STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235539	A. BUILDING _____ B. WING _____	07/28/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ADVANTAGE LIVING CENTER - NORTHWEST	16181 HUBBELL ST 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.

(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** - Few	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** This citation pertains to Intake: MI 2. 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 adequately providing empiric (temporary) isolation precautions for three (R#501, #502, #503) of three residents reviewed for infection control, potentially resulting in the spreading of an infectious virus (COVID-19) amongst others in the facility. Findings include: On 7/24/20 at 11:01 a.m., the Administrator stated the observation unit (designated area in the facility for new admissions and readmissions- nosocomial transfer) was on the third floor, east wing of the floor. The Administrator also stated there were 12 confirmed cases of COVID-19 patients which were asymptomatic (showing no signs or symptoms); five in which were diagnosed and treated for [REDACTED]. The asymptomatic residents were cohorted together and placed throughout the facility. None were placed on the observation unit. The Administrator also stated the residents that are placed on the observation unit are there for 14 days to be monitored and evaluated for signs or symptoms for COVID-19. The residents are or will be tested weekly. After the 14 days and a negative test result, the resident or residents will be moved off the observation unit and placed in another room within the facility. On 7/24/20 at 12:35 p.m., upon arrival to the third floor to observe the observation unit, a staff member confirmed the observation unit was located through a set of double doors. The double doors the staff member referred to were wide open. Staff were observed walking on and off the wing. There were no signs on the door to identify transmission-based precautions were required. There were no signs on the doors of the rooms that had residents in them that indicated precautions were required. Resident #503 On 7/24/20 at 12:38 p.m., R503 was a Resident that was located on the observation unit. The Resident's room was located approximately two feet from the opened double doors. The Resident was observed out of the room without a mask. The Resident was also observed walking off the observation unit and going to the nurse's station. The Resident was seen approaching staff, standing within a foot of them to state needs. The staff were not seen redirecting the Resident back to the room or to put on a face mask when leaving the room. On 7/24/20 at 12:43 p.m., the observation unit double doors continued to be opened. R503 was observed walking off the unit, walk over to the meal cart, take sugar off the cart, then return the room. A staff member also observed the Resident take an item off the meal cart, however proceeded to continue passing meals from the cart to the residents that did not reside on the observation unit. On 7/24/20 at 2:24 p.m., the Resident was observed at the nurse's station without a mask and without redirection from staff. At 2:31 p.m., the Resident approached the nurse's station again without a mask, asked for water from staff, then proceeded to linger around the nurse's station. The staff did not redirect the Resident to return to the observation unit or put on a mask. On 7/28/20 at 9:27 a.m., the observation unit double doors were observed wide open, still with no signs to identify the wing. At that time, the Resident was observed walking off the unit without a mask and approach the nurse's station. Staff did not redirect the Resident to observation unit or offer a mask. On 7/28/20 at 9:35 a.m., Unit Manager A was interviewed and asked should the double doors to the observation unit be open. UM A stated, No. The doors should be closed. UM A then walked away to close the doors to the observation unit. UM A proceeded to stay on the unit and did not return to complete the interview. At that time, R503 was observed looking out of the window of the closed double doors but did not exit the doors. On 7/28/20 at 113:35 a.m., the DON was interviewed and asked how is the observation unit identified without having signs posted or the unit closed off. The DON stated, The residents and their families are told they are being placed on the observation unit upon admission. Vendors and visitors are told by the receptionist upon entry into the facility. Once on the third floor, visitors or anyone else should ask the nurse. On 7/28/20 at 10:16 a.m., review of R503's clinical record documented the Resident was most recently admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the admission MDS assessment dated [DATE], the Resident had severely impaired cognitive status and required supervision one-person assistance with ADLs. Resident #502 On 7/24/20 at 12:50 p.m., was observed resting in bed with a visitor (not a staff member) at the bed side. R502's room is located on the observation