

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235503</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE VILLA AT PARKRIDGE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>28 S PROSPECT ST YPSILANTI, MI 48198</b>	
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  <b>Level of harm - Immediate jeopardy</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>This citation has two Deficient Practice Statements (DPS A and DPS B). DPS A) Based on interview, and record review, the facility failed to establish and implement proper infection prevention and control policies and procedures to prevent development and transmission of Coronavirus Disease 2019 (COVID-19), resulting in Immediate Jeopardy when the facility failed to properly clean and disinfect resident rooms placing all 108 residents and staff at risk for contracting Covid-19 and at least 40 residents with current Covid-19 infection. Findings include: On 5/7/20 the survey team requested the facility's Covid-19 Infection Control and Housekeeping/cleaning Policies and Procedures. Documents were provided by facility NHA A via email, review of the document received titled, Environmental Cleaning and Disinfection COVID-19 with an effective date March 19, 2020 revealed, CDC (Centers for Disease Control and Prevention) has provided recommendations .Current evidence suggest that novel coronavirus may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for the prevention of COVID-19 and other [MEDICAL CONDITION] respiratory illness in community settings .Routine cleaning and disinfection procedures (e.g. using cleaners and water to pre-clean surfaces prior to applying an EPA (Environmental Protection Agency)-registered, hospital grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 (severe acute respiratory syndrome coronavirus 2) in healthcare settings, including those patient-care areas . Also included with this request was a document titled, Isolation Room Cleaning Procedures, which was undated. Review of this document revealed, 4) Disinfect High Touch and Flat Surfaces. Work your way clockwise around the room and disinfect flat surfaces and high-touch items using EPA approved solution. This includes, but is not limited to doorknobs, light switches, call lights, TV remotes, bed siderails, bed frame, footboard and headboard, bedside tables, closet handles, window sills, chairs, heating unit, and any flat surfaces. Be sure to follow manufacturers' directions for contact times .Disinfect Restroom. Using the EPA approved solution, clean disinfect all hard, nonporous bathroom surfaces, including the sink area, mirrors, grab bars and shower fixtures . According to CMS (Centers for Medicare and Medicaid) Covid-19 focused survey protocol, Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled. Review of the CDC's Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 revealed, Disinfectants used at a facility should be EPA-registered, hospital-grade disinfectants with an emerging [MEDICAL CONDITION] pathogens claim against [DIAGNOSES REDACTED]-CoV-2. List N on the EPA website lists products that meet EPA's criteria for use against [DIAGNOSES REDACTED]-CoV-2 (<a href="https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2">https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-[DIAGNOSES REDACTED]-cov-2</a>) .All EPA-registered, hospital-grade disinfectants have a contact time which is required to kill or inactivate pathogens. Environmental surfaces must remain wet with the product for the entire contact time duration to work appropriately. Contact times range from 30 seconds to 10 minutes. Keeping a surface wet for 10 minutes is seldom accomplished with a single application. It is important for facilities to know that their product is appropriate (List N as above) and is being used for the entire contact time. Also, it is helpful for the facility to assign responsibility for cleaning and disinfection of specific surfaces and equipment (who cleans what). According to the EPA's website (<a href="https://www.epa.gov/coronavirus/disinfectant-use-and-coronavirus-covid-19">https://www.epa.gov/coronavirus/disinfectant-use-and-coronavirus-covid-19</a>), How does EPA know that the products on List N work on [DIAGNOSES REDACTED]-CoV-2? While surface disinfectant products on List N have not been tested specifically against [DIAGNOSES REDACTED]-CoV-2, the cause of COVID-19, EPA expects them to kill [MEDICAL CONDITION] because they:</p> <p>Demonstrate efficacy (e.g. effectiveness) against a harder-to-[MEDICAL CONDITION]; or Demonstrate efficacy against another type of human coronavirus similar to [DIAGNOSES REDACTED]-CoV-2. All surface disinfectants on List N can be used to [MEDICAL CONDITION] on surfaces such as counters and doorknobs. Because [DIAGNOSES REDACTED]-CoV-2 is a new virus, this pathogen is not readily available for use in commercial laboratory testing to see if a certain disinfectant product is effective at killing [MEDICAL CONDITION]. EPA reviews and registers antimicrobial pesticides, which include disinfectants for use on pathogens like [DIAGNOSES REDACTED]-CoV-2, the novel human coronavirus that causes COVID-19 .In early March, EPA released its initial List N: Disinfectants for Use Against [DIAGNOSES REDACTED]-CoV-2 (List N). This list continues to be updated on a weekly basis. It is searchable and sortable, comes with helpful tips on how to use disinfectants properly, and features frequently asked questions to ensure correct product usage. As with any EPA-registered product, carefully read the label and only use the product as described in its directions . According to the EPA's Frequently Asked Questions page (<a href="https://www.epa.gov/coronavirus/frequent-questions-related-coronavirus-covid-19">https://www.epa.gov/coronavirus/frequent-questions-related-coronavirus-covid-19</a>), What does the column Follow the disinfection directions and preparation for the following virus mean? Why [MEDICAL CONDITION] other than the human coronavirus listed in that column? This column shows the harder-to-[MEDICAL CONDITION] than the human coronavirus. Products qualify for the emerging [MEDICAL CONDITION] pathogen claim by showing that it works against the listed harder-to-[MEDICAL CONDITION]. Therefore, if the contact time for this harder-to-[MEDICAL CONDITION] is followed, EPA expects the product to be effective against [DIAGNOSES REDACTED]-CoV-2 on surfaces. You can also find this information on the product label. During a telephone interview on 5/8/20 at 11:36 a.m., when asked what product the facility was using as a disinfectant agent, Environmental Services Director (ESD) L stated that they were using Brand X (name of brand with EPA registration number of 1839-83) for that purpose. ESD L further stated, Right now we are strictly using Brand X for disinfecting. Review of Brand X's label revealed EPA registration number 1839-83. Further review of the label revealed, Virucidal Activity - (Brand X) kills on hard, non-porous inanimate surfaces when allowed to remain wet for 10 minute contact time against: Canine Parvovirus . Review of EPA's List N information (retrieved on 5/8/20) revealed that this product was on List N. It further stated, Products with Emerging [MEDICAL CONDITION] Pathogens AND Human Coronavirus claims for use against [DIAGNOSES REDACTED]-CoV-2 .Follow the disinfection directions and preparation for the following virus: Canine Parvovirus .Contact time in minutes: 10. During a telephone conversation on 5/8/20 at 3:00 p.m., NHA A was made aware of the Immediate Jeopardy. On this same day at 3:43 p.m., NHA A forwarded an email to the State Agency which was from the facility's contracted environmental services company's vice president. Attached to this email was an informational pamphlet regarding Brand X cleaner and disinfectant. Review of the document revealed that this product was registered with the EPA with a registration number of 1839-83 and it was a, one step cleaner and disinfectant for use in hospitals, nursing homes, schools, etc., where infection control is of prime importance . Further review of the document revealed, (Brand X -EPA Reg # 1839-83-XXX) has demonstrated effectiveness [MEDICAL CONDITION] similar to [DIAGNOSES REDACTED]-CoV-2 on hard non-porous surfaces. Therefore, this product can be used against [DIAGNOSES REDACTED]-CoV-2 when used in accordance with the directions for use against [MEDICAL CONDITION] virus, [MEDICATION NAME] Type 1, and Canine Parvovirus on hard, non-porous surfaces .*VIRUCIDAL ACTIVITY: .10 MINUTE CONTACT TIME [MEDICAL CONDITION] Virus (HAV), Canine Parvovirus, [MEDICATION NAME] Type 1 . On 5/11/20 at 9:00 a.m., the State Agency received an email from the Facility's contracted environmental</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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During a telephone interview on 5/8/20 at 11:36 a.m., when asked how resident rooms were being disinfected, Environmental Services Director (ESD) L stated that we are doing sanitation on each unit daily. We are spraying the Brand X on all the high touch areas, which are the most important areas. When asked if the housekeeping staff had been educated on Covid-19 and proper cleaning and disinfecting, ESD L stated that yes, we did education to the staff on the whole process of the covid. When asked if any procedures changed when Covid-19 became a concern, ESD L stated no. When asked about the proper use of Brand X, ESD L stated that it had a 2 minute contact time, we spray it on, let it set for 2 minutes and then wipe it off. When asked if there were any other products being used for disinfecting resident rooms, ESD L stated that they do have a backup product but, Right now we are strictly using the Brand X. When asked how staff have been instructed to clean resident rooms, ESD L stated we have a 10 step process which included disinfecting high touch items then walls and shelves, then to the bathroom and then the floors and then exit the room. When asked how many housekeepers work during a day, ESD L stated that there is a housekeeper for each of the three resident floors. ESD L stated that for the past couple of days, he was working the 2nd floor, which was the facility's designated Covid-19 positive floor. ESD L confirmed that he was using the