

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235528</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/07/2020</b>
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NAME OF PROVIDER OF SUPPLIER <b>THE VILLAGE OF EAST HARBOR</b>	STREET ADDRESS, CITY, STATE, ZIP <b>33875 KIELY DR CHESTERFIELD TOWNSHIP, MI 48047</b>
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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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
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**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\*\***

Based on observation, interview, and record review, the facility failed to properly maintain infection control practices during a COVID-19 Infection Control Survey resulting in 11 residents and 13 staff members contracting COVID-19. The facility was unable to identify the cause of the COVID-19 outbreak, failed to initiate door closure of droplet/isolation precaution rooms per Centers for Disease Control and Prevention (CDC) guidelines, and utilize full PPE (personal protection equipment) for the care of all residents facility wide in the presence of unconfirmed, confirmed and widespread COVID-19. This deficient practice resulted in sustained spread of COVID-19 and the likelihood for continued transmission of the infection to all facility residents and staff, and decline in overall health, serious illness, and/or death. The Nursing Home Administrator (NHA) was notified of the Immediate Jeopardy (IJ) on 10/7/2020 at 10:31AM. A plan to remove the immediacy was requested. The IJ began on 9/21/2020 and was removed on 10/7/20 based on the facility's implementation of the plan removal as verified onsite on 10/7/20. Although the IJ was removed, the facility's deficient practice remained widespread. No actual harm with potential for more than minimal harm that is not immediate jeopardy. Findings include: On 10/6/2020 a review of the facility's infection control surveillance revealed that beginning on 9/21/2020, 13 staff members and 11 residents tested positive for COVID-19. Review of the surveillance also revealed that the rooms of residents that tested positive were in close proximity of one another, and the staff working that unit, also tested positive for COVID-19 as well. On 10/6/2020 at 12:25PM, an interview was completed with the Director of Nursing (DON), Assistance Director of Nursing (ADON) and the Infection Control Nurse. They were asked about testing of residents and staff and explained that they stopped testing residents weekly on 6/6/2020, however, they continued to test staff weekly. They were asked about their procedures for accepting new admissions and re-admissions into the facility. They explained that their procedure is to receive a COVID-19 test for the resident 72 hours prior to admission into the facility, however, they have been completing testing upon intake as well. They further explained that upon admission, the resident is placed on droplet isolation precautions for 14 days on the designated observation unit, and this also applies for residents that must go out for doctors' appointments. It was also explained that their process of monitoring for COVID-19 includes isolating the residents, and ensuring the staff are wearing full PPE (gloves, gowns, masks, face shield and/or goggles) until their test results are received. On 10/6/2020 at 1:33PM, the following was observed on the observation unit (14 day isolation unit). The rooms doors of 417, 419, 421, 422, and 424 were observed as opened. On 10/6/2020 at 1:34PM, Unsampld Resident H (room [ROOM NUMBER]) was observed from the hallway sitting in their wheelchair in the room. The door was observed opened with a Droplet Precaution signage and PPE storage-rack on the door. Unsampld Resident H was interviewed and asked how often their room door remained opened. Unsampld Resident H said, My door is always open. On 10/6/2020 at 1:35PM, an unidentified Certified Nursing Aide (CNA) was observed to enter room [ROOM NUMBER] with only a mask and eye protection. The CNA removed a Hoyer lift out of resident's room and rolled it down to the therapy gym. The CNA returned from the therapy gym, entered the resident's room without full PPE, and wheeled the resident to the therapy gym. A brief record review revealed that the resident did not have any orders to discontinue their isolation at this time. On 10/6/2020 at 1:38PM, CNA I was observed removing the PPE storage-rack from room [ROOM NUMBER]'s room door to 415's restroom door inside of the room. CNA I was queried why the PPE storage-rack was being removed from the front of the room door. CNA I said, I was told that the door is supposed to be closed. On 10/6/2020 at 1:43PM, the second isolation unit, rooms 401-412 were observed: The room doors of 405, 410, and 411 were observed as open. Unsampld Resident J (room [ROOM NUMBER]) was observed from the hallway in bed. The room door was open with a Droplet Precaution signage and PPE storage-rack on the door. Unsampld Resident J was interviewed and asked how often their room door remained opened. Unsampld Resident J stated, Sometimes my door is opened and sometimes it's closed. On 10/6/2020 at 1:46PM, an unidentified resident was observed in the common area near the observation unit reading with their mask below their nose. On 10/6/2020 at 1:55PM, the therapy gym was observed. The resident from room [ROOM NUMBER] was observed sitting on the treatment table next to therapy staff who was observed wearing only a mask. On 10/6/2020 at 2:35PM, the DON and ADON was interviewed regarding the outbreak within the facility, and asked who was the first resident to test positive. They explained that (R701 and R702) tested positive simultaneously, as R701 started showing symptoms and R702 tested positive in the hospital. They were asked if facility staff started wearing full PPE after they had multiple positive tests, and stated, That is the recommendation, full PPE for everyone if there is an outbreak (gown, gloves, goggles, N95). They further explained that this includes all staff including therapy staff as well. They were asked if they had designated staff that worked with the residents that were isolated and stated, We try to have designated staff unless there is a call off. The ADON was asked why the doors are opened on the isolation units and stated, It is preferable that the doors remain closed. While I would prefer it, it is not the policy of the facility. There is no guidance that the doors are to be closed. The ADON further explained that no one comes down the observation halls except for laundry and dining, and that some doors remain open as the resident may be a fall risk. The ADON further indicated, that they did not know how COVID-19 spread throughout the building, and that the commonality was that the residents came from the same hospital. On 10/7/2020 at 8:36AM, the following observations were made on the non-isolated rooms of the facility: -Two staff members were observed removing food trays from resident rooms, no full PPE utilized. -Therapy staff observed entering a resident's room without full PPE. -CNA exited a resident's room and enters again without full PPE. -Housekeeping staff observed cleaning a resident's rooms without full PPE. -A nurse observed administering nasal spray to a resident inside of their room without full PPE. -CNA observed feeding a resident in their room without full PPE. On 10/7/2020 at 9:42AM, an interview with the NHA was conducted and asked what steps the facility had taken differently since the outbreak of COVID-19 in the facility, and stated, We did contact tracing to see who was exposed. We increased the cleaning, terminally cleaned those areas. Honestly, we thought it was another type of strain the way it spread. The NHA stated, Everyone wears a N95 instead of a surgical mask. For clarity, the NHA was asked what type of face masks staff were wearing for the care of all the residents in the facility prior to the outbreak and stated, Surgical masks. The NHA further stated, All staff started wearing N95s on 9/22/2020. Only people exposed to aerosols or some type of breathing treatment were wearing N95s. The NHA further stated, I feel like we were taking all of the precautions. The NHA stated that Psychiatric Physician Assistant (PA F) was cautious and would come into the facility with their full PPE including a suit, and they still contracted [MEDICAL CONDITION]. The NHA was asked how they attributed the increase in COVID cases in staff and stated, We turned the heat on and the windows were closed. The NHA was asked if the building had a ventilation problem, and stated, No, we don't have a ventilation problem. The NHA further explained that staff may have gotten close to each other because the hallways are less than 6 feet and then the handrails makes the distance shorter. On 10/7/2020 at 12:52PM, Housekeeper K was interviewed and queried about their housekeeping process since 9/22/2020. Housekeeper K stated, I'm not doing anything different, I still spray down stuff for 10 minutes. Nothing different. On 10/7/2020 at 12:57PM, Housekeeper L was interviewed and queried about their housekeeping process since 9/22/2020. Housekeeper L stated, We are following the same process as before with cleaning. The Aids help when a room is empty by removing linen and spraying down the room. We

