

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER LAPEER COUNTY MEDICAL CARE FAC		STREET ADDRESS, CITY, STATE, ZIP 1455 SUNCREST DR LAPEER, MI 48446	
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 - Potential for minimal 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>This Citation Pertains to Intake MI 596- Covid-19. Based on observation, interview, and record review, the facility failed to operationalize policies and procedures to ensure prompt recognition of signs and symptoms of Covid-19 infection and failed to institute immediate interventions, per infection control standards, to mitigate risk of Covid-19 spread and transmission for three (#'s 701, 702, and 704) of four Residents reviewed for Covid-19 infection resulting in delayed identification and treatment, delayed isolation, and the spread of Covid-19 within the facility. Findings include: An interview was conducted with the Director of Nursing (DON) on 4/9/20 at 2:05 PM. When queried if any Residents within the facility had been diagnosed with [REDACTED].#701 and #702) and one Staff member (Physical Therapist A) had confirmed Covid-19 infections. The DON further detailed Resident #702 had been transferred to the hospital related to the infection. When queried regarding facility policies/procedures implemented in response to the Covid-19 pandemic, the DON revealed all staff were being screened for infection by means of a drive-up screening process prior to being allowed to enter the building. The DON further revealed employees screened and not having signs and symptoms of infection received a sticker with the date on it. The employees then proceeded to the parking lot in the back of the facility and entered the building through an employee entrance where the sticker they received after being screened was verified by a staff member. The DON was then asked about the location of the Residents who had tested positive for Covid-19 and revealed the facility converted a conference room on the first floor of the facility into a negative pressure Covid area. With further discussion, the DON revealed anterooms had been set up to create an area for donning and doffing Personal Protection Equipment (PPE). The DON further disclosed the facility had developed Covid Teams which consisted of dedicated staff members assigned to work in Covid Unit. When queried if Residents suspected of having Covid-19 or who were considered Persons Under Investigation (PUI) for infection were moved to the facility Covid Unit, the DON replied, No. With further inquiry regarding placement of PUI Residents, the DON revealed the Residents are placed in a private room with droplet isolation precautions (Note: Centers for Disease Control (CDC) Isolation Precaution recommendations for Covid-19 are Airborne, Droplet, Contact, and Standard precautions). When queried regarding screening of Residents for Covid-19, the DON indicated the facility implemented daily temperature checks on all Residents and stated, Any Resident who leaves (the facility and returns) goes to a private room and is quarantined for 14 days. When asked if all PUI and Residents quarantined for potential Covid-19 exposure were placed in the same unit or area of the facility, the DON revealed the Residents were placed in private rooms but not in a specific area or hall of the facility. An interview was conducted with Housekeeping Staff B on 4/9/20 at 2:50 PM. When queried regarding facility policy/procedure pertaining to cleaning Resident rooms who on isolation precautions, Housekeeping Staff B revealed they had not cleaned the Covid-19 unit due to a personal medical condition but did clean other Resident rooms with isolation precautions. With further inquiry regarding type of precautions for the room cleaned, Housekeeping Staff B stated, Like influenza. Housekeeping Staff B further revealed the room they cleaned today was on the second floor of the facility. An interview was conducted with Physical Therapy Assistant C on 4/9/20 at 2:55 PM. When asked if they provided care and therapy services to any Residents diagnosed with [REDACTED]. When queried if the Residents in droplet precaution isolation were in isolation due to being a PUI for Covid-19, Physical Therapy Assistant C indicated they talk to the facility nursing staff if they have questions. Physical Therapy Assistant C was asked if Residents who are on isolation precautions are housed in the same general area of the facility and responded, No. On 4/9/20 at 3:00 PM, an interview was conducted with Laundry Staff D and Laundry Staff E. When queried regarding facility policy/procedure related to laundry services for Residents