

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235454	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER THE BAY AT ELMWOOD HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1881 E GRAND BLVD DETROIT, MI 48211	
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 - Immediate jeopardy Residents Affected - Many	<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 the unprecedented coronavirus global pandemic that resulted in the Presidential declaration of a State of National Emergency dated 3/13/20, the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) Memo QSO-20-14-NH revised on 3/13/20, Nursing Home guidance from the Centers for Disease Control (CDC), observation, interview and record review, the facility failed to ensure ten of ten new and/or readmitted residents in the past 14 days were placed on quarantine/isolation to ensure there was no development of signs or symptoms of the [DIAGNOSES REDACTED] Coronavirus 2 (COVID-19). This failure potentiated COVID-19 exposure to all 75 residents residing in the facility at the time of the survey, as well as the facility staff that worked with the new admissions and/or readmitted residents. On 5/29/20 at 5:00pm, the Administrator, Director of Nursing, and Vice President of Operations were notified that the facility failed to ensure ten new and/or readmitted residents (R)4, R5, R6, R7, R8, R9, R10, R11, R12, and R13) with negative COVID-19 tests prior to admission/re-admission, were placed in quarantine isolation for 14 days after admission/re-admission to the facility in the past two weeks. This failure to quarantine and/or isolate the newly/readmitted residents had the potential to negatively affect all 75 residents, as well as, staff working in the facility at the time of the survey. This constituted an immediate jeopardy at F880. Findings include: During the entrance conference with the Administrator and Director of Nursing (DON) on 5/28/20 at 2:00 PM, the DON stated there were currently no residents on isolation in the facility. Observations of the facility conducted during the tour, on 5/28/20 at 2:45 PM, confirmed there were no designated isolation rooms on the second or third floor. The fourth floor did not have anyone residing there at the time of the survey. 1. A review of R4's Admission Record showed an initial admission date of [DATE] with a re-admission date of [DATE] with medical [DIAGNOSES REDACTED]. A review of the Progress Notes in R4's electronic health record (EHR) showed 5/27/2020 20:30 (8:30 PM) Admission Note Note Text: Received this 53 y.o. (year old) female readmitted to this facility from (hospital name). Wheeled per stretcher by 2 EMS health crews, with admitting [DIAGNOSES REDACTED]. Alert and verbally responsive, no behavior issues at this time, seemed pleasant and cooperative with nursing staffs. Vital signs BP (blood pressure) 122/80mmHg (millimeters of mercury), Temp 97.1F, Pulse rate 79 bpm (beats per minute), Resp. rate (respiratory rate) 19 breaths per min (minute). Will continue with present plan of care. In an interview on 5/29/20 at 10:52 AM, the DON stated R4 was readmitted as ambulatory (able to move about independently) and was put in a private room. I called the doctor the next morning (the 28th) and found out she had a negative test. The DON did confirm from the time of the admission note on the 27th to the time she contacted the physician for COVID-19 test status, R4 was ambulatory and able to move around the building as s/he was not on droplet isolation. The DON stated the facility was [MEDICATION NAME] social isolation (social distancing). Observation on 5/29/20 at 2:25 PM showed R4 was in a private room, but no isolation signage was placed at the doorway to alert staff of isolation status, and no personal protective equipment (PPE) was located for staff to don when entering the room. A review of R4's paper chart revealed staff were monitoring temperature and oxygen saturation each shift since admission, with no documented abnormal values. A review of the hospital discharge packet, sent with R4 upon re-admission showed a Result Details sheet that stated COVID-19 nasal swab was done on 5/24/20 at 11:28 AM with a reported result of Not Detected. On the same page was the following: Test Information .Not Detected results do not preclude [DIAGNOSES REDACTED]-CoV-2 infection and should not be used as the sole basis for patient management decisions. Results must be combined with clinical observations, patient history, and epidemiological information. In an interview on 5/29/20 at 3:03 PM, Licensed Practical Nurse (LPN) 3 stated she worked the day after R4 was readmitted. No (R4) was not on isolation. She was in a private room. I reviewed the chart and saw she was (COVID) not detected. LPN3 clarified that R4 was in a private room, but not in droplet isolation, and could move around the facility. In an interview on 5/29/20 at 3:05 PM, Certified Nurse Aide (CNA) 1 stated she was off the day R4 was readmitted, but she thought there was an isolation cart there, but it was removed a day or two later. 