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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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<p><b>Level of harm - Immediate jeopardy</b></p> <p><b>Residents Affected - Many</b></p>	<p>(continued... from page 1)</p> <p>have not been told to clean anything differently. On 10/7/2020 at 3:35PM, Psychiatric Physician Assistant (PA) F was interviewed by phone regarding testing positive for COVID and providing services to R708 (COVID Positive). PA P stated, I was assessing (R708) for at least 15-30 minutes in their room. I usually wear my own PPE but this time I used the facility's mask. It was one of those cheap N95 that goes around the ear. I tested positive on 9/29/2020. A review of the facility's COVID-19 Personal Protection Equipment and Optimization of Supplies revealed the following, If the facility has a supply of N-95s they will provide to staff who may be at risk of exposure to suspected or COVID positive residents on Ontario Hall, Erie Hall and Mariner's Cove (assisted living) distinct COVID positive halls or suspected units . CDC Guidelines All recommended COVID-19 PPE should be worn during care of residents under observation, which includes use of 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 .Because of the higher risk of unrecognized infection among residents, universal use of all recommended PPE for the care of all residents on the affected unit (or facility-wide depending on the situation) is recommended when even a single case among residents or HCP is newly identified in the facility; this could also be considered when there is sustained transmission in the community .HCP should use all recommended COVID-19 PPE for the care of all residents on affected units (or facility-wide if cases are widespread); this includes both symptomatic and asymptomatic residents. Removal Plan The following interventions have been implemented today. -All residents have been put on droplet/contact precautions whereby staff will wear full PPE when caring for all residents facility wide. -Applicable signage has been placed outside the residents doors. -All Healthcare staff have been notified that droplet precaution PPE must be worn in all of resident rooms. -The facility has included in its protocol for caring for residents under droplet and contact precautions that all resident doors will remain closed, unless contraindicated for resident safety. -Contact/Droplet signage have been posted to all resident doors. -PPE is available for all resident rooms. -Signage posted for don/doff procedure for all resident doors. -Temperature check upon each shift for all staff notification of direct care for temperature check at shift end. -In-Service for precautions during COVID outbreak. -Continuance of every shift general infection surveillance for s/sx of COVID. -Initiate audits by unit managers to monitor completion of general infection surveillance. -Ongoing contact tracing for any future positive residents of staff. -Continued to maintain contact with IPRAT. -Pulling cubicle curtains between residents in semi-private rooms. -Twice weekly COVID testing for residents. -</p>		