STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235380	A. BUILDING _____ B. WING _____	08/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE VILLA AT ROSE CITY	517 W PAGE ST ROSE CITY, MI 48654

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 0686 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide appropriate pressure ulcer care and prevent new ulcers from developing.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to monitor and prevent pressure ulcer development for one resident (Resident #104) of four residents reviewed for pressure ulcers. This deficient practice resulted in the potential for undetected and worsening of pressure ulcers. Findings include: On 07/31/20 at 9:13 a.m., while Resident #104 was receiving incontinence care performed by Certified Nurse Aide (CNA) B and CNA D, Resident #104 was observed to have a stage two pressure ulcer on their upper left buttock. On 07/31/20 at 9:15 a.m., CNA B was asked about Resident #104's pressure ulcer. CNA B reported it was a mark Resident #104 gets at times. On 07/31/20 at 10:22 a.m., Licensed Practical Nurse (LPN) A reported Resident #104 has always had a mark on their left buttock and it was not a sore. On 07/31/20 at 10:26 a.m. per request of this Surveyor, Resident #104's upper left buttock was observed with LPN A. LPN A agreed Resident #104 did have a pressure ulcer on their upper left buttock. Measurements of the wound were obtained and were found to be 2.5 centimeters (cm) x 0.5 cm wide. LPN A had not been notified of the wound and was unable to determine when the pressure ulcer had developed. During an interview on 07/31/20 at 11:29 a.m. Family Member (FM) C reported they had just been notified of Resident #104's skin breakdown and pressure ulcer. FM C stated Resident #104 had a history of [REDACTED]. FM C reported it was due to the brief not being changed often enough when Resident #104's brief became wet. Resident #104 was one of the first residents to get out of bed in the morning and often would not get changed until 10:30 or 11:00 a.m. This meant Resident #104 could be up for several hours without being changed out of a wet brief. FM C often had to remind staff to put Resident #104 back to bed right after meals to ensure Resident #104's brief would be changed in a timely matter. During a follow up interview on 07/31/20 at 11:54 a.m., CNA B replied part of the CNA duties is to check for skin breakdowns and report them to the nurse. CNA B admitted they probably should have looked a little closer at Resident #104's skin to see if there was any breakdown. CNA B said, I look all time (for skin breakdown) but I didn't look close enough to realize it (Resident #104's skin) was open. On 07/31/20 at 2:16 p.m.,the Director of Nursing (DON) was asked what the expectation would be for the CNAs regarding skin breakdown. The DON replied it would be for the CNAs to assess for breakdown during incontinence care and to notify the nurse with any changes in resident's skin condition. A review of the facility's Skin Management Guideline, with an effective date of 11/28/17 (unknown revision date) revealed the following information: Skin will be observed daily during cares by the nursing assistants (CNAs). If any skin concerns are noted, they are to be reported to the licensed nurse.
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** Based on observation, interview, and record review, the facility failed to 1.) isolate 11 newly admitted residents (Residents #108, #109, #110, #111, #112, #113, #114, #115, #116, #117, and #118) for transmission based precautions per Centers for Disease Control (CDC) Coronavirus (COVID-19) guidelines from a total of 12 sampled residents reviewed for infection control, and 2.) failed to ensure that staff wore the appropriate recommended Personal Protective Equipment (PPE) while providing care and/or working with newly admitted residents. This deficient practice placed all residents at risk for serious illness, injury and/or death. Findings include: During the entrance conference on 07/30/20 at 3:38 p.m., the Nursing Home Administrator (NHA) reported there were no active or presumed positive cases of Covid-19 in both the resident or staff members at the facility. A review of the facility's roster revealed Residents #108, #109, #110, #111, #112, #113, #114, #115, #116, #117, and #118 had all been admitted within the last 14 days. There were no residents in transmission based precautions. An initial tour of the facility on 07/30/20 at 4:00 p.m. revealed there were no residents in droplet or any other type of transmission based precautions. Signage was not observed to be posted alerting individuals of quarantined residents or the need for additional PPE. A staff member was observed in a resident room down the D hall wearing a surgical mask. No further PPE was observed. During an interview with the Director of Nursing (DON) on 07/31/20 at 2:16 p.m., the DON reported the D hall was designated for new admissions. The D hall was considered the quarantined hall. All admissions had to have a negative Covid-19 test 72 hours prior to admission. Staff was not required to don additional PPE when caring for newly admitted residents because there were no additional precautions necessary, per the DON. Review of the facility policy, Infection Prevention and Control Interim Guideline for Suspected or Confirmed Coronavirus (COVID-19) last revised 4.6.2020 revealed, .The facility will admit residents from hospitals where a case of Covid-19 was/is present. If possible, dedicate a unit/wing for any residents admitted or readmitted from the hospital. The resident(s) will remain on the wing for 14 days with no symptoms . Review of the Centers for Disease Control and Prevention-Coronavirus Disease 2019 (COVID-19) last revised April 30, 2020 revealed, Create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19. *All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of an N-95 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. *Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. Testing should not be required prior to transfer of a resident from an acute-care facility to a nursing home. *New residents could be transferred out of the observation area or from a single to a multi-resident room if they remain afebrile and without symptoms for 14 days after their last exposure (e.g., date of admission). Testing at the end of this period could be considered to increase certainty. Accessed 8/4/20 from https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-responding.html

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.