with suspected or confirmed Covid-19 infection, both Laundry Staff D and E revealed they were not sure. Laundry Staff D then stated, We don't do from the Covid area and Laundry Staff E agreed. When queried what happened to the linens and laundry for Residents with suspected or positive Covid-19, both Laundry Staff E and D revealed they were not aware of what happened to that laundry. When asked if the facility utilized red bags for linens to signal infection or contamination, both Laundry Staff E and D revealed red bags were used for dirty linens that had blood on them. On 4/9/20 at 3:25 PM, a virtual tour of the facility Covid-19 unit was completed with the DON. The unit was closed off from other areas of the facility with permanent walls and temporary anteroom structures had been created with sheets of vinyl/plastic material. Two staff and Resident #701 were present in the unit. The facility created negative pressure within the room. Resident #701 was visualized in bed, positioned on their back. All equipment necessary for Resident care was present and easily accessible within the Covid Unit. A separate exit anteroom had also been created with areas to doff (remove) PPE and perform hand hygiene. After exiting the Covid Unit, a request to observe a Resident room with precautions in place who was not in the Covid Unit. The DON proceeded to a room on the first floor of the facility. PPE equipment was in place on a cart outside of the room door and the door to the Resident room was open. When queried regarding the reason the Resident was currently on isolation precautions, the DON stated, They were a readmit. We swabbed them yesterday. They have had a dry cough. They were in the hospital for pneumonia. Record review of facility provided infection tracking documentation revealed the facility had five Residents with confirmed Covid-19 infection, one employee (Physical Therapist A) who tested positive for Covid-19 infection, and 22 symptomatic staff members. Review of infection control line listing documentation for March 2020 revealed 15 additional Residents had signs/symptoms of respiratory illness. Review of facility provided documentation, Coronavirus Timeline revealed the following: -4/3/20 . Spoke with (representative) from (health department) . looking at two Residents with low grade temperatures, highest 100.6, with chest X-rays showing left infiltrates, slightly elevated respirations . testing not needed at this time, as the Residents are both isolated with contact/droplet precautions. -4/4/20 . (Resident #701) received Covid-19 test, all staff entering room will receive N 95 mask (particulate-filtering facepiece respirator which filters at least 95% of airborne particles) . -4/5/20 . (Infection Control Nurse G) came in to educate 3rd and 1st shift regarding PPE, N 95 . -4/6/20 . (Resident #701) was positive (for Covid-19). Received orders to test (Resident #702) . all staff to receive their N-95 masks . -4/8/20- Received test result for (Resident #701) (positive) . staff ill, one contracted staff positive, other staff out ill . An interview was conducted with the DON on 4/13/20 at 12:05 PM regarding the facility provided Coronavirus Timeline including Residents who were suspected and confirmed positive for infection. The DON stated, We have tested 12 (Residents); Six were negative, five were positive, and one (test) is pending. When queried regarding Resident #701, the DON stated, (Resident #701) was our first positive. They passed away Friday morning. The DON further revealed Resident #701 was the Resident observed in the Covid Unit on 4/9/20. The DON was then asked about Resident #702 and replied, (Resident #702) was the second positive. They were sent to the hospital the day we got the positive. (Resident #702) passed away Friday morning at the hospital. The DON then stated, We had a couple more positives (for Covid-19). When asked, the DON revealed Resident #703 tested positive on Saturday and another Resident had also tested positive (Resident #704). When queried regarding Resident #703 and 704's room placement within the facility, the DON revealed both Residents resided on the second floor of the facility. The DON then stated, (Resident #704) was (Resident #701's) roommate before (Resident #701) was transferred to a private room. With further inquiry, the DON disclosed, Another</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 - Potential for minimal harm Residents Affected - Some	<p>(continued... from page 1)</p> <p>Resident became symptomatic yesterday morning with a low-grade fever (Resident #705). They tested positive and moved to Covid Unit. The DON was queried