

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235640	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OF SUPPLIER MEADOW WOODS NURSING AND REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 42235 COUNTY ROAD 390 BLOOMINGDALE, MI 49026	
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 - 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 1.) properly maintain infection control practices during a COVID-19 Infection Control Survey and 2.) isolate residents with a fever for 3 of 3 residents (Resident #101, #102, and #103) reviewed for infection control resulting in the potential for cross contamination and the spread of disease to a vulnerable population. Findings include: Review of the facility policy Coronavirus Surveillance date implemented 2/27/20 revealed, This facility will implement heightened surveillance activities for coronavirus illness during periods of transmission in the community and/or during a declared public health emergency for the illness .6. Residents will be monitored for signs and symptoms of coronavirus illness: fever, cough, shortness of breath. The physician will be notified immediately, if evident. Review of the facility policy Novel Coronavirus Prevention and Response date implemented 2/27/20 revealed, This facility will respond promptly upon suspicion of illness associated with a novel coronavirus in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION] .2. Staff shall be alert to signs of COVID-19 and notify the resident's physician if evident: a. Fever b. Cough c. Shortness of breath .c. Monitor residents for fever or respiratory symptoms. i. Restrict residents with fever or acute respiratory symptoms to their room. Have them wear a facemask if they must leave the room for medically necessary procedures. ii. In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected [DIAGNOSES REDACTED].f. Educate staff on proper use of personal protective equipment and application of standard, contact, droplet, and airborne precautions, including eye protection. Review of the Centers for Disease Control and Prevention Preparing for COVID-19 in Nursing Homes last revised 6/25/20 revealed, Actively monitor all residents upon admission and at least daily for fever (T 100.0 F) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions as described below. *Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >99.0oF might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. Review of the Centers for Disease Control and Prevention Symptoms of Coronavirus last revised 5/13/20 revealed, Watch for symptoms-People with COVID-19 have had a wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to [MEDICAL CONDITION]. People with these symptoms may have COVID-19:Fever or chills, Cough, Shortness of breath or difficulty breathing, Fatigue, Muscle or body aches, Headache, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, Diarrhea. Review of the Fundamental of Nursing revealed, Antipyretics are medications that reduce fever. [MEDICATION NAME] and nonsteroidal anti-[MEDICAL CONDITION] drugs .reduce fever by increasing heat loss. Potter, Patricia A.; Perry, Anne Griffin; Stockert, Patricia; Hall, Amy. Fundamentals of Nursing - E-Book (Kindle Locations -). Elsevier Health Sciences. Kindle Edition. Resident #101 Review of a Face Sheet revealed Resident #101 was a [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident #101's July Medication Administration Record [REDACTED]. (Indicating Resident #101's was receiving antipyretics three times a day which could mask a fever). Review of Resident #101's Nursing Progress Note dated 7/10/20 revealed, resident reported to have a temp. (temperature) of 100.4 (degrees Fahrenheit) tympanic this a.m. by night shift CENA (Certified Nurse Aide). A.m. medications excepted including [MEDICATION NAME]. Temp. recheck at 1151 was 98.9°F. Resident had no additional symptoms. Staff denied abnormal characteristics to urine. LSCTA. (lung sounds clear to auscultation) SPO2 sats (oxygen level) 92%RA (room air). Resident up for breakfast and lunch. (Name omitted) P.A. (Physician Assistant) notified. No additional orders at this time. STCP (short term care plan) started for fever of unknown origin. Review of Resident #101's Electronic health Record revealed no Short Term Care Plan regarding residents Fever of Unknown Origin. Review of Resident #101's Care Plan revealed, I am at risk for hosting and/or unknowingly transmitting COVID-19 related to being newly admitted to this facility, being newly readmitted to this facility, exposure to a known COVID-19 positive person, frequent essential outings outside of facility, symptomatic of COVID-19 signs/symptoms awaiting testing or test results. Date Initiated: 08/11/2020. I will comply with