

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235556	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/27/2020
NAME OF PROVIDER OF SUPPLIER WOODWARD HILLS HEALTH AND REHABILITATION CTR		STREET ADDRESS, CITY, STATE, ZIP 39312 WOODWARD BLOOMFIELD HILLS, MI 48304	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to follow CDC (Centers for Disease Control and Prevention) guidance for infection control/prevention during the COVID-19 (Coronavirus) pandemic for two residents (R#910 and R#911) of three residents reviewed for infections, resulting in the potential for facility staff to transmit COVID-19 to other residents on the unit. Findings include: R#910 On [DATE] the medical record for R#910 was reviewed and revealed the following: R#910 was admitted to the facility on [DATE] and had [DIAGNOSES REDACTED]. A Nursing note dated [DATE] revealed the following: Received resident from home alert to name only /confusion noted/language barrier noted/resident consumed 60% of diet //resident continues to try get oob (out of bed) x7 resident at nursing station calm sitting with staff/ (Name of Physician Assistant) notified of new resident orders verified //comfort and safety measures maintained . A laboratory test for COVID-19 collected on [DATE] and reported on [DATE] revealed the following: [DIAGNOSES REDACTED]-CoV-2 (COVID-19 virus) .Detected .DETECTED - ABNORMAL RESULT . A Physician Team progress note dated [DATE] at 11:56 AM revealed the following: COVID screening test results reviewed. Discussed with Medical Director (Name of medical director) . Patient will be tested for [DIAGNOSES REDACTED]2 antibodies. Isolation initiated . A Physician Team-H&P (History & Physical) Note dated [DATE] for a visit date of [DATE] revealed the following: . ADMISSION COMPREHENSIVE MEDICAL EVALUATION HPI (History of present illness): (R#910) is being seen on the morning of [DATE] for initial evaluation and complete history and physical. This is an (R#910 demographics) well known to me from prior admissions here at (name of nursing facility) who came into the facility for a respite from the family. Apparently, the family wanted to get a break from care for the next five days and brought her to the facility . Further review of the medical record revealed R#910 did not have a COVID-19 test prior to admission and was not placed on any droplet precautions (personal protective equipment including eye protection, gown etc .) upon admission to the facility on [DATE]. R#911 On [DATE] the medical record for R#911 was reviewed and revealed the following: R#911 was initially admitted to the facility on [DATE] and last admitted on [DATE]. R#911 had [DIAGNOSES REDACTED]. R#911's MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of [DATE] revealed R#911 needed extensive assistance from facility staff with bed mobility and bathing. R#911's BIMS score (brief interview of mental status) was 15 indicating intact cognition. A nursing note dated [DATE] revealed the following: Resident is on IVABT (intravenous antibiotics) for osteomyelitis. Resident vitals were stable. No s/s (signs/symptoms) of distress. At 9pm when ABT was due Nurse went in and began to flush PICC line (peripherally inserted central catheter) that's in his right arm and the flush wouldn't push through. Nurse tried a second time and the same results happened. Nurse then tried to push the [MEDICATION NAME] lock through and the PICC would not allow it to push through. Nurse called (Doctor's name redacted) and was told to pull PICC out 1 and try to flush if not able then send resident out to emergency to have them reinsert PICC. Once done and not able to administer flush, nurse told resident that he would have to be sent out. Resident was cooperative and understanding. (local transportation) called and resident left facility at 11pm. A nursing note dated [DATE] revealed the following: Resident remain out of facility for PICC evaluation at this time. A Physician team note dated [DATE] revealed the following: .Tissue culture positive for Staphylococcus epidermidis. He was started on IV [MEDICATION NAME]. PICC line was placed and he was transferred to (name of nursing home) on [DATE]. He is seen today for follow-up on his osteo[DIAGNOSES REDACTED] and pain, patient had to be transferred to the emergency center at (name of local hospital) to 20 [MEDICAL CONDITION] PICC line and underwent declotting and was transferred back yesterday afternoon to our facility. A nursing progress note dated [DATE] revealed the following: Resident tested positive for COVID-19, verified with lab tech, (name of lab tech), results faxed, assigned nurse made aware, will notify MD (Medical Doctor) and family, . Further review of the medical record revealed R#910 did not have a COVID-19 test prior to their readmission to the facility from the hospital and was not placed on any droplet precautions upon readmission. On [DATE] at approximately 1:14 p.m., during an interview with the infection control nurse (ICNA), ICN A was queried if the facility utilized droplet precautions for new admissions to the facility who's COVID-19 status was unknown. ICN A indicated that new admissions to the facility are placed on a designated unit and observed for symptoms of COVID-19. ICN A was queried what PPE (personal protective equipment) the staff on the new admissions unit are provided to care for the residents and they indicated that the staff use standard precautions including a mask and gloves. ICN A was queried if the COVID-19 status of R#910 and R#911 was unknown at the time both of them were admitted to the facility and they indicated the status of both residents were unknown. ICN A indicated that R#910 had come from their home in the community and was admitted for a hospice respite and that the hospice company did not inform the facility that R#910 had a history of [REDACTED]. #911 was readmitted from the hospital after a short stay but that they did not have a COVID-19 test prior to being readmitted . ICN A was queried if it was the facility's practice to follow CDC guidance for infection control and prevention and they indicated it was. ICNA was queried if they were aware of the CDC guidance for new admissions/readmissions to nursing facilities with an unknown COVID-19 status as it pertained to precautions/PPE and they stated I see what you mean. A facility document titled Coronavirus-19 prevention and control (dated [DATE]) was reviewed and revealed the following: The facility follows guidelines for the prevention and control of spread . A review of the CDC guidance pertaining to New admissions and Readmissions (last updated [DATE]) was reviewed and revealed the following: Create a Plan for Managing New Admissions and Readmission Whose COVID-19 status is Unknown. this might include placing the resident in a single room or in a separate observation area so that the resident can be monitored for evidence of COVID-19. HCP (health care providers) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e. goggles or a face shield that covers the front and sides of the face), gloves, and a gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days.</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.