regarding positive employees and stated, No further positive employees. The one positive employee was a skilled Physical Therapist (Physical Therapist A). They were in contact with all those Residents. When queried the last day Physical Therapist A worked in the facility, the DON replied, last day was the 24th or 25th of March. They were confirmed positive on 4/8/20. The DON was asked about interventions in place within the facility to mitigate the spread of Covid-19 and replied, After (Resident #703) tested positive on Friday, we implemented droplet precautions for every Resident on that unit on Saturday (4/11/20). When queried what interventions were in place prior to Saturday (4/11/20), the DON stated, We were room restricting without Droplet (precautions). When asked what room restrictions entailed, the DON replied, We were encouraging all Residents to stay in their rooms. The DON further revealed Residents could come out (of their rooms) if they wanted to when room restrictions were implemented but were encouraged to stay in their rooms. Review of facility provided employee illness documentation revealed 26 employees were currently off work with respiratory illness and/or symptoms of Covid-19. On 4/13/20 at 3:49 PM, an interview was completed with Registered Nurse H. When asked how they were feeling, Registered Nurse H replied, I'm getting better. I had high fever, aches, nausea, vomiting, cough, and shortness of breath. Registered Nurse H was asked when they became ill and replied, I worked on Tuesday and it kind of hit me that night. I got chills and got dizzy. Then when I got home, I started throwing up. When queried if they sought medical treatment, Registered Nurse H revealed they did and, although they were not tested for Covid-19, their Doctor was treating them as though they were positive. When asked about PPE and if masks were provided to them by the facility, Registered Nurse H replied, Yes, we had just gotten it (mask) on Monday. When asked what type of mask they received, Registered Nurse H stated, It was an N-95 (respirator mask that filters at least 95% of airborne particles). When asked if the facility completed fit testing for the N-95 masks, Registered Nurse H revealed they did not. When queried if the facility had different sized N-95 masks and how they knew which mask they needed, Registered Nurse H stated, They (facility management) said they (masks) went by size but really, they just said here's your mask. When queried if they received training regarding mask use including donning and doffing, Registered Nurse H revealed the training they received related to mask fit included, Kind of breathing to see if air leaking around it (mask). Registered Nurse H further revealed they were instructed to wear the mask for their whole shift and to only remove when eating. Registered Nurse H was asked what area of the facility they work in and replied, I'm all over. Tuesday, I worked Two South and Monday I worked One South. When queried if they had cared for any of the Residents who had tested positive or were PUI for Covid-19, Registered Nurse H replied, Not one on one. Registered Nurse H was asked if they had provided care to Resident #703 and replied, Yes, I had (Resident #703) on Monday. When queried if Resident #703 had any signs or symptoms or Covid-19 when they provided to them, Registered Nurse H stated, (Resident #703) didn't appear to be (sick), nothing unusual and elaborated they were not the Resident's primary nurse. When asked about Resident room restrictions within the facility, Registered Nurse H stated, Really the only reason Residents were coming out of their rooms are the safe swallows (Residents requiring assistance to eat) to come out to eat in dining room. Registered Nurse H was asked facility policy/procedure pertaining to Resident assessment for Covid-19 and how facility staff distinguish other illnesses, including pneumonia, from Covid-19. Registered Nurse H revealed they were not aware of a procedure and that Resident Health Care Providers order diagnostic testing. When asked if Residents with pneumonia are placed in isolation precautions, Registered Nurse H replied, No, no precautions. When queried if they were aware of any other staff who were sick, Registered Nurse H replied, (Nursing Assistant J) got sent home sick Tuesday. (Nursing Assistant J) was getting real short of breath, their SPO2 (oxygen level in the blood) was 85% (normal SPO2 is greater than 92%). An interview was conducted with Confidential Nurse I on 4/13/20 at 4:10 PM. When asked about the facilities response to the Covid-19 pandemic including PPE and training, Confidential Nurse