the facility's measures of infection control through my 14 day COVID-19 observation period. Date Initiated: 08/11/2020 Target Date: 08/26/2020 o I will report any signs/symptoms of COVID-19 to the nurse through my 14 day COVID-19 observation period. Date Initiated: 08/11/2020 Target Date: 08/26/2020 .DROPLET PRECAUTIONS: I am on droplet precautions for at least 14 days during my observation period. Date Initiated: 08/11/2020 .Monitor me for s/s (signs and symptoms) of COVID-19 (fever, respiratory symptoms, lethargy, muscle aches, etc.). Review of Resident #101's Electronic Health Record revealed no physician assessment or new orders for Resident #101's Fever of Unknown Origin. During an interview on 8/11/20 at 1:00 P.M. Director of Nursing (DON) B reported that Resident #101 was not placed in isolation at the time of her fever. Resident #102 Review of a Face Sheet revealed Resident #102 was an [AGE] year-old female, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. Review of Resident # 102's Nursing Progress Note dated 8/3/20 at 11:35 A.M. revealed, Resident c/o (complains of) feeling tremors. Also reported sniffing, sinus congestion and sneezing. Temp. temporal 98.2°F. Rechecked with tympanic thermometer and results were 100.0°F (degrees Fahrenheit). Review of Resident # 102's Nursing Progress Note dated 8/3/20 at 1:42 P.M. revealed, Temp. recheck was 99.2°F. Dr. (name omitted) notified of residents low-grade temp. and C/o sniffing, sneezing, and sinus congestion. Dr. (name omitted) stated, If fever persist greater than 24* (24 hours) recheck Covid test and take precautions. (Indicating Resident #102 was not placed in isolation at the time of the fever and other symptoms). Review of Resident #102's August MAR indicated [REDACTED]. [MEDICATION NAME] was administered on 8/3/20 at 11:41 A.M. Review of Resident #102's Care Plan revealed, I am at risk for hosting and/or unknowingly transmitting COVID-19 related to being newly admitted to this facility, being newly readmitted to this facility, exposure to a known COVID-19 positive person, frequent essential outings outside of facility, symptomatic of COVID-19 signs/symptoms awaiting testing or test results. Date Initiated: 08/11/2020 o I will comply with the facility's measures of infection control through my 14 day COVID-19 observation period. Date Initiated: 08/11/2020 Target Date: 11/09/2020 o I will report any signs/symptoms of COVID-19 to the nurse through my 14 day COVID-19 observation period. Date Initiated: 08/11/2020 Target Date: 11/09/2020 .DROPLET PRECAUTIONS: I am on droplet precautions for at least 14 days during my observation period. Date Initiated: 08/11/2020 .Monitor me for s/s of COVID-19 (fever, respiratory symptoms, lethargy, muscle aches, etc.). Date Initiated: 08/11/2020. During an observation on 8/7/20 at 12:22 P.M., Resident #102 was not in isolation (no PPE outside of room or sign on door.) During an observation on 8/7/20 at 12:25 P.M., Resident #102 was sitting in the hallway, next to the nurses station, eating her lunch. During an observation on 8/11/20 at 12:20 P.M., Resident #102 was no in isolation (no PPE outside of room or sign on door.) During an interview on 8/7/20 at 10:28 A.M., Certified Nursing Assistant (CNA) F reported that residents are placed in isolation if they are a new admit, have been out of the facility, or if they have a fever or any other symptom of COVID-19. During an interview on 8/11/20 at 12:23 P.M., Licensed Practical Nurse (LPN) D reported that</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 - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>a resident has a fever of 100 degrees Fahrenheit or higher the physician is notified and the physician determines the course of action. If a resident had a fever and respiratory symptoms the resident would be placed in isolation and a COVID-19 swab would be completed. During an interview on 8/11/20 at 1:00 P.M. DON B reported that a resident is placed in isolation if they have a fever and other symptoms of COVID-19. Resident #103 Review of a Face Sheet revealed Resident #103 was a [AGE] year-old male, originally admitted to the facility on [DATE], with pertinent [DIAGNOSES REDACTED]. During an observation on 8/7/20 at 9:00 A.M., Resident #103 was in isolation because of a recent hospital visit. During an observation on 8/7/20 at 1:16 P.M., Housekeeping Staff (HS) K entered Resident #103's room without donning a gown, gloves, or goggles to pass a cup of water. HS K exited the room into the hallway and turned around and reentered Resident #103's room again without donning a gown, gloves, or goggles. During an interview on 8/7/20 at 10:40 A.M., CNA E reported that gowns, gloves, goggles, and mask must be worn in isolation rooms.</p>		