Brand X and that it had a contact time of 2 minutes. During telephone interview on 5/8/20 at 1:09 p.m., when asked how resident rooms were being cleaned and disinfected, Housekeeper (HK) H stated that we are spraying Brand X on every surface and waiting 2 minutes before wiping it off. During a telephone interview on 5/8/20 at 2:24 p.m., when asked how resident rooms were being cleaned and disinfected, HK M stated that she had been working at the facility for 5 years. HK M further stated Brand X. That is what we are using. We spray it on and let it set for like two minutes and then wipe it down. When asked what items were being disinfected this way, HK M stated, Like the bedside tables, bed rails, call lights .all the high touch areas. When asked if there was any other product that was being used to disinfect resident rooms, HK M stated, No, right now just that one. During a telephone interview on 5/8/20 at 3:13 p.m., when asked how resident rooms were being cleaned and disinfected, HK N stated that she has worked at the facility for [AGE] years. Right now, we are using Brand X, and what we are doing now is spraying all the surfaces down and then we wipe it. We are pretty much using it everywhere; I am in the rooms all day long. We spray it on everything, call lights, doorknobs, bed side tables, bed rails everything. HK N was not aware the Brand X required a 10-minute contact time for [DIAGNOSES REDACTED]-CoV-2. On 5/11/2020 it was verified that the facility implemented the following to remove the Immediate Jeopardy: 100% of Environmental Services Employees were immediately educated on the EPA recommendation of use of Brand X solution; to include the 10-minute sanitation contact time for hard surfaces. Remaining facility staff were contacted via telephone and educated on the updated guidance regarding contact sanitation of hard surfaces prior to reporting the workstation; no facility employee will report to duty without receiving updated guidance. On 5-11-20 the State Agency completed verification that the Immediate Jeopardy was removed on 5/8/2020. However, the facility remained out of compliance at a scope of widespread and severity of no actual harm with the potential for more than minimal harm that is not Immediate Jeopardy due to the fact that all staff had not been confirmed to have been educated and sustained compliance had not yet been verified by the State Agency. DPS B) Based on interview and record review, the facility failed to establish and implement a surveillance plan, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, and/or other signs/symptoms of COVID-19 and failed to have a plan that included early detection and management of a potentially infectious, symptomatic residents, resulting in the failure of early detection, and inadvertent spread of Covid-19 to all 108 residents and staff. Findings include: On 5/7/20 the survey team requested the facility's Covid-19 Infection Control and Housekeeping/cleaning Policies and Procedures. On 5/7/20 NHA A provided the surveyors documents via an email. It was confirmed by NHA A and Director of Nursing (DON) B that these were the only policies the facility had regarding Infection Control Procedures associated with Covid-19 The only document that pertained to Infection Control was titled, Infection Prevention and Control Guideline with an effective date of 11/28/17. Review of the document failed to reveal a surveillance plan, for identifying, tracking, monitoring and/or reporting of fever, respiratory illness, and/or other signs/symptoms of COVID-19 and failed to have a plan that included early detection and management of a potentially infectious, symptomatic residents. Further review of this document revealed, Written standards, practices, and procedures for the Infection Prevention and Control program, include: Surveillance: A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; Reporting: When and to whom possible incidents of communicable disease or infections should be reported. Further review of the documents provided failed to reveal any written standards or procedures on the surveillance of Covid-19. According to the CDC (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a>); Actively monitor all residents upon admission and at least daily for fever (T=100.0 oF) and symptoms of COVID-19 (shortness of breath, new or change in cough, sore throat, muscle aches) .If COVID-19 is suspected, based on evaluation of the resident or prevalence of COVID-19 in the community .Increase monitoring of ill residents, including assessment 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. Consider increasing monitoring of asymptomatic residents from daily to every shift to more rapidly detect any with new symptoms. During a telephone interview on 5/12/20 at 11:35 a.m. with Infection Control (IC) nurse K and DON B, this surveyor asked if daily surveillance for Covid-19 was being completed for the residents, DON B stated, We started everyone in the building back in March, it included any respiratory symptoms, fever, cough and vital signs. When asked if these assessments were documented, DON B stated, I think the previous DON was