I stated, I think they didn't give out N-95's soon enough. Some people were wearing their own masks. There was just a lot of confusion about testing Residents, when we are testing, when they (Residents) should be tested. Staff were also floating all over the building. On 4/13/20 at 4:18 PM, an interview was completed with Licensed Practical Nurse (LPN) K. When asked if they had been sick, LPN K replied, Last Monday (4/6/20). I just felt sick, body aches. I called in (to work). LPN K further revealed they sought medical care related to their symptoms but were not tested for Covid-19 because of mild symptoms but had been taken off work. When asked if they had cared for any Residents who had suspected or positive Covid-19, LPN K revealed they had three Residents who had been on isolation precautions. When queried regarding facility policy/procedure pertaining to Resident assessment for Covid-19 and how facility staff distinguish other illnesses such as pneumonia from Covid-19, LPN K indicated they were unaware of a policy or procedure but stated they would brainstorm with other nursing staff if they had concerns. LPN K was queried if isolation precautions are implemented for Residents with pneumonia and replied, No. With further inquiry, LPN K stated, I believe we wear a mask for flu. An interview was conducted with the DON on 4/13/20 at 5:56 PM. Facility provided document, tested Covid Residents was reviewed with the DON at this time. The tested Covid Residents document specified the following, (Resident #701), Positive for COVID, (Shared room with Resident #704) moved to private room (number), then moved to COVID isolation area when positive confirmed, passed away at facility on 4/10/2020. The DON was asked the date Resident #701 tested positive for Covid-19 and replied, Positive on 4/6. With further inquiry, the DON revealed the Resident was moved to the Covid Unit of the facility on the date they tested positive (4/6/20). When queried regarding the date Resident 701 first began to show signs and/or symptoms of Covid-19, the DON replied, Abnormal to baseline on 3/29. They had a temperature of 99.1 (degrees Fahrenheit) and confusion. The DON then revealed Resident #701's illness had similar presentation to a UTI (Urinary Tract Infection). The DON then disclosed Resident #701 had recently been treated for [REDACTED]. When asked, the DON stated, IV (intravenous) Aztreonam (antibiotic) started on 3/20 and discontinued on 3/27. The DON further revealed a STAT (immediate) UA (urinalysis) and blood work was sent on 3/29. The UA was negative. When queried regarding additional symptoms, the DON stated, (Resident #701's) oxygen stats (SPO2) started going down on 3/31. (The Resident) was 91 to 92% on room air. A flu test was sent out on 3/31 at 11:15 PM. With further inquiry, the DON disclosed, (Resident #701) had a temp of 100.6 and a chest X-ray was ordered on [DATE]. When asked, the DON revealed the chest X-Ray showed focal atelectasis or pneumonia. They were started on [MEDICATION NAME] (antibiotic) and then [MEDICATION NAME] (antibiotic) on 4/4. When queried regarding Resident #701's room placement within the facility, the DON revealed the Resident had shared a room with (Resident #704) and had been moved on 4/1 to (private room) because temps went up and SPO2 started going down. With further questions, the DON stated, I got a call at home on Saturday night, 4/4, that (Resident #701) spiked a temp again and the Doctor wanted tested for Covid. When asked, the DON revealed, the Residents temperature was 101.9. The DON then stated, Got the (positive Covid-19) results on 4/6. The DON was then queried if any isolation precautions were implemented when Resident #701 was transferred to a private room on 4/1/20 and stated, On droplet precautions. When queried what droplet precautions entailed per facility policy/procedure, the DON revealed masks were utilized by staff. When queried what type of mask was utilized by staff for droplet precautions, the DON indicated they would read the information on the mask box and stated, They are McKesson Level one Procedural Masks. When asked about the level of fluid resistance of the masks, the DON stated, It (box/mask information) says fluid resistant at 80 mm per mercury. (Low fluid resistance for use in procedures where low amounts of fluid, spray and/or aerosols are produced). The tested Covid Residents document specified the following for Resident #702, (Resident #702), Positive for COVID, private room (room number), sent to hospital when positive confirmed, passed away at hospital on [DATE]. When asked, the DON revealed Resident #702 tested positive for