2. A review of R5's Admission Record showed an admission date of [DATE] with medical [DIAGNOSES REDACTED]. A review of the hospital discharge paperwork, page 5 (of 69 pages) showed a dictated note: #COVID rule out. Rapid test negative. Page 31 of 69 showed COVID Lab .COVID-19 Negative 05/03/20 21:44:00 (9:44 PM) .COVID-19 Source Nasal 5/03/20 21:44:00 Observation on 5/29/20 at 4:38 PM showed R5 sitting in a wheelchair at the end of the roommate's bed having a conversation with the roommate. In an interview on 5/29/20 at 4:40 PM, LPN4 stated she was working when R5 was admitted and that R5 had not been on isolation here (in facility) since she came back. Review of R5's paper chart showed temperatures and oxygen saturation levels were being monitored each shift since R5's readmission with no abnormal entries noted. In an interview on 5/29/20 at 2:50 PM, the Vice President of Operations (VPO) confirmed no resident was to be admitted to the facility without a negative COVID-19 test, but that practice was not in any facility policy. At 3:30 PM, the VPO Ops stated all hospitals in the country had COVID cases. In an interview on 5/29/20 at 3:40 PM, the DON and VPO stated the facility was not fully on the EHR, and some charting was still on paper. A request was made for any documentation related to the droplet isolation of R4 and R5 upon admission/re-admission to the facility. No documentation was provided prior to exiting the survey; and the VPO said that COVID-19 quarantine was not in any facility policy. On 5/29/20 at 7:50 PM, the Administrator provided a list of all admits since 5/14/20 and confirmed ten residents on the list remained in the facility. Besides R4 and R5: R6 was admitted on [DATE] and was not placed on droplet isolation precautions for a 14-day quarantine until after the facility was made aware of the infection control II concerns of the survey. R7 was admitted on [DATE] and was not placed on droplet isolation precautions for a 14-day quarantine period. And another six residents had been admitted within the past 14-days without being quarantined: R8 - admitted on [DATE]; R9 - admitted on [DATE]; R10 - admitted on [DATE]; R11 - admitted on [DATE]; R12 - admitted on [DATE]; and R13 was admitted on [DATE] without being placed on isolation. Each of these residents were placed on isolation when made aware of the Immediate Jeopardy infection control concern. Review of the facility policy Mission Point Management Services COVID-19, dated and signed by the Administrator on 04/17/20, did not address the isolation/quarantine of new admissions or re-admissions to the facility. The policy stated: .Residents will be monitored for signs and symptoms of Coronavirus illness: fever, cough, shortness of breath. The physician will be immediately notified, if evident. Staff will follow established procedures when COVID-19 is confirmed or suspected. Review of the Centers for Medicaid and Medicare Services (CMS) Quality/Safety Oversight memo 20-14, issued 03/13/20, Note: Nursing homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor or returning to long-stay original room). Review of CMS Quality/Safety Oversight memo 20-28, issued 04/24/20 contained a document titled, COVID-19 Long Term Care Facility Guidance issued April 2, 2020, which revealed: The Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC) are issuing new recommendations to State and local governments and long-term care facilities (also known as nursing homes) to help mitigate the spread of the 2019 Novel Coronavirus (COVID-19) .1. Nursing</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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>Homes should immediately ensure that they are complying with all CMS and CDC guidance related to infection control .Long-term care facilities should separate patients and residents who have COVID-19 from patients and residents who do not, or have an unknown status .and, if possible, isolate all admitted residents (including readmissions) in their room in the COVID-19-positive facility for 14 days if their COVID-19 status is unknown . The Facility presented an acceptable removal plan for the immediate jeopardy at F880 on 05/29/20 at 8:09 PM. The removal plan indicated R4 and R5 would be sent to the emergency room for a COVID-19 test, then be placed in quarantine for 14 days upon return to the facility. The remaining eight new/readmitted residents were moved to the 4th floor, which is the facility's designated isolation floor, placed in private rooms with droplet isolation precaution signs on the door and cart with a personal protective equipment (PPE) at the room entrance. The facility educated staff regarding the change in the resident's status and the need to implement a 14-day isolation for all new/readmitted residents. The facility also updated their Novel Coronavirus Prevention and Response policy to reflect the quarantine/isolation requirement for all new admissions and re-admissions. The removal plan was validated through observations, staff interviews, and policy review. Observations verified that the new/readmitted residents (except for R4 and R5 who were out of the facility) were placed in private rooms, droplet isolation signage was in place, and PPE supplies were at each room entrance. Review of revisions to the admission policy showed new and readmitted residents would be placed in quarantine isolation. Interview with facility staff revealed they had received education regarding the need for quarantine isolation for new/readmitted residents and were aware of the required droplet isolation PPE required.</p>		