

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235529	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2020
NAME OF PROVIDER OF SUPPLIER THE MANOR OF NOVI		STREET ADDRESS, CITY, STATE, ZIP 24500 MEADOWBROOK RD NOVI, MI 48375	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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 observation, interview and record review, the facility failed to ensure consistent compliance with facility wide systems for the prevention, identification and/or control of infections of residents pertaining to isolation precautions, and appropriate use of personal protective equipment (PPE) per Centers for Disease Control (CDC) recommendations to prevent the exposure of residents to 2019 Novel Coronavirus (COVID-19), resulting in an Immediate Jeopardy (IJ) when staff failed to identify, monitor and notify the physician of R#714's change in condition, who became symptomatic, tested positive for COVID-19 and died ; the increased likelihood and/or actual transmission of COVID-19 for residents (R#s: 703, 704, 707, 708, 709, and 713) that were exposed to symptomatic and/or positive COVID-19 residents and did not have vital signs monitored at least every shift and were not isolated for 14 days since last exposed; and multiple residents not having their nose and mouth covered when outside the room on the A, B and C hallways, as well as while in the therapy gym. These deficient practices had the increased likelihood to affect all residents (many of whom were at high risk due to age and co-morbidities) that resided at the facility to be exposed to, or contract COVID-19 resulting in serious health complications from COVID-19 including death. Findings include: The IJ began on [DATE]. The IJ was identified on [DATE]. The Administrator and Director of Nursing (DON) were notified of the IJ on [DATE] at 5:30 PM and a plan to remove the immediacy was requested. The IJ was removed on [DATE], based on the facility's implementation of the plan of removal and verified by the Surveyors on-site. Although the IJ was removed on [DATE], the facility remained out of compliance at a scope of widespread and a severity of potential for more than minimal harm that is not Immediate Jeopardy. A facility policy titled Change in status, identifying and communicating, long-term care (dated [DATE]) documented in part, Change in a resident's status can be identified by any employee of the facility .In a long-term care setting, it's important to identify and address any change in a resident's status from baseline .Upon recognition of a potentially life-threatening condition or significant change in status, you must communicate with other health care providers to meet the resident's needs .You should assess changes from the resident's normal status .whenever there's a change in the resident's status .As a nurse, you're responsible for communicating a resident's change in status, including the assessment findings, to the practitioner .</p> <p>On [DATE] at 9:30 AM, during an interview with the Administrator, when asked about the facility's Personal Protective Equipment (PPE) supply, the Administrator reported there were no concerns. On [DATE] at approximately 10:40 AM, during an observation of the facility's B-hallway, there were multiple residents observed seated in the hallway participating in an activity with staff. None of these residents were observed to have their nose and mouth covered. On [DATE] at approximately 10:40 AM, during an observation of the facility's A-hallway, there were five residents observed seated in wheelchairs in the hallway. None of these residents were observed to have their nose and mouth covered. On [DATE] at 10:45 AM, Certified Nursing Assistant (CNA A) was asked about the residents observed in the hallway and whether they were offered to wear a covering over their nose and mouth and stated, No. When asked if there were any concerns regarding the availability of PPE such as a face mask, CNA A stated, No. On [DATE] at 10:54 AM, Unit Manager B was asked about whether residents were offered to wear face masks in the hallway and reported, No masks in hall. When asked if there were any concerns regarding the availability of PPE, Unit Manager B reported there were no concerns. On [DATE] at 11:00 AM, R#703 (later identified as last exposed to a roommate (R#704) on [DATE] who was diagnosed with [REDACTED]), and access the bathroom in that room. R#703 was not observed to have any protective covering over the nose and mouth. Nursing and housekeeping staff were present in the hallway at that time, however, no one identified a concern with R#703 entering the room of another resident, nor offered to have the resident wear a face mask. Another unidentified resident was observed seated in a wheelchair behind the nursing station without their nose and mouth covered. Resident #704 and Resident #703 A review of R#704's clinical record revealed R#704 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. R#704 (who shared a room with R#703 at that time) was sent to the hospital on [DATE] and readmitted on [DATE] (to the facility's COVID-19 unit) with [DIAGNOSES REDACTED].