Covid-19 on 4/8/20. The DON was then queried regarding Resident #702's room placement in the facility. The DON stated, (Resident #702) was already in a private (room). They went to the hospital, not the Covid unit. When queried regarding the Resident's symptoms while in the facility, the DON replied, On 3/30, notified by CNA that (Resident #702) was making different noises. When asked, the DON revealed Resident #702 had dementia but that documentation of making different noises would signify the staff indicated a significant variation from the Residents baseline. The DON then stated, At 9:00 PM, (Resident #702) was not feeling good, did not eat good, were weak. When queried regarding the course of the Resident's illness, the DON stated, On 4/1 during the night they had increasing moaning with expirations. On 4/2, they had a temp of 99.1 at 1:00 AM and a temp of 100.0 at 7:00 AM. At that time, (Resident #702) had a hoarse voice. A chest x-ray, STAT labs, a UA, and flu were ordered. Got the results that night. (Chest x-ray) showed minimal atelectasis in the left lower lobe. [MEDICATION NAME] (antibiotic) started on 4/2. The DON was asked if isolation precautions were implemented and replied, On 4/2, room restrictions and droplet precautions. The tested Covid Residents document detailed the following pertaining to Resident #703, Positive for COVID on 4/10/2020, (Room Number), moved to COVID isolation area when positive confirmed. The DON was asked when Resident #703 first displayed signs/symptoms of Covid-19 infection and stated, On 4/10, they had an elevated temperature, were agitated and anxious. (Resident #703) has dementia and normally had some agitation With further inquiry, the DON stated, The only reason we</p>		

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F 0880 Level of harm - Potential for minimal harm Residents Affected - Some	<p>(continued... from page 2)</p> <p>swabbed (Resident #703) was because of the temperature. We are just swabbing anyone with a temp now. In regard to Resident #704, the tested Covid Residents document specified, (Resident #704), Positive for COVID on 4/12/2020, (Dual occupancy room with Resident #701), moved to COVID isolation area when positive confirmed. When queried, the DON stated, (Resident #704) was by themselves in the room after (Resident #701) was moved (to a private room) on 4/1/20. The DON was asked when Resident #704 first displayed signs/symptoms of Covid-19 and stated, They had a runny nose and were placed on droplet precautions on 4/6. With further inquiry regarding Resident #704, the DON detailed, On 4/8, they were incontinent of an extra-large stool and the doctor was contacted. The DON further revealed, Resident #704 was tested for Covid-19 on 4/10/20 at approximately 11:00 PM. When queried regarding the results of the Covid-19 test, the DON stated, On 4/12, the positive Covid result was received at approximately 2:00 PM and they were moved to the Covid Unit. The tested Covid Residents document also included, (Resident #705), Positive for COVID on 4/11/2020, (room number), moved to COVID isolation area when positive confirmed. The DON was queried regarding when Resident #705 began to have sign/symptoms of Covid-19 infection. The DON stated, (Resident #705) had a temp at 12:42 AM on 4/12. At 5:00 AM they still had a temp of 99.6. The first shift charted 99.9, SPO2 91% on room air, and a weak, non-productive cough. The DON further revealed the Resident's doctor was notified and orders were obtained for a chest X-ray. When asked, the DON stated, Got positive results on 4/12 and (the Resident) was moved to the Covid Unit. On 4/14/20 at 9:00 AM, an interview was conducted with Therapy Director N. When queried regarding Physical Therapist A, Therapy Director N revealed the staff member had been very ill related to Covid-19 and was doing better but had not returned to work. Therapy Director N was asked when Physical Therapist A first became sick and stated, (Physical Therapist A) went off on the 23rd or 24th (of March). Last Thursday, 4/9/20, would have been 14 days. With further inquiry, Therapy Director N stated, When (Physical Therapist A) was first off, they requested (Covid-19) testing but were denied. They didn't get tested until 4/6/20. When asked if Physical Therapist A had any signs/symptoms of Covid-19 before they went off work, Therapy Director N replied, (Physical Therapist A) worked a full eight hour day and then said they were having really bad chills and went home. (Physical Therapist A) said they were going to go to their Doctor and let me know. When asked what day that occurred, Therapy Director N replied, Tuesday, 