

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235293	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2020
NAME OF PROVIDER OF SUPPLIER MEDILODGE OF FARMINGTON		STREET ADDRESS, CITY, STATE, ZIP 34225 GRAND RIVER AVE FARMINGTON, MI 48335	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review the facility failed to implement the CDC (Centers for Disease Control) guidance for four residents (R#'s 802, 804, 805 & 806) of 8 residents reviewed for an Infection Control Survey, promptly identify and test residents with signs/symptoms consistent with COVID-19 and the co-horting of residents with signs and symptoms consistent with COVID-19 with other residents during the COVID-19 pandemic in long term care facilities, resulting in the potential of COVID-19 exposure to other residents, the failure to implement the facilities policies/procedures and CDC guidance for COVID-19 which increased the potential for serious illness and complications to the resident's, many whom were at high risk due to age and co-morbidities. Findings include: R# 802 & 806 A review of R# 802's clinical record revealed the following: A Nurses' Notes dated 7/5/20 at 20:35 (8:35 pm) documented resident diaphoretic (sweating heavily), T (temperature) 103.6, P (pulse, normal 60-100) 128, B/P (blood pressure) 109/65, spo2 (oxygen saturation) 95%. BS (blood sugar) 187. on-call phoned (physician assistant name redacted) . P.A ordered STAT (immediate) CBC (complete blood count), STAT Chest X-ray to rule out PNA (pneumonia), Tylenol, and 0.9 % NS (normal saline) @ (at) 100 ml/hr. (milliliters/hour) for 10 hrs. Labs and Xray requisitions put in by writer. Ice packs applied, covers removed. Will continue to monitor. A review of CDC's COVID long term care guidance documented in part . If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions as described below . Additionally, more than two temperatures >99.0 F (Fahrenheit) might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19 . R# 802's medical record was reviewed and revealed no order placed to test the resident for COVID-19, despite having symptoms consistent with COVID-19. CDC's guidance for COVID in long term care facilities documented in part . Perform [MEDICAL CONDITION] testing of any resident who has signs or symptoms of COVID-19 . The facility provided a Algorithm for Testing and Cohorting Nursing Home Residents (dated May 28, 2020) which documented in part . Test residents who develop symptoms . Testing based on symptoms per CDC fever, cough . The facility provided a Skilled Nursing Facility COVID-19 Testing Plan (dated 6/19/20) which documented in part , all nursing homes must conduct COVID-19 diagnostic testing as follows . Testing any resident or staff member with symptoms . A review of the resident #802's temperature log revealed the following: 6/2/20- 10:26 am 100.1, 22:16 (10:16 pm) 99.1 6/3/20 at 22:06 (10:06 pm) 99.1 6/6/20 at 1:04 am 99.5 Per CDC's recommendation for COVID in long term care facilities which documented in part . Increase monitoring of ill residents, including of symptoms, vital signs, oxygen saturation via pulse oximetry, and respiratory exam, to at least 3 times daily to identify and quickly manage serious infection . Future review revealed no increase in monitoring for R# 802. A NP/PA (Nurse Practitioner/Physician Assistant) Note dated 7/6/20 at 7:05 am documented in part . patient's CXR revealed bilateral lower lobe infiltrates and CBC revealed WBC (white blood cell count) 19.1. Patient is still [MEDICAL CONDITION](increased heart rate). I am concerned that the patient is becoming septic therefore I have chosen to start the patient on IV (intravenous) antibiotics instead of PO (by mouth) meds (medications). I have started the patient on [MEDICATION NAME] and [MEDICATION NAME] which will cover Ventilator Associated Pneumonia in a healthcare setting. Patient will continue to be monitored closely. Staff has requested that a midline catheter be placed today. R# 802 was admitted into the facility on [DATE] with a readmission date of [DATE] and [DIAGNOSES REDACTED]. R# 802 was dependent on staff for all Activities of Daily Living (ADL). A physician's orders [REDACTED]. Isolation - place resident in droplet precautions related to suspected covid-19 . A Nurses' note dated 7/6/20 at 14:33 (2:33 pm) documented the resident was sent out for a dislodged peg tube. R# 802 was readmitted into the facility on [DATE] and began to share a room with R# 806. A review of CDC's recommendation for COVID in long term care facility's document the following . Residents in the facility who develop symptoms consistent with COVID-19 could be moved to a single room pending results of [DIAGNOSES REDACTED]-CoV-2 testing. They should not be placed in a room with