#704 expired at the facility on [DATE]. A review of R#703's clinical record revealed R#703 was admitted into the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of R#703's progress notes included an entry on [DATE] at 4:11 PM which read, resident placed in isolation [MEDICATION NAME] for 72 hrs (hours). The most recent documented entry was dated [DATE]. A review of R#703's vitals which included: temperature, blood pressure, pulse, respiration rate, and oxygen saturation since [DATE] revealed these were completed every shift from [DATE] - [DATE], but were completed once on [DATE], twice on [DATE], once on [DATE], none on [DATE], and once on [DATE] - [DATE]. R#703's oxygen saturation on [DATE] at 8:29 AM was documented as 86%. The next documented oxygen saturation was [DATE] at 6:49 PM. There were no progress notes to indicate whether nursing had notified the physician, implemented other interventions, or any additional monitoring had occurred. Resident #707 and Resident #708 A review of R#707's clinical record revealed R#707 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. R#707 (who shared a room with R#708) was sent to the hospital on [DATE] for cough and fever (103.8 degrees Fahrenheit/F). R#707 readmitted on [DATE] with [DIAGNOSES REDACTED].#708. R#707 was sent to the hospital on [DATE] for shortness of breath, dry hacking cough and fever (100.0 degrees F). R#707 was readmitted to the facility on [DATE] with [DIAGNOSES REDACTED].#708's clinical record revealed R#708 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. R#708 was sent to the hospital on [DATE] for change in status, readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of R#708's vital sign documentation from [DATE] to [DATE] revealed temperature and blood pressure monitoring were completed at least twice a day from [DATE] to [DATE], however from [DATE] to [DATE], the temperatures were only obtained once a day. The resident's blood pressure was only monitored once a day on [DATE], [DATE], [DATE], and [DATE]. There were several Warnings regarding low diastolic readings. The BP on [DATE] at 11:38 AM read, [DATE]. The next documented BP was on [DATE] at 9:08 AM which was [DATE]. There were no progress notes documented between [DATE] at 10:40 AM and [DATE] at 4:29 PM (such as any notification to the physician or implementation of other interventions and/or additional monitoring had occurred). On [DATE] at approximately 11:00 AM, the facility's Assistant Director of Nursing (ADON - who also functioned as the Infection Control and Education Nurse) provided documentation which included 16 resident names that were placed on [MEDICATION NAME] Isolation for three days (72 hours). When queried about how this length of time had been determined, the ADON reported it had been a company decision and if no symptoms, residents were removed from isolation precautions after three days. When asked about monitoring of residents' vitals at least every shift for 14 days since last exposed to positive or presumptive positive COVID-19 residents, the ADON reported the documentation that was available was under the vitals section of the electronic clinical record. Upon review of the facility's infection control policy which read, Roommates of residents infected with COVID-19 should be considered potentially infected and not share rooms with other residents unless they remain asymptomatic for 14 days after their last exposure . the ADON was queried why the facility had not followed their policy as it reflects current CDC guidance, the ADON was unable to offer any further explanation. On [DATE] at 5:00 PM, the Administrator was interviewed regarding concerns identified with the facility's infection control practices and reported that efforts were done to attempt to stay on top of concerns but that the facility's staff, including the Director of Nursing (DON) and ADON, were out sick related</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>to COVID-19. The DON was out of the building from [DATE] to [DATE] and the ADON was out of the building from [DATE] to [DATE]). The Administrator further reported he had worked with corporate and other facility staff to maintain processes but acknowledged the concerns identified with current infection control practices as identified during this COVID-19 survey. Resident #709 and Resident#713 A review of R#709's clinical record revealed the following: R#709 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. A Nurse's note dated [DATE] at 8:37 am, documented in part .vitals elevated temp 99.9 and cough, congestion . A Nurse's note dated [DATE] at 