

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>235332</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/15/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>WESTLAND, A VILLA CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>36137 W WARREN WESTLAND, MI 48185</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 - Minimal harm or potential for actual harm</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>Based on interview, and record review, the facility failed to properly maintain infection control practices for COVID-19 positive resident R901 and or staff, resulting in the spread of COVID infection to additional residents (R902, Non-Sampled Resident (NSR) 44, NSR103, NSR120, NSR130, and NSR153). Findings include: On 9/15/20, the facility provided a list of COVID positive residents. The list noted to have a total of 12 Residents in house, seven facility acquired, and five admitted with COVID. All tested positive on 09/11/20, but remained without symptoms. The facility reported from positive tests for Therapy Staff A on 9/8, Therapy Staff B on 9/8, Therapy Staff C (unspecified date) at another facility, and Nurse D on 9/8. Therapy Staff C worked with both Therapy staff A and B on 9/4/20 per the Infection Control preventionist (ICP). On review of the Therapy Labor and Activity logs the three Therapists worked between 09/04/20 and 09/09/20 with at least one of the residents who acquired COVID, which include R901, R902, NSR 44, NSR103, NSR120, NSR130, and NSR153. Nurse D last cared for R901 on 09/06/20. Resident #901 A review of R901's medical record revealed R901 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. R901's medical record also noted a positive COVID result dated 9/5/20. Resident #902 A review of R902's medical record revealed R902 was admitted into the facility on [DATE] with [DIAGNOSES REDACTED]. R902's medical record also noted a positive COVID result dated 8/30/20, 9/1/20, and 9/3/20. On 9/16/20 at 1:28 PM, the ICP was asked about the increase in the number of positive COVID 19 residents. The ICP explained that eight of the positive cases were from residents that were already residents in the facility and four who were admitted with COVID 19. Additionally four employees had tested positive. A list of residents provided by the facility indicated seven residents had a facility acquired COVID 19 infection and five resident had admitted to the facility with a COVID 19 infection. The ICP continued and explained, that on 09/08/20 Therapy Staff A was sent home because of reported illness of a sore throat and body aches and tested positive. Therapy Staff B had called the facility and reported a fever and not feeling well, and was directed to not come to the facility and to go get tested and tested positive. The ICP further explained, that the morning of 09/15/20 another Therapist Staff C that worked in the building on one day and reported that they had a positive test at another facility. The ICP explained, the facility received positive results that were collected on 9/8 for Nurse D. Nurse D worked midnight of 9/6/20 into 9/7/20 with R901 who tested positive on 09/01/20 (indicated as a potential source), had symptoms which worsened and was sent to the hospital by Nurse D. The ICP stated, I called Nurse D and told them their results and asked if Nurse D was having any symptoms. That's when it was reported that Nurse D had some diarrhea and sore throat. The ICP was asked if the eight residents that tested positive were cared for by the staff that tested positive. The ICP stated, Yes. The ICP was asked if the residents had any signs or symptoms, the ICP stated, No. The ICP was asked if they knew how the resident became infected, the ICP reported it may have been staff first and then the residents, but the contact tracing and investigation continued. On 9/15/20 at 3:25 PM, Therapy Director was interviewed regarding the therapists that tested positive for COVID. The Therapy Director confirmed that the therapists all worked together on 9/4 and also with some of the residents that tested positive. The Therapy Director stated, (Therapy Staff C) worked here on 4th and was that was the only day. Therapy Staff B called off Tuesday and Wednesday because they were not feeling well and was told to go get tested. Therapy Staff A reported on the 9th that they had symptoms of being a little tired. The Therapy Director confirmed it is required for staff to wear a KN95 mask, and eye protection (goggle or face shield) through out the building and full (adds a gown and gloves) (Personal Protective Equipment) PPE with (persons under investigation) PUI and COVID positive residents. Infection surveillance was requested from the Therapy Director. On 09/15/20 at 4:12 PM, the Director of Nursing (DON) was asked about the COVID care plan for R901 I don't see one must have missed it. The DON reported a positive COVID resident should have a COVID care plan, but those under observation may not need one. The DON was then asked where the break in the infection control occurred and reported, We haven't finished (the investigation), but it looks like, the break may be from the therapist. Additional surveillance for the therapy department was requested and the facility provided surveillance for Therapy dated 08/23/20 which addressed Environmental Cleaning and Disinfection related to equipment, but did not address observation of staff while providing care to residents. A review of facility infection control policies dated 07/14/20 revealed, It is the practice of this facility to minimize exposures to respiratory pathogens and promptly identify residents with clinical features and a Epidemiologic risk for the COVID 19 and to adhere to Federal and State/local recommendations (to include Admissions, Visitations, Precautions: Standard, Contact, Droplet and/or Airborne precautions, including the use of eye protection. If COVID 19 transmission occurs in the facility, healthcare personnel should wear full PPE for the care of all residents irrespective of COVID 19 [DIAGNOSES REDACTED].</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.