putting them on a line listing, then DON B stated, I don't know, I don't know what she was doing. I am not sure, as of right now, I don't see where she was putting anything. When asked how the surveillance was being completed, DON B stated, The nurses were doing that, and then reporting that to the managers and then the managers were reporting to the DON. When asked if the floor nurses were documenting these assessments, DON B stated, No, they were documenting the vitals. If they had a fever we monitored and then we would swab .that should have been the process, to write assessments in the chart. If there was some type of change in condition, we would assess them .everybody is getting vital signs every shift and everyone that tested positive for Covid-19 were getting vital signs every 4 hours. When asked if positive residents were being assessed more frequently DON B stated, They were being monitored more frequently. When asked if the facility implemented documented assessments DON B stated, there are orders in their now for respiratory assessments for the positive, it was up to the nurses to report any change in condition .the assessments are done by the nurses .no there were no actual assessments being documented by the nurses .We are going by what the nurses tell us. They are supposed to be assessing the residents and letting us know if there is a change in condition. When asked if the nurses are documenting their assessments, DON B stated, Let's say they are not the best at it. Review of the medical records are residents that have tested positive for Covid-19 revealed that orders for a complete respiratory assessment were put into the charts on 5/7/19, but failed to reveal that this was being completed prior to 5/7/19. Further review of resident medical records failed to reveal that any type of Covid-19 assessment was being completed of the residents. During a telephone interview on 5/12/20 at 2:46 p.m., when asked if routine respiratory assessments were being completed on residents, Licensed Practical Nurse (LPN) D stated, Temps were a big thing, and the O2 stats (oxygenation levels) because that was a big part of it, we all knew that, checking temps and O2 levels. When asked about a respiratory assessments being completed, LPN D stated, Yes, if we saw something we would do something. When asked what the respiratory assessment entailed, LPN D stated that they would listen to their lungs, watch them breath and see if there was anything else going on. When asked if these assessments were documented anywhere, LPN D stated, They should be filled out in an evaluation. When asked if this was completed on every resident every time, LPN D stated, No we would just put vital sings in and if there was abnormal, then we would further assess, there was not a documented assessment for every resident every shift. We are not staffed well enough for that. When asked if she was educated on how and when to assess residents, LPN D stated, I don't remember that no, being told to complete a respiratory assessment .we would keep an eye on everyone, and if you saw something different then you would call the doctor and let them know what was going. During a telephone interview on 5/12/20 at 3:30 p.m., when asked about routine assessments of the resident for Covid-19, LPN P stated, In March they had us getting vitals for every resident it started 1 time a day, then eventually it was every shift, and we documented in the VS. When asked about completing a respiratory assessment, LPN P stated, That included it there, we have the finger thing we put on the finger (the pulse oximeter-an electronic device that clips onto a patient's finger to measure heart rate and oxygen</p>		

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<p>F 0880</p> <p><b>Level of harm - Immediate jeopardy</b></p> <p><b>Residents Affected - Some</b></p>	<p>(continued... from page 2)</p> <p>saturation). When asked if there was anything else, they assessed for, LPN P stated, That was all we were supposed to do. When asked if they were supposed to assess for breath sounds or cough or sore throat, LPN P: stated, No they were not having us do any of that. When asked how they were monitoring resident for possible Covid-19 infections, LPN P stated, Basically temperature, that is what we were focusing on, basically that is what they had us focusing on was the temperature.</p> <p>On 5/13/2020 at 8:45 am, during a phone interview with Registered Nurse/Unit Manager (RN/UM) G, she reported that she was the Unit Manager for the facility's 2nd floor. The 2nd floor had a census of 40, all of which are positive for Covid 19. RN/UM G further stated she was a contracted employee and had worked at the facility for approximately 2 weeks. When queried on how the facility monitors and assess's residents for signs and symptoms of Covid 19, she reported they do respiratory assessments every shift, which started about a week ago. When queried what was done prior to a week ago, RN/UM G stated she was uncertain. When asked about the Facility's policy and procedures as it relates to Covid 19, RN/UM G stated she did not know and did not want to speculate.</p>		