

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235298	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2020
NAME OF PROVIDER OF SUPPLIER FATHER MURRAY, A VILLA CENTER		STREET ADDRESS, CITY, STATE, ZIP 8444 ENGLEMAN CENTER LINE, MI 48015	
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** Based on observation, interview, and record review, the facility failed to properly maintain infection control practices on the 2 North unit during a COVID-19 Infection Control Survey, resulting in the potential for the spread of contagious and infectious disease and illnesses to residents who are susceptible, elderly, and/or physically compromised. Findings include: On 6/9/2020 at 11:15 AM, R900 was observed on the 2 North Memory Unit standing at the medication cart with a bottle of supplemental formula turned up in a drinking motion. An interview with R900 was attempted at that time, but was not completed due to a cognitive impairment. On 6/9/2020 at 11:20 AM, an interview was conducted with Unit Manager A. Unit Manager A was informed that a bottle of supplemental formula was left on the medication cart and R900 was observed standing at the medication cart with the bottle of supplemental formula turned up in a drinking motion to their mouth. Unit Manager A stated that the supplemental drink was left on the medication cart because it is usually given with medication administration and should be stored inside the medication cart. On 6/9/2020 at 11:25 AM, Nurse B was interviewed and queried about the supplemental formula being left on the medication cart. Nurse B stated, The (supplemental formula) is normally stored in the medication cart. I was passing medications and the CNA (Certified Nurse Aide) called me to a room. At this time Nurse B was observed placing the supplemental formula into the medication cart without disinfecting or discarding. On 6/9/2020 at 11:40 AM, the Administrator was interviewed and informed that the supplemental formula was left on the medication cart, R900 observed with the bottle turned up to their mouth. Additionally, the Administrator was informed that Nurse B was observed placing the same supplemental formula into the medication cart without disinfecting or discarding. The Administrator said, It should never be left on top of the medication cart. On 6/10/2020 at 8:30 AM, a review of R900's electronic medical record noted R900 was initially admitted to the facility on [DATE] with the [DIAGNOSES REDACTED]. The Minimum Data Set ((MDS) dated [DATE], noted a BIMS (Brief Interview for Mental Status) score of 7 (severe cognitive impairment). A review of R900's Care Plan dated 5/19/2020 noted the following intervention: Allow resident to wander safely on unit. Discourage from entering other's rooms or in the space of others. Monitor for fatigue. Offer frequent rest periods, hydration and meals. A review of the Infection Prevention and Control Guidelines dated 11/28/2017 noted the following: It is the practice of this facility's Infection Prevention and Control Program (IPCP), based upon information from the Facility Assessment and following national standards and guidelines to prevent, recognize, and control the onset and spread of infection whenever possible. The Infection Prevention and Control Program includes a system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents .		

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.