

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235619</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/11/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CHURCH OF CHRIST CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>23575 15 MILE RD CLINTON TOWNSHIP, MI 48035</b>	
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  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to properly maintain infection control practices per the Centers for Disease Control (CDC) guidance during a COVID-19 (a severe and highly contagious respiratory infection) Infection Control Survey, by not implementing a comprehensive and readily accessible Covid-19 tracking and surveillance documentation and not placing a resident (R900) in isolation when readmitted to the facility, and placed back into the room with three residents (R901, R902, R903) on 8/20/20. Resident 900 was placed in a private room on droplet precaution (for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking) after testing positive for Covid-19 on 9/1/20. Residents 901, 902, and 903 remained in the same room and not placed on precaution/isolation after known exposure to Covid-19 per CDC guidance, resulting in the likelihood of serious illness or death from the spread of COVID-19 to residents and/or other staff. Findings include: The Immediate Jeopardy (IJ) started on 8/20/20 and was identified on 9/10/20. The Administrator was notified of the Immediate Jeopardy on 9/10/20 at 3:00 PM and was asked for a plan to remove the immediacy. The IJ was removed on 9/10/20, based on the facility's implementation of the removal plan as verified onsite on 9/11/20. Although the immediacy was removed, the facility's deficient practice remained at a pattern. No actual harm with potential for more than minimal harm that is not immediate jeopardy. On 9/10/20 at 8:20 AM, upon entering the facility, this Surveyor was greeted by the Administrator stating that they had two Covid-19 cases that came from the hospital. The Administrator was queried if their facility was a hub (Regional nursing home facilities that admit and care for COVID-19 positive nursing residents who do not require acute care provided in a hospital, or who have gone to the hospital, been medically stabilized, and determined ready for discharge) and the Administrator said, No. We have another facility for that. We have a designated Covid unit. On 9/10/20 at 8:55 AM, the Director of Nursing (DON) was asked the name of the facility's infection preventionist/specialist. The DON explained that the infection control specialist was on a medical leave of absence. The DON was asked who was covering for the infection control specialist and the DON said, Well, I guess it's me. On 9/10/20 at 9:55 AM, the DON was queried if R900 was placed in isolation/precaution after being readmitted to the facility after hospitalization on [DATE]. The DON stated, (R900) returned to the room with three other residents (R901, R902, R903). The DON was asked if it was the facility's process to isolate residents after hospitalization. The DON said, Residents do not need to go in isolation if the hospital tests them on the same day of discharge. Since (R900) was tested for COVID on their discharge date, we placed (R900) back into the same room. (R900) tested negative while in the hospital. The DON stated that the nurses perform a COVID Assessment once per shift. During the tour of the facility, there were several empty and clean rooms observed. On 9/10/20 at 10:15AM, R900's electronic medical record was reviewed and noted the readmission date of [DATE] and [DIAGNOSES REDACTED]. A review of R900's care plan initiated on 8/20/20 noted minimal to maximum assistance with activities of daily living. Private room or cohort with appropriate roommate Date Initiated 9/1/20. A record review of the COVID-19 test results for R900 revealed positive results on 9/1/20. R901's electronic medical record was reviewed and noted the admission date of [DATE] and [DIAGNOSES REDACTED]. R901 requires one person assist with activities of daily living. A care plan review noted the following: Observe standard precautions for infection control Date Initiated: 05/17/20. R902's electronic medical record was reviewed and noted the admission date of [DATE] and [DIAGNOSES REDACTED]. R902 requires one to two persons assist with activities of daily living. A care plan review noted the following: Observe standard precautions for infection control Date Initiated 5/17/20. R903's electronic medical record was reviewed and noted the admission date of [DATE] and [DIAGNOSES REDACTED]. R903 requires minimal assistance with activities of daily living. A care plan review noted the following: Observe standard precautions for infection control Date Initiated 5/17/20. Private room or cohort with appropriate roommate Date Initiated 5/17/20. On 9/10/20 at 11:42 AM, a review of the facility's Infection Control Tracking log noted the last infection tracking was noted on 7/22/20. The DON was interviewed and queried about the facility's tracking of infection after 7/22/20 through 9/10/20. The DON said, Well, I was looking on (the infection control specialist) desk and I can't find the other