a new admission nor should they be moved to the COVID-19 unit unless they are confirmed to have COVID-19 by testing . R# 806 A review of the resident's clinical record revealed the following: R# 806 was admitted into the facility on [DATE] with a readmission date of [DATE], with [DIAGNOSES REDACTED]. A Nursing Evaluation Summary dated 7/6/20 at 17:32 (5:32 pm) documented, Resident arrived via EMS (Emergency Medical Services) to (room number redacted) at 1740 (5:40 pm). Peg tube placement verified via auscultation. The facility's census record revealed that R#'s 806 & 802 became roommates on 7/6/20. Despite R#802 exhibiting signs and symptoms consistent with COVID on 7/5/20, and the physician order [REDACTED].#s 804 & 805 A review of R# 804's clinical record revealed the following: On 7/6/20 at 15:37 (3:37 pm) an antibiotic order [MEDICATION NAME] 750 mg (milligram), one tablet via PE[DEVICE] one time a day for PNA (pneumonia) and at 15:39 (3:39 pm) an antibiotic order [MEDICATION NAME] 750 mg, give one tablet via PE[DEVICE] one time a day for PNA for 7 Days was documented in the progress notes. Further review revealed no assessments or indication on why the resident was prescribed an antibiotic until 7/7/20. A Nurses' Notes dated 7/7/20 at 12:36 pm, documented Resident had persistent fever and physician ordered a chest Xray and result came back that she has a left lower lobe infiltrate. Physician ordered ABT (antibiotic) Levofloxacin 750mg daily x 7 days for pneumonia. An Infection note dated 7/7/20 at 13:34 (1:34 pm) documented in part . Resident has persistent fever and physician ordered a chest Xray and result came back that she has a left lower lobe infiltrate . A review of R# 804 temperatures revealed the following: 7/1/20 at 23:16 (11:16 pm)- 99.3 7/2/20 at 9:54 am- 99.7, 22:02 (10:02 pm)- 99.5 7/3/20 at 20:36 (8:36 pm)- 100.5 7/6/20 at 4:03 am- 101.0, 11:18 am- 100.2, 22:02 (10:02 pm)- 99.9 A physician order [REDACTED]. Isolation - place resident in droplet precautions for 14 days from date of admission related to suspected covid-19 . every shift until 07/20/2020 . R# 804's medical record was reviewed further and revealed no order placed to test the resident for COVID-19, despite having symptoms consistent with COVID. R# 804 was admitted into the facility on [DATE] and readmitted on [DATE] with [DIAGNOSES REDACTED]. A review of the facility's census report revealed R# 804 and R# 805 became roommates on 7/6/20, despite R# 804 displaying signs and symptoms consistent with COVID, and the physician order [REDACTED].# 805 A review of the clinical record revealed the following: R# 805 was admitted into the facility on [DATE] with a readmission date of [DATE] with [DIAGNOSES REDACTED]. On 7/9/20 at 8:15 am, the Director of Nursing (DON) was queried on why R#'s 802 and 804 were not tested for COVID when both residents started to exhibit signs and symptoms consistent with COVID and the DON stated in part . It's left up to the physician to decide who has symptoms consistent with COVID . The physicians didn't deem it necessary to test for COVID . When asked why R#'s 802 and 804 were co-horted with other residents despite displaying signs and symptoms consistent with COVID, the DON replied in part . pretty much everyone has a temp (temperature) and shortness of breath on the vent unit . On 7/9/20 at 9:14 am, the Nurse Practitioner (NP) K who consulted with R# 804 was queried on why they felt COVID testing wasn't necessary despite the resident displaying signs and symptoms consistent with COVID and per the CDC's recommendation and the facility's protocol and stated in part . I was under the impression that every resident in the building had already been tested for COVID. I was told that the COVID test was negative . When asked if they were aware that despite showing signs and symptoms consistent with COVID, R# 804 was then given a roommate, NP K stated in part . to be on the safe side I wouldn't have moved her in with anyone . On 7/9/20 at 9:49 am, an attempt to contact the Physician Assistant (PA) L who consulted with R# 802 was made, however PA L did not return</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 - Some</p>	<p>(continued... from page 1)</p> <p>the call by the end of survey. On 7/9/20 at 11:00 am, the facility's Infection Control Nurse (ICN) D was queried on if a resident with a fever would prompt the facility to test for COVID and stated in part . Yes, any signs or symptoms consistent for COVID we would test them . When asked if they would recommend that a resident be moved into a room with a symptomatic resident who is displaying signs/symptoms consistent with COVID, the ICN D stated in part . I would not recommend that a resident be co-horted with a symptomatic resident .</p>		