

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235396	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/20/2020
NAME OF PROVIDER OF SUPPLIER THE VILLA AT SILVERBELL ESTATES		STREET ADDRESS, CITY, STATE, ZIP 1255 W SILVERBELL RD ORION, MI 48359	
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 0770 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain a Physician ordered laboratory test for one resident (R#903) of three residents reviewed for infections, resulting in the potential for abnormal lab results to go unreported to the Physician. Findings include: On 7/16/20 the medical record for R#903 was reviewed and revealed the following: R#903 was admitted to the facility on [DATE] and had [DIAGNOSES REDACTED]. R#903's MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 7/9/20 revealed R#903 needed total assistance from facility staff with most of their activities of daily living. A Nurse Practitioner evaluation dated 7/9/20 revealed the following: Chief Complaint/Nature of Presenting problem: [MEDICAL CONDITION] (deficit of total body water relative to total body sodium) Leukocytosis (an increase in the number of white cells in the blood) .History of present illness: Patient is seen and examined today due to nursing reports of [MEDICAL CONDITION] and leukocytosis. Per nursing CXR (chest x-ray) was done and negative. Pending UA/CS (urine analysis/culture sensitivity). Patient has slight fevers today of 99.8. Has been started on IV (Intravenous) fluids for [MEDICAL CONDITION]. Repeat labs ordered last night with nursing staff. Awaiting results . A Physicians order dated 7/9/20 revealed the following: CBC, (complete blood count) BMP (basic metabolic panel) STAT (immediately) for [MEDICAL CONDITION], leukocytosis . A Nurse Practitioner evaluation dated 7/14/20 revealed the following: Patient was transferred to this facility on 7/2/2020. It is noted on 7/6/2020, patient had a temp. (temperature) of 100.4 degrees. Labs from that date revealed a mqrked <sic> leukocytosis (high white blood cell count, indicating infection) of 18.2. Patient was seen by the primary team on 7/8/2020 and a CXR and UA were ordered. He was also noted to have [MEDICAL CONDITION] and IVF's (intravenous fluids) were given. CXR revealed no acute cardiopulmonary process. UA does not appear to have been done. Repeat labs were ordered by the primary team again on 7/9/2020, but also do not appear to have been done . Further review of R#903's medical record was completed. No evidence that the CBC, BMP lab test ordered by the Physician on 7/9/20 was completed and observed in the record. None was provided by the end of the survey. On 7/20/20 at approximately 2:00 p.m., The DON (Director of Nursing) was queried regarding the results/status of the STAT CBC, BMP lab tests that were ordered on [DATE]. The DON indicated they were unsure if the lab was completed as ordered and when reviewed in the facility lab portal they did not see anything indicating it was pending or that it was ever completed. They DON was queried if it was their expectation that all physician orders [REDACTED]. On 7/20/20 a facility documented titled Laboratory, Radiology, and Other Diagnostic Services Guideline with an effective date of 6/1/2020 was reviewed and revealed the following: Our facility obtains laboratory services to meet the needs of residents. Our facility is responsible for the quality and timeliness of the services. A contractual agreement should be in place with a laboratory that meets the applicable requirements . Our facility obtains radiology and other diagnostic services to meet the needs of our residents. Our facility is responsible for the quality and timeliness of the services. PROCESS: Provide or obtain laboratory, radiology, and other diagnostic services only when ordered by a physician, physician assistant, nurse practitioner or clinical nurse specialist in accordance with State law including scope of practice laws. Promptly notify the ordering prescriber of laboratory, radiology and other diagnostic results that fall outside of clinical reference ranges. Assist the resident in making transportation arrangements to and from the source of service if the resident needs assistance. File or save laboratory, radiology and other diagnostic reports that are dated and contain the name and address of the testing laboratory or provider in the record .</p>		
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the Facility failed to place a resident who was readmitted from the hospital on isolation precautions and ensure staff wore necessary PPE (Personal Protective Equipment) during care for two (R#901 and #902) of three residents reviewed for infection control, resulting in the potential for the spread of contagious and infectious disease, including COVID-19 and illnesses to residents who are susceptible, elderly, and/or physically compromised. Findings include: Resident #901 On 7/16/20 at approximately 1:30 PM an observation was made of the Facility's PUI (patients under investigation) unit. The door to the unit was closed and a stop sign was posted that documented, This is a COVID + unit. Do not enter unless you have the appropriate PPE (Face shield, N95 Mask, gown) and have been assigned to this unit .see Director of Nursing (DON) for questions or further instructions. Outside of the unit was a cart with PPE equipment. Two staff members were observed through the glass door in the hallway of the PUI unit. They were observed not wearing PPE equipment as described on the door. Unit Nurse Manager G who was observed inside the PUI unit, exited out the door and was interviewed. When asked about the PUI unit and residents who were living in the rooms located on the unit, Nurse G reported there were no COVID-19 positive residents in the building, but the unit was currently housing residents who were either initially admitted or readmitted from the hospital and/or residents who were showing signs and symptoms of infection and/or fever. Nurse G explained that the residents would remain in the unit for at least 14 days. When queried as to why they were observed in the unit hallway without PPE as posted, Nurse G reported that as long the residents' doors were kept shut there was no need to wear the PPE in the hallways, but staff would adhere to the CDC (Center for Disease Control) updated policy and wear PPE as posted when entering the resident's rooms on the PUI unit. On 