3/24/20 is when (Physical Therapist A) said they weren't feeling well. When queried if Therapy staff were seeing any Residents currently on isolation precautions, Therapy Director N replied, Yes, for droplet. When asked if Therapy staff are treating any Residents diagnosed positive for Covid-19, Therapy Director N replied, We are not treating anyone who is positive. When queried if Therapy staff are treating any Residents who have signs/symptoms of Covid-19, are considered PUI and/or who had a Coronavirus test completed where the results are not back, Therapy Director N replied, There is special equipment at the doors of the rooms who are on droplet precautions. When asked what the equipment included, Therapy Director N stated, Gown, gloves, regular mask. Therapy Director N then stated, Two South (unit) is all on droplet precautions now. When queried if Resident room doors are closed for Residents who have droplet isolation precautions in place, Therapy Director N indicated they would ask their Therapy Staff. Therapy Director N could be heard asking staff at this time. Therapy Director N stated, My Therapists are saying they are open. When asked if they room doors were open on the Two South Unit, Therapy Director N reiterated Therapy Staff said the doors were open. Record review revealed Resident #701 was originally admitted to the facility on [DATE] and most recently readmitted on [DATE] with [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS) assessment dated [DATE] revealed the Resident was moderately cognitively impaired and required supervision to extensive assistance to perform Activities of Daily Living (ADLs). Review of facility provided infection tracking documentation and Resident #701's medical record revealed the following: 3/29/20 (In shared room with Resident #704): -12:45 AM: Temperature of 100.0 degrees (Fahrenheit) . CNA (Nursing Assistant) reports that Resident complained of a headache and feeling cold. CNA felt Residents forehead and thought Resident felt exceptionally warm. Writer confirmed Resident has a low-grade fever of 100.0. Writer gave Resident 650 mg (milligrams) of Tylenol . -8:21 AM: Condition Noted: Res feeling not right, 'I have felt better' . 93% on room air . Resident with shaking movements to hands, slurred speech, also repeating things . -10:02 AM: Informed Resident seemed confused, shuddered once in a while, and shakes a little. T (Temperature) 99.1 . Resident denies UTI (Urinary Tract Infection) s/s (signs/symptoms) . PRN (as needed) oxygen applied at 2 L (liters) . Resident denies further sob (shortness of breath) . Orders received for blood and urine diagnostic testing. -2:14 PM: Respiratory Condition Noted: Res (Resident) breathing with accessory muscles . -4:05 PM: Temperature: 99.3 . -4:42 PM: Laboratory results received and reviewed with Physician L. Urinalysis negative for UTI. -7:57 PM: Temperature 100.6 . Tylenol given . 3/30/20- Shared room with Resident #704: -1:16 AM: Temperature: 99.6 . SPO2 92% on room air . -2:03 AM: Tylenol given for general discomfort, Resident states, 'I feel ok, maybe just a little achy, I feel cold. Resident temp is 99.6 . -8:22 AM: SPO2 92% on RA (Room Air) -8:02 PM: Blood Pressure: 104/73 . Held- [MEDICATION NAME] (blood pressure medication) d/t (due to) low BP (Blood Pressure) 3/31/20- Shared room with Resident #704: -12:43 AM: Temperature: 99.6 . -6:55 PM: CNA notified writer that Resident is not feeling good. O2: 89% to 95% . Resident with intermittent shaking, clear nasal drainage noted, Resident with complaints of sore throat . Flu testing completed (Results negative). -10:51 PM: Temperature: 100.4 . O2 Saturation 95% on 2 L . 4/1/20 (In shared room with Resident #704): -2:13 AM: Resident with low grade temp this shift. Writer notes that Resident has had a generalized fever since 3/29 . -8:56 AM: Resident is noted with elevated temp 100.6, body aching and sore throat . Will initiate . isolate for isolate X 14 days for droplet precautions . -10:32 AM: Resident refused breakfast . SPO2 on room air 90% . -10:53 AM: Writer placed call to (Physician L) . went over past few days of charting and current condition . Received TO (Telephone Order) for chest x-ray and CBC (Complete Blood Count- laboratory testing to detect a wide range of disorders, including [MEDICAL CONDITION] and infection) . -3:01 PM: Chest X-Ray results indicate suspected left lobe focal atelectasis or pneumonia. Physician L notified and order for oral [MEDICATION NAME] (antibiotic) received. Resident #701 was moved to a private room on 4/1/20. 4/2/20: -3:49 AM: Temperature: 99.0 . 