documents. The DON was asked if they were covering during the absence of the Infection Control specialist and the DON said, I'm not the expert. I'm just covering. I don't know the policies and procedures. I can't do both jobs. I write the infections on my board in the office. but that's it. I've been trying to call (the infection control specialist). On 9/10/20 at 12:45 AM, the Administrator was interviewed and queried regarding R900 being readmitted into the same room with R901, R902, and R903 and that these residents not being on precaution/isolation after known exposure to the Covid-19. The Administrator said, Wow, I see what you are saying. I see what you are saying. No additional information received. On 9/10/20 at 2:22 PM, Nurse A was queried about the location of R901, R902 and R903. Nurse A said, They (R901, R902) are (siblings). They always go up front and look out of the window together. They hang out by the front window all the time. They might be in the TV room right now. R903 should be up front also. On 9/10/20 at 2:28 PM, R901 and R902 were observed in the Residents' Room (TV Room) across from the main nurses station. There were several staff and residents in the hallway. R901 was observed sitting in a wheelchair, in the TV Room without a mask. R902 was also observed in a wheelchair in the TV room with a mask. Two additional, unsampled residents (905 and 906) were observed in the TV room watching TV. R905 was wearing the mask underneath their chin. A review of the facility's Novel Coronavirus Prevention and Response policy and procedure dated 3/6/20 and updated 9/10/20 noted the following: i. In general, for care of residents with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless suspected [DIAGNOSES REDACTED]. g., [MEDICAL CONDITION]). ii. Implement heightened surveillance activities or consult public health authorities for additional guidance if there is transmission of COVID-19 in the community. 8. The Infection Preventionist shall maintain communication with the transfer facility to obtain results of the medical evaluation (i.e. COVID-19 is confirmed or ruled out), and shall implement procedures to identify and monitor others who may have been exposed if COVID-19 disease is confirmed. Per CDC Guidelines: Testing residents upon admission could identify those who are infected but otherwise without symptoms and might help direct placement of asymptomatic [DIAGNOSES REDACTED]-CoV-2-infected residents into the COVID-19 care unit. However, 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. Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other residents unless they remain asymptomatic and/or have tested negative for [DIAGNOSES REDACTED]-CoV-2 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit). *Exposed residents may be permitted to room share with other exposed residents if space is not available for them to remain in a single room. Create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. *Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a</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  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p>(continued... from page 1)</p> <p>face shield that covers the front and sides of the face), gloves, and 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 after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. F880 Abatement Plan -On September 10, 2020, the facility moved resident 901, 902, and 903 to airborne isolation precautions. -On September 10, 2020, the facility looked back 14 days of all resident that were admitted , went out on appointments, and [MEDICAL TREATMENT] put them on airborne isolation. -On September 10, 2020, reviewed policies and deemed them to be appropriate. The Administrator meet with the Management team and provided re-education for Admission Process and room placement of resident who are potentially exposed and resident who are Covid-19 positive. On-going re-education with direct care staff. -On September 10, 2020, two residents including resident 900 was moved to a HUB facility. -The facility audited the covid screen to ensure all resident were not experiencing sign and symptoms of Covid-19 and will continue daily to ensure safety of all residents. Nursing staff will complete the Covid-19 screening every shift and Nurse Manager will review daily. If a resident exhibit any sign and symptoms the nurse will contact the DON/IFC to troubleshoot and the resident will be placed in a private room on airborne isolation precaution. The DON/IFC will log the resident information on the log for tracking. -On September 10, 2020, all admission within the last 14 days was reviewed by the Administrator, Director of Nursing, and Admission Director . The Admission Director will review all referral and place all admission and re-admission in airborne isolation precaution for 14 days. The DON will be responsible for weekly audit for admission, re-admission, and room changes. All admissions, re-admissions, [MEDICAL TREATMENT], LOA, and resident that experience sign and symptoms will be placed in a private room on airborne isolation precaution. Date Facility Asserts Likelihood for Serious Harm No Longer Exists: September 10, 2020</p>		