE. They should be gowning up and staying in protective gear throughout their time back there on the unit. We are still wearing protective gear until we know otherwise. When queried if staff should be wearing the same mask on the isolation unit as the rest of the building, the DON stated, No, they need to change masks. When queried what staff should be wearing in the rooms of the two current residents under observation on the B wing, the DON stated, N95 masks. The DON was then queried what the expectation is of staff if the staff touch their mask, and asked what the expectation is for wearing masks among the general population in the facility outside of the isolation area. The DON stated, Wash their hands, discard their mask, get a new one. If touching the facial part handwashing should be incorporated. Masks are to be worn in appropriate fashion at all times in the building. The DON further indicated they expected staff and everyone in the building to try to maintain social distancing to the extent possible. A review of the facility provided document titled, Coronavirus COVID-19 - CMS Update - June 3, 2020, revealed, .As of May 14, full PPE is recommended in the following areas: Admission Units, Observation Units, Dedicated areas where residents with suspected or confirmed COVID-19 are located, and, Other units as directed by local/state health departments .Administrative staff should continue to follow universal mask protocols when not in patient care areas. In the event an administrative staff member interacts with a resident on one of the identified units/areas, full PPE should be worn . CDC Guidance for PPE in nursing homes found under, Preparing for COVID-19 in Nursing Homes, Updated May 19, 2020, on the website https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html indicates: Implement Source Control Measures. HCP should wear a facemask at all times while they are in the facility: When available, facemasks are generally preferred over cloth face coverings for HCP as facemasks offer both source control and protection for the wearer against exposure to splashes and sprays of infectious material from others. Guidance on extended use and reuse of facemasks is available. Cloth face coverings should NOT be worn by HCP instead of a respirator or facemask if PPE is required. 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 disposable 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.

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