

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 235250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER SAMARITAS SENIOR LIVING SAGINAW		STREET ADDRESS, CITY, STATE, ZIP 3200 STATE ST SAGINAW, MI 48602	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>This Citation pertains to Intake Numbers MI 581 and MI 829. Based on observation, interview and record review, the facility failed to designate/develop a resident-positive Covid-19 unit for 2 residents (Resident #1 and Resident #10) of 61 residents residing in the facility, resulting in the potential and likelihood of cross contamination of transmission-based pathogens with hospitalization and the placing of other residents at risk. Findings include: Record review of facility 'Novel Coronavirus Prevention and Response Policy', dated [DATE], revealed Covid-19 is a new respiratory disease caused by a novel (new) coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. Because it is new much is still to be learned about [MEDICAL CONDITION]. What is currently known is that it is spread person-to-person, mainly between people who are within 6 feet of one another through respiratory droplets produced when an infected person coughs or sneezes. Per the policy the facility would be proactively worked to prevent Covid transmission and promptly respond in efforts to identify, treat, and prevent the spread of [MEDICAL CONDITION]. Procedure (#7) page 2 of 5, (k.) revealed to cohort resident with Covid-19 following CDC guidelines. Record review of the Centers for Medicare & Medicaid Services (CMS) 'Covid-19 Long Term Care Facility Guidance', dated [DATE], recommended by the Centers for Disease Control (CDC) as recommending the following immediate actions to keep residents safe: (#4.) all long term care facility personnel should wear a facemask while they are in the facility. 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].(#5.) To avoid transmission within long-term care facilities, facilities should use separate staffing teams for Covid-19 positive residents to the best of their ability, and designate separate facilities or units within the facility to separate Covid-19 negative residents from Covid-19 positive and individuals with unknown Covid-19 status. Long term care facilities should separate residents who have Covid-19 from residents who do not or have an unknown status. Ensuring they are separate from residents who are Covid-19 negative. (1.) When possible, facilities should exercise consistent assignment, or have separate staffing teams for Covid-19 positive and Covid-negative residents. Observations on [DATE] with the Director of Nursing (DON) during a virtual Face Time facility tour at 1:56 PM revealed that facility had a positive Covid-19 resident, Resident #1, residing on the Coast Long-Term Care Unit. Observation revealed that the staffing were the same staff that was used throughout the Coast unit. Questions asked of Certified Nurse Assistant I revealed that she did provide care for all of the residents on the Coast hall/unit. CNA I was noted outside of Resident #1's room on the electronic medical record kiosk performing documentation. Observation of the Harbor Memory Care Unit revealed that outside of room [ROOM NUMBER]/#306 that there were no isolation precaution signs or isolation supplies noted. There were residents wandering throughout the hallways with masks on. Observation and interview while on the Harbor Memory Care Unit with the Director of Nursing (DON) revealed that on [DATE] Resident #3, who resided in room [ROOM NUMBER], was sent to the hospital and was confirmed positive for the Covid-19 virus and passed away. An interview on [DATE] during the Harbor Memory Care Unit virtual tour revealed that agency Certified Nurse Assistant (CNA) L, had