unit. The Resident responded he was feeling fine. On 7/28/20 at 10:11 a.m., review of R502's clinical record documented the Resident was newly admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. R502 had severely impaired cognitive status and required extensive one-person assistance with ADLs. According to the physician's orders [REDACTED]. Further record review revealed, on 7/24/20 and on 7/27/20 the Resident's temperature and respiration were taken and documented in the electronic record. The temperatures and respiration for 7/25/20 and 7/26/20 were not documented. Review of the Medication Administration Record [REDACTED]. Review of the COVID-19 Monitoring assessment dated [DATE], 7/26/20, and 7/27/20 documented vitals (temperature, respiration, and pulse) that were taken on 7/24/20 at 18:01 (6:01 pm). On 7/28/20 at 1:46 p.m., the Director of Nursing (DON) was interviewed and asked about the missing vitals and R502's COVID-19 status. The DON stated, The Resident will be tested on Wednesday (7/29/20) and weekly thereafter. According to the hospital records, the Resident had a negative test result for COVID-19 before discharging. The vitals could have been monitored better. Resident #501 On 7/24/20 at 1:09 p.m., R501's room was located on the second floor (general resident floor). The Resident was also in the room with another resident that was also asymptomatic with COVID-19. The Resident was not in room at the time of observation. Staff later confirmed the Resident went to the hospital for nausea and vomiting. There were no signs on the door to indicate transmission precautions were needed. On 7/28/20 at 10:36 a.m., review of R501's clinical record documented the Resident was initially admitted into the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. According to the quarterly Minimum Data Set assessment dated [DATE], R501 had moderately impaired cognitive status and required extensive two-person assistance with most activities of daily living (ADLs). On 7/8/20, the Resident was tested for COVID-19. On 7/20/20, the facility received a report which documented COVID-19 Respiratory Specimen: Result- Detected. Review of the physician's orders [REDACTED]. Per the physician progress notes [REDACTED]. Asymptomatic not in isolation. Review of the COVID-19 care plan dated 6/29/20 documented, I have recently recovered from COVID-19. Interventions: Monitor for presence or absence of symptoms. Notify staff if I have any of the following symptoms: fever ., cough ., nausea, and vomiting. The care plan did not reflect the positive test result reported on 7/20/20. On 7/28/20 at 12:33 p.m., the DON was interviewed and asked why R501 was not put on isolation precautions for the cough reported and documented on 7/22/20 after having a positive test for COVID-19 on 7/20/20. The DON stated, The chest x-ray reported on 7/24/20, the Resident had [MEDICAL CONDITION] vascular congestion. The DON was asked should the Resident been placed on isolation precautions until the labs confirmed the [DIAGNOSES REDACTED]. Review of the facility's policy titled Management of Outbreak of Communicable Disease (COVID-19) dated 3/11/20 documented: The best way to prevent illness is to avoid being exposed to this virus . CDC and OSHA recommend using a combination of standard precautions, contact precautions, and airborne precautions to protect health care workers and residents with exposure to [MEDICAL CONDITION] . Isolation precautions will be initiated when there is a reason to believe that a resident has an infectious or communicable disease . Post an isolation notice on the room entrance door instructing staff and visitors to report to the nursing station before entering the room . Empiric (temporary) isolation precautions are implemented to decrease nosocomial (hospital or healthcare facility) transfer of a disease in the facility. Empiric precautions may be implemented until a

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 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	(continued... from page 1) [DIAGNOSES REDACTED].During the pre-admission and admission process, or when a change in condition occurs, evaluate the resident for the presence of conditions warranting empiric precautions pending confirmation . If clinical conditions warrant, place the resident on appropriate empiric precautions pending confirmation of diagnosis . The nursing staff will be responsible for monitoring residents for symptoms of infections . initiate isolation barriers as directed or as necessary . According to the Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic dated 7/15/20 documented: Re-evaluate admitted patients for signs and symptoms of COVID-19. While screening should be performed upon entry to the facility, it should also be incorporated into daily assessments of all admitted patients. All fevers and symptoms consistent with COVID-19 among admitted patients should be properly managed and evaluated (e.g., place any patient with unexplained fever or symptoms of COVID-19 on appropriate Transmission-Based Precautions and evaluate).