15:54 (3:54 pm) documented in part .100.9 given Tylenol temp 100.0 after administration. Physician ordered COVID-19 swab ordered and collected by writer .placed on droplet precaution. R#709 and R#713 remained in the same room despite R#709's symptoms and being placed on droplet precautions. Per a review of Centers for Disease Control and Prevention (CDC) guidelines which documented in part, .Given the high risk of spread once COVID-19 enters a nursing home, facilities must take immediate action to protect residents, families, and healthcare personnel (HCP) from severe infections, hospitalization s, and death .Actively monitor all residents .for fever more or equal to 100.0 and symptoms of COVID-19 .If positive for fever or symptoms, implement Transmission-Based Precautions .Identification of these symptoms should prompt isolation and further evaluation for COVID-19 . A Medical doctor note dated [DATE], documented in part .Suspected COVID-19 virus infection . A Nurse's note dated [DATE] at 23:31 (11:31 pm) documented in part, .O2 Sat 88% on RA (room air), .[DATE]L (liters) O2 (oxygen) via NC (nasal cannula) .contact and droplet isolation cont. (continued) . A Nurse's noted dated [DATE] at 7:42 am, documented a temperature of 100.3. A Nurse's note dated [DATE] at 8:44 am, documented in part Resident is pale O2 sats .[DATE]% until O2 was increased .Cough and SOB (shortness of breath) noted . A Nurse's note dated [DATE] at 10:15 am, documented R#709 had been transferred to the hospital. Prior to being transferred to the hospital, R#709 continued to share a room with R#713. A Resident/Guest [MEDICATION NAME] Isolation Log was provided by the Assistant Director of Nursing on [DATE], which documented the following: R#709 on droplet and contact precautions on [DATE] for 3 days and discontinued on [DATE]. R#713 on droplet and contact precautions for 3 days with no start or discontinued date documented. On [DATE] at 4:03 PM, the DON was queried on why R#709 wasn't isolated after displaying symptoms (consistent with COVID-19) on .[DATE] and why R#713 remained in the room (with R#709) despite R#709 being placed on isolation precautions and no further explanation/information was provided by the end of survey. A facility policy titled Containment Unit (COVID 19) Clinical Guidelines (dated [DATE]) documented in part, .When placing Guests/ Residents on the containment unit, consider placing Guests/Residents that are showing signs/symptoms of COVID 19, and not tested , in a room together .Place a guest/resident with a suspected or confirmed COVID 19 [DIAGNOSES REDACTED]. Place a mask on the guest/resident prior to moving the guest/resident . Review of the facility's Guidelines Coronavirus (COVID 19) dated [DATE] documented, in part: .If signs/symptoms are present, whether suspected or confirmed COVID 19 .If the guest / resident was previously sharing a room with another guest / resident, then the roommate should be placed on droplet and contact precautions as well .Use droplet and contact precautions, including gowns, gloves, masks and protective eyewear .Follow CDC guidelines on what PPE (Personal Protective Equipment) should be used . Review of the facility's Michigan Department of Health & Human Services (MDHHS) information sheet dated [DATE] provided for review documented, in part: .Roommates of residents infected with COVID-19 should be considered potentially infected and not share rooms with other residents unless they remain asymptomatic for 14 days after their last exposure .Ideally maintain precautions for residents on the unit until no additional clinical cases for 14 days or until cases subside . Review of the CDC's Preparing for COVID-19: Long-term Care Facilities, Nursing Homes guidelines, .Encourage residents to remain in their room .except for medically necessary purposes. If they leave their room they should wear a cloth face covering or facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing . (Facility Name) Removal of Immediate Jeopardy (Facility Name) submits the following Credible Allegation of Compliance outlining the measures it has completed to remove the findings of immediate jeopardy for F880 regarding the facility's alleged failure to follow accepted standards of practice for Infection Control. Resident identified to be affected by the alleged deficient practice. Resident #703 Resident continues to reside in the facility. Resident #704 Resident no longer resides in the facility. Resident #707 Resident continues to reside in the facility. Resident #708 Resident no longer resides at the facility. Resident #712 Resident continues to reside in the facility. Resident #714 Resident no longer resides at the facility. Residents with the potential to be affected by the alleged deficient practice. On [DATE] the 98 current residents within the facility were assessed for signs and symptoms of COVID-19. 