88% on room air and 92% on O2: 2L . -6:12 AM: 93% on O2 and 88% on room air . -1:37 PM: Temperature 99.7 . -8:26 PM: Writer into room to assess ongoing respiratory status . asked how Resident feeling. Resident responded 'Not to good' . SPO2 92% on 2 liters. All lung fields severely diminished . -4/3/20 at 1:15 AM: Temperature range during day 97.8 to 99.8. 4/4/20: -1:51 AM: Resident continues to have low grade temp and requiring intervention with PRN Tylenol . -1:23 PM: Resident being treated for [REDACTED]. -6:45 PM: Resident with T (Temperature) 101.0 . O2: 88% on RA . Lung sounds diminished . -7:30 PM: Writer into Resident's room to obtain ordered temps at approx. 5:30 PM. Resident temp is 101.9. Resident is displaying labored breathing . Lungs are diminished . breathing at 24/min (breaths per minute: normal is less than 20) . temp now 100.1 . -10:54 PM: Resident with oxygen 89% on 2L . increased oxygen level to 3L . Lung sounds diminished to upper and lower lobes. Resident appears with intermittent shivering noted . Received order to complete Covid-19 test. 4/5/20: -12:24 AM: Temp X 24 hours. Range 97.9 - 101.9 . -3:19 AM: Tylenol given for fever 99.9 -12:32 PM: Temp 100.8 -1:22 PM: Resident state not hungry . has not eaten well the past few days . temp of 100 this morning at approx. 9:20 AM . -2:30 PM: Resident with temp of 100.8 this shift, decreased O2 stat (SPO2) without oxygen, SOB (Shortness of Breath) noted . on 2 ABX (antibiotics) for respiratory DX (diagnosis) . Covid-19 swab results pending . -7:59 PM: Resident with low O2 saturation . Resident displaying with fevers, and increased respirations . Resident noted coughing at times and trembling with fevers . -9:07 PM: Resident with high temperature of 101.0 . shivering noted . O2: 90% on 3L (oxygen) . 4/6/20: -1:14 AM: Tylenol given for fever . Temp 101.0 . -2:56 PM: Oxygen Saturation 90% on 3 L . Cough present . -3:37 PM: Positive Covid-19 Test results received. -10:43 PM: Resident with elevated temp, cough, SOB, and SPO2 levels that drop. Resident positive for Covid-19. Per Resident #701's medical record documentation, the Resident passed away in the facility on 4/11/20 with a time of death at 5:52 AM. Resident #701 did not have a care plan in place related to infection. Record review revealed Resident #702 was originally admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Review of the MDS assessment dated [DATE] revealed the Resident was severely cognitively impaired and required supervision to extensive assistance to perform Activities of Daily Living (ADLs). Review of Resident #702's medical record documentation and facility provided infection tracking documentation revealed the Resident #702's symptoms began on 3/30/20, the Resident was transferred to the hospital from the facility on 4/8/20 at 12:30 PM. A detailed review of the resident's medical record revealed [REDACTED]. Resident moaning . Concern is slightly elevated temp . Resident sleep has been intermittent . -9:00 PM: CNA notified writer that Resident is not feeling good, and Resident felt weak during transfers and only ate mashed potatoes for dinner . Resident with hoarse voice noted . 4/1/20 at 5:50 PM: Resident moaning with exhalation . 4/2/20: -7:47 AM: Temperature of 100.0 . voice is hoarse . -9:17 AM: Skin cool to touch, diaphoretic, flush . Respirations 24, swallow, short with slight use of accessory muscles and Resident grunt with each breath . Lung sounds diminished to bilateral lung fields . Orders obtained for STAT labs, chest X-ray, and urinalysis . -11:52 AM: Diagnostic and lab results received. Urinalysis was positive for UTI, flu tests were negative, and chest X-ray positive for minimal atelectasis at left base. -2:14 PM: O2 saturation: 88 % on room air . 93% on 2L (oxygen) . -6:56 PM: RR (Respiratory Rate) 34 with</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235058	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2020
NAME OF PROVIDER OF SUPPLIER LAPEER COUNTY MEDICAL CARE FAC		STREET ADDRESS, CITY, STATE, ZIP 1455 SUNCREST DR LAPEER, MI 48446	
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)		
<p>F 0880</p> <p>Level of harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 3)</p> <p>accessory muscle use (abdomen is moving more than chest). Upper lobes are clear with inspiration . unable to auscultate expiration due to Resident moaning with expiration . 4/3/20: -1:33 AM: Temperature 99.8 -8:18 AM: RR 24 with accessory muscle use . Resident started on antibiotic for UTI . -12:43 PM: Labored breathing and resp (respiratory rate) of 24. Resident running low grade temp 99.1 4/4/20: -6:45 AM: Resident with elevated temp during shift 100.7 . -4:57 PM: Intermittent non-pro</p>		