7/16/20 at approximately 2:15 PM, R#901's door was observed to be closed. It should be noted that R#901 did not reside on the PUI unit. There was no signage on the door to indicate any restrictions prior to entry. Upon entry to the room, R#901 was observed lying on the bed. The Resident was alert but appeared drowsy and was not able to answer questions asked. A review of R#901's clinical record documented that the resident was originally admitted to the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of the residents Minimum Data Set (MDS) dated [DATE] indicated R#901 had a Brief Interview for Mental Status (BIMS) score of five (severely cognitively impaired) and required one person assist for Activities of Daily Living (ADLs). On 7/16/20 at approximately 2:30 PM, continued review of R#901's clinical record documented that the resident was transferred to the hospital on [DATE] and readmitted to the facility on [DATE]. There were no orders that indicated R#901 had been placed on isolation precautions upon re-entering the Facility on 7/8/20 and nothing that indicated a room change to the PUI unit as per Facility protocol previously discussed with Nurse G. The last COVID-19 test result for R#901 was dated 7/3/20 (five days prior to exiting the Hospital) and was indicated as negative. A test was completed by the Facility on 7/9/20, but there were no results of the 7/9/20 test documented in the record. A request for testing results was made. No results for the 7/9/20 test for R#901 was provided by the end of the survey. On 7/16/20 at approximately 2:45 PM an interview with the DON was conducted. The DON was queried as to why R#901, who had returned to the facility on [DATE] was not placed in the PUI unit. The DON reported that R#901 was a [MEDICAL TREATMENT] patient with a history of wandering and the Facility wanted to keep the resident close to the Nurse's station. When asked why R#901 was not placed on isolation precautions, the DON indicated that she was not certain that R#901 had stayed in the Hospital more than a few hours. The DON was queried as to how COVID-19 testing was done and asked to provide the status of R#901's COVID-19 test that was administered on 7/9/20. The DON reported that the Facility testing was</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(continued... from page 1)</p> <p>generally done on Wednesdays and indicated that there had been a delay in getting results back from the testing provider. On 7/20/20 at approximately 9:00 AM, a review of R#901's clinical record indicated an order was entered on 7/16/20 at (3:12 PM) to place R#901 on droplet precautions. On 7/20/20 at approximately 1:00 p.m., a phone interview was conducted with Infection Control (IC) Nurse F. When queried as to the Facility's policy pertaining to residents who are readmitted from the Hospital, IC Nurse F indicated that all residents that are admitted or readmitted from a Hospital should be placed in the Facility's PUI unit and on precautions for at least 14 days and continued testing should occur. IC Nurse F indicated that R#901 was a fall risk and that may have been the reason they were not placed on the PUI unit, but they should have been placed on droplet precautions when admitted on [DATE].</p> <p>Resident #902 On 7/16/20 at approximately 1:10 p.m., Certified Nursing Assistant (CNA) 'A' was observed assisting R#902 with feeding of the lunch meal. At that time, CNA 'A' was wearing a face shield and a black cloth mask underneath it. On 7/16/20 at 1:15 p.m., during an interview Registered Nurse (RN)/Unit Manager (UM) 'B' when asked about personal protection equipment (PPE) staff should be wearing, RN/UM 'B' stated, Today, the CDC (Center for Disease Control) guidelines changed again. We are to wear goggles and a mask when in the residents' room providing care. RN/UM 'B' further stated, We have to wear surgical mask or N95 mask at all times. Usually our scheduler sits at the front door and take our temperature and the screening. On 7/16/20 at 1:25 p.m., CNA 'A' was observed near the Administrator's and DON's office switching the black cloth mask with a surgical mask. During an interview with CNA 'A' on 7/16/20 at 1:50 p.m., when queried about wearing proper PPE while assisting R#902 with feeding during the lunch mealtime, CNA 'A' explained that they had on their face shield and a black mask. When queried if a surgical mask should be worn along with the face shield instead of the black cloth mask while providing care in R#902's room, CNA 'A' stated, As far as I know, I could wear my black mask because we (facility) do not have any active COVID cases. At that time, CNA 'A' was wearing the blue surgical mask over her face and the black cloth mask was under their chin. CNA 'A' further stated that they were allergic to the surgical mask and they had a N95 Mask (mask that blocks about 95 percent of particles that are 0.3 microns in size or larger) in their car. On 7/16/20 at 2:19 p.m., during an interview, when asked what PPE is required when staff assist residents in their room, Licensed Practical Nurse/Unit Manager (LPN/UM) 'G' explained staff have to have goggles or a face shield, N95 (Mask) or a blue surgical mask. LPN/UM 'G' further stated, They can have on a cloth mask, but it has to be over the surgical mask when assisting residents with feeding in their room. On 7/16/20 at 3:00 p.m., an interview with the DON was conducted. The DON explained that Face shields and goggles are brand new and just rolled out today. The DON stated, The N95 or blue surgical mask has been ongoing since we have been COVID free. During COVID, we wore N95 masks. The DON further stated CNA 'A' had a shield from home. Everyone was supposed to take one (surgical mask) off the nurses' cart. I was not the one to educate. When asked who was responsible for educating staff when there are new guidelines in place, the DON stated, When something new comes out, if there are stragglers. then they get a one-on-one. The Administrator was asked to provide a copy the Facility's policy related to the PUI unit. The Administrator reported that the Facility did not have a specific policy that it utilized but reported that they followed CDC guidelines and that was why the PUI unit was created. It should be noted that the newest CDC guidance pertaining to New admissions and Readmissions (updated 6/25/20) states, in part, 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>		