98 out of the 98 residents had an additional respiratory screen completed and were assessed for cough shortness of breath and sore throat along with a complete set of vital signs including blood pressure, pulse, temperature, respiratory rate and pule oximetry. On [DATE] out of the 98 residents that were assessed, there were 15 residents that were previously diagnosed as COVID-19 positive. On [DATE] the facility discontinued current policy of three day isolation for presumptive residents. Moving forward the facility implemented the CDC guidelines related to isolation observation (see CDC attachment). The facility also increased observation of residents that are confirmed and presumptive. Residents will be placed in isolation for 14 days and at the end of the 14 days the infection control nurse/designee will review the resident electronic medical record to make sure that the resident no longer exhibits any signs and symptoms of COVID-19. Ultimately the DON and ADON will be the only personnel allowed to approve d/c (dis-continuation)of isolation precautions. The facility will continue to utilize CDC guidance to determine if the resident is deemed appropriate to be discharged off isolation precautions. On [DATE] the current residents and future residents that are persons under investigations for COVID-19 along with their roommate will remain in droplet isolation precautions in the room in which they currently resident with the door closed in accordance with the CDC guidelines. If the resident is asymptomatic the resident will remain in isolation according to CDC guidelines. The facility will utilize CDC guidance (see CDC attachment). In-service training will be ongoing for licensed nurses of the requirements to notify physician of residents change in condition. On Wednesday [DATE] facility started in-servicing afternoon and midnight staff regarding the CDC guidance that all residents must be wearing a face mask outside of their room including residents receiving therapy in the therapy gym. License Nurses will be in-serviced on how to identify an change of condition and notification of physicians during the change of status with expected COVID-19 symptoms. Licenses nurses' will observe respiratory status and vital signs each shift. Prior to leaving the room residents will be donned with a mask for protection. On [DATE] staff was in-serviced of the importance and monitoring of resident to have a mask on. Systemic Measures. There are currently 121 ofemployees <sic>. Re-education of employees began on [DATE] regarding F-Tag F880. Ongoing in-services to employees will continue as it relates to COVID-19 policies. In-services began as it relates to tag F880 IJ. The following in-services were conducted: Identify reassessment and monitoring of resident exposed to symptomatic or suspected COVID 19 patients. Nurses are to increase monitoring by obtaining vital signs every 4 hours for presumptive residents that exhibits signs and symptoms, documentation of isolation and monitoring every shift. All resident that room with a COVID 19 positive resident must go on droplet and contact isolation for 14 days. Notifying physician as it relates to change of condition: License nurses should notify physicians with any change of condition related to COVID-19 and document findings. Any resident that exhibits s/s of COVID 19 must be tested and placed in droplet and contact isolations. Interventions must be put into place to treat signs and symptoms. Insuring the staff monitors the appropriate usage of PPE for the residents: All residents that are out of their room will wear a face mask PPE, including while in therapy, activities or being transported throughout the facility. The facility has the following PPE available to staff and residents, disposable gowns, reusable gowns, N95 masks, surgical masks, face shields and googles <sic>, gloves. Currently, there is no shortage of PPE. On [DATE] resident was provided with PPE as necessary. Per facility guidelines as stated by CDC the facility will provide PPE mask for all current and future residents. Beginning on [DATE] staff was educated on the importance of when a resident is noted to be in common areas that residents are to be wearing face mask PPE. The Director of nursing/designee and Nursing Home Administrator will continue to contact the CDC and Oakland County Health Department for updated guidelines and recommendations. The Director of Nursing/designee and NHA will continue to review and make all attempts to have consistent staffing care for the residents on precautions and on the dedicated COVID-19 unit. On [DATE] the DON, administrator, Medical Director and Interdisciplinary Team members reviewed current practices that placed residents and employees at risk for becoming symptomatic and positive of COVID-19. A plan of correction was developed and initiated to the above mentions of our policies.</p>		