

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235555	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/22/2020
NAME OF PROVIDER OF SUPPLIER CANTERBURY ON THE LAKE		STREET ADDRESS, CITY, STATE, ZIP 5601 HATCHERY RD WATERFORD, MI 48329	
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 observation, interview and record review, the facility failed to implement Centers for Disease Control and Prevention (CDC) guidelines to monitor a roommate of a COVID-19 positive resident, R713, for one (R710) of four residents reviewed for cohorting, resulting in the potential spread of the COVID-19 virus to all the residents/staff on the second floor. Findings include: On 7/21/20 during a COVID-19 Infection Control Survey, a review of COVID-19 positive residents at the facility listed R713. Review of the clinical record revealed R713 was admitted into the facility on [DATE] and readmitted [DATE] with [DIAGNOSES REDACTED]. R713 had a COVID-19 test confirmed positive on 7/18/20 and was moved from room (Number Redacted) bed A to the COVID-19 unit at the facility. Review of the facility census revealed R710 and R713 were roommates on 7/18/20. On 7/21/20 at 11:32 AM, R710 was observed in room (Number Redacted) bed B lying on the bed. There was no sign for droplet precautions observed on the door of the room, nor was an isolation cart with Personal Protection Equipment (PPE) observed outside the room. Indicating facility staff were not using isolation PPE while providing care for R710. This had the potential for spreading the COVID-19 virus to other residents and staff. Review of the clinical record revealed R710 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. According to the most recent Minimum Data Set (MDS) assessment dated [DATE], R710 scored 13/15 on the Brief Interview for Mental Status (BIMS) exam indicating intact cognition. The MDS assessment also indicated R710 required the assistance of staff for all Activities of Daily Living (ADL's). On 7/21/20 at 12:09 PM, an interview was conducted with Registered Nurse (RN) 'D', who served as Infection Control and Staff Development nurse, was queried about cohorting of residents with COVID-19 RN 'D' explained roommates of residents who tested positive were placed on contact/droplet precautions for 14 days with signs on the door and isolation carts placed outside of their rooms. RN 'D' was asked if R710 had a roommate when they tested positive for COVID-19. RN 'D' explained they were not certain, but would verify the information. On 7/21/20 at 2:34 PM, RN 'D' provided an inservice provided to the facility's nurses titled, COVID-19 Positive Residents - Symptomatic or Asymptomatic that read in part, .Roommate of COVID Positive Resident: Roommate will be monitored for signs/symptoms of Covid-19 X 14 days; Roommate to be placed on contact / droplet precautions; Put Isolation bin outside door; Ensure signage is hung on room door . The inservice sign in sheet was dated 7/21/20 and signed by ten facility nurses. RN 'D' acknowledged the facility should have implemented contact/droplet precautions for R710 on 7/18/20. RN 'D' explained all other nurses would be inserviced before their next scheduled shift. Review of a facility policy titled, Coronavirus Disease (COVID-19) Prevention and Control dated 3/30/2020 read in part, .15. Current CDC guidelines will be followed for infection prevention and control of residents diagnosed with [REDACTED].Roommates of residents with COVID-19 should be considered exposed and potentially infected and, if at all possible, should not share rooms with other resident unless they remain asymptomatic and/or have tested negative for [DIAGNOSES REDACTED]-CoV-2 (COVID-19) 14 days after their last exposure (e.g., date their roommate was moved to the COVID-19 care unit).</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.