

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235476	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER RIVERVIEW HEALTH AND REHAB CENTER NORTH		STREET ADDRESS, CITY, STATE, ZIP 18300 E WARREN DETROIT, MI 48224	
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	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This citation is also linked to Intake MI 8. Based on observation, interview, and record review, the facility failed to maintain isolation precautions and perform proper hand hygiene for a resident (Resident #502) from a sample of three residents reviewed for COVID-19 Infection Control Protocol, potentially resulting in the spreading of the coronavirus and harmful pathogens. Findings include: Resident #502 In an observation 6/16/20 at 10:59 a.m., Resident #502 laid in bed with the bedroom door open. A blue sign on Resident #502's door read Visitors/Employees . Before entering this resident's room you must put on: 1. Gloves 2. Gown 3. Mask 4. Shoe Covers (each item check marked) *Hands must be washed for 20 seconds following direct care. Use soap and water. Follow this procedure until further notice . A red trash can sat near the bathroom in Resident #502's room. The entrance of Resident #502's room did not have Personal Protective Equipment (PPE). In an interview on 6/16/20 at 11:00 a.m., Nurse B reported Resident #502 had droplet isolation precautions for a lower lobe infiltrate (pneumonia). In an observation on 6/16/20 at 11:03 a.m., Certified Nursing Assistant (CNA) C stood near Resident #502's bed and wore a mask. CNA C did not wear a gown, gloves, or shoe covers. CNA C exited the room and did not perform hand hygiene. In an interview on 6/16/20 at 11:04 a.m., CNA C acknowledged the sign on Resident #502's door. CNA C then reported we were told to wear PPE at first, then the midnight nurse said Resident #502 was clear. CNA C reported she had not worn a gown in Resident #502's room all day. CNA C then stated, We was told to wear that gown (pointed at a hospital gown sitting on a chair in the hallway). When asked if hand hygiene should be performed when leaving Resident #502's room, CNA C looked up and then entered Resident #502's room, went into the bathroom and washed her hands. In an interview on 6/16/20 at 11:14 p.m., The Director of Nursing (DON) reported she did not know Resident #502 had droplet precautions. The DON then reported Resident #502 should not be in observation unless there is a physician's orders [REDACTED]. When asked if there was a cart for PPE for Resident #502's room, the DON stated, PPE is in a cart on the units when residents are on isolation. In an observation and interview on 6/16/20 at 11:20 a.m., The DON looked at Resident #502's Electronic Health Record (EHR) and reported there was an order for [REDACTED]. Nurse B reported she called maintenance and they were supposed to bring up the isolation cart for Resident #502. In an interview on 6/16/20 at 11:22 a.m., The DON reported staff should wear PPE for droplet precautions. Review of a Admission Record revealed, Resident #502 admitted to the facility on [DATE] and readmitted on [DATE] with pertinent [DIAGNOSES REDACTED]. Review of a Minimum Data Set (MDS) assessment, with a reference date of 4/5/20, revealed Resident #502 had severe cognitive impairment and required total dependence one person assistance with activities of daily living (ADL) care. Review of a Physician order [REDACTED]. Review of a Care Plan with a problem start date of 5/30/20 revealed, I require contact/droplet isolation related to [MEDICAL CONDITION] infection . Approaches included Please be sure to don the proper personal protection equipment before entering my room (goggles/face shield, mask, gown and gloves) and remove personal protective equipment per protocol when leaving my room. Review of a progress note with a date of 6/11/20 at 8:14 p.m. revealed, .Res transferred to room (room number) and placed on droplet precautions per Dr orders. Review of Infection Prevention and Control Practices for COVID 19 policy with no date revealed, . 2. Hand Hygiene a. Staff are instructed to perform handwashing based from the CDC Guidelines. See attached link for cdc.gov . According to the CDC article Hand Hygiene Guidance with a date of January 30, 2020 revealed, .Healthcare personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: Immediately before touching a patient Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices Before moving from work on a soiled body site to a clean body site on the same patient After touching a patient or the patient's immediate environment After contact with blood, body fluids, or contaminated surfaces Immediately after glove removal .</p>		
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.