

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/04/2020
NAME OF PROVIDER OF SUPPLIER LOURDES REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2300 WATKINS LAKE RD WATERFORD, MI 48328	
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 - Some	<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 implement and operationalize appropriate infection control principles and practices per the Centers for Disease Control Prevention (CDC) safety measures to prevent the exposure/transmission of residents to the 2019 Novel Coronavirus (COVID-19) for 4 residents (R#'s 806, 808, 809 and 810) of four residents that were reviewed for implementing precautions on residents that were admitted and/or readmitted into the facility and the screening of Health Care Professionals (HCP) upon the start of their shift per CDC guidance. Findings include: R#808 R#808 was identified as a recent admission into the facility. A review of the resident's clinical record revealed an admission date of [DATE] with [DIAGNOSES REDACTED]. On 8/4/20 at 11:43 am, an observation was made of R#808's room. There was no precaution signage placed on or around the room door (to alert visitors/staff) of required Protective Personal Equipment PPE to don when entering the room and there was no observation of PPE placed outside of the resident's room door for staff/visitors to utilize. A review of the physician orders [REDACTED]. CDC's COVID-19 guidance for nursing homes document in part, a single negative test upon admission does not mean that the resident was not exposed or will not become infected in the future. Newly admitted or readmitted residents should still be monitored for evidence of COVID-19 for 14 days after admission and cared for using all recommended COVID-19 PPE. On 8/4/20 at 8:35 am, the Director of Nursing (DON) was queried on what PPE was required for staff to provide care for the resident who were recently admitted and/or readmitted into the facility and were placed on 14 days of observation, the DON replied in part they wear a mask and shield. On 8/4/20 at 10:03 am, Registered Nurse (RN) C was observed with a surgical mask and a shield, caring for the residents on their unit, including recently admitted residents. When queried regarding the required PPE to care for the newly admitted residents, RN C confirmed that they utilized the surgical mask and shield to provide care for those residents. RN C was queried regarding the facility's screening of staff when entering the facility and stated in part We do our own temperatures and answer the questions. When asked if any staff member was at the employee's entrance to oversee their assessment, RN C replied No, there is always a charge nurse on the unit to call. CDC's guidance for COVID-19 in Nursing Homes documented in part Screen all HCP (Health Care Professionals) at the beginning of their shift for fever and symptoms of COVID-19. Actively take their temperature and document absence of symptoms consistent with COVID-19. If they are ill, have them keep their cloth face covering or facemask on and leave the workplace. On 8/4/20 at 10:30 am, the Nurse Unit Manager (NUM) B accompanied the surveyors to observe the employee entrance. The was no staff member present. A non-touch temperature tablet was set up for staff to take their temperatures and a sign in sheet was placed on a near by table for staff to log in their own temperatures and complete the COVID assessment questions with no oversite. NUM B was queried regarding the facility's current screening of staff upon the start of their shift and stated in part if anything is abnormal the staff can leave the building and notify the supervisor with their cellphone. When queried if the staff member didn't own a cellphone what were they supposed to do if their assessment was abnormal and the NUM B stated in part they could use another coworker's cellphone to call the supervisor. A review of the facility's COVID-19 policy revealed no guidance documented for staff to follow regarding the appropriate PPE to don on while providing care for new admissions and/or readmissions during the 14 days of observation. R#809 A review of the clinical record revealed a recent admission date of [DATE] with [DIAGNOSES REDACTED]. R#809 was identified as a newly admitted resident and required 14 days of observation with staff utilizing full PPE to provide care. On 8/4/20 at 11:34 am, an observation was made of R#809's room. There was no precaution signage placed on or around the room door (to alert visitors/staff) of required PPE to don when entering the room and there was no observation of PPE placed outside of the resident's room door for staff/visitors to utilize. On 8/4/20 at 11:36 am, an activity staff (AS) D was queried on the appropriate PPE to don when entering R#809's room and stated in part No, no additional PPE is needed. They would have a sign on the door and a box with equipment (PPE) in it outside of his (R#809) door if they required staff to wear it. AS D at that time confirmed that a surgical mask and shield was all that was required to enter into R#809's room. R# 810 A review of the clinical record revealed a recent admission date of [DATE] with [DIAGNOSES REDACTED]. On 8/4/20 at 11:33 am, an observation was made of R#810's room. There was no precaution signage placed on or around the room door (to alert visitors/staff) of required PPE to don on when entering the room and there was no observation PPE placed outside of the resident's room door for staff/visitors to utilize. On 8/4/20 at 11:38 am, RN C was queried on the appropriate PPE to don on when entering R#810's room and stated in part a mask (pointing to the surgical mask that they were currently wearing) and protective eye equipment. You would see a sign on the door if it was anything else. On 8/4/20 at 12:47 pm, the DON was queried on the facilities current practice for new and readmissions and the required PPE per CDC's guidance for COVID in the nursing homes and acknowledged that the facility thought we were meeting the current CDC guidance and would immediately implement the current CDC guidance for new and/or readmission, educate all staff and update the facility's policy. On 8/5/20 at 3:56 pm, the Infection Control Nurse (ICN) A was queried on the facilities admission and/or readmission of residents and acknowledged the facility's deficient practice. The ICN A was also queried on the facility's current practice of allowing staff to document their own temperature and assessment questions upon the start of shift with no oversite and acknowledged the facilities deficient practice and stated that they would immediately correct the staff screening upon coming on shift.</p> <p>R#806 On 8/4/20 at approximately 12:33 p.m., R#806 was observed in their room lying in their bed. R#806 was not observed to have any additional precaution PPE -isolation gown, protective eye wear, booties, etc next to their door. No signage was observed on R#806's door indicating that caregivers for R#806 needed any additional PPE. R#806's door was observed open to the hallway. On 8/4/20 the medical record for R#806 was reviewed and revealed the following: R#806 was initially admitted to the facility from the local hospital on [DATE]. R#806 had [DIAGNOSES REDACTED]. A review of R#806's MDS with an ARD (Assessment Reference Date) of 7/31/20 revealed R#806 needed one person physical assistance from facility staff with most of their activities of daily living. A physician's orders [REDACTED]. Further review of R#806's medical record revealed R#806 did not have any additional precautions from 7/24/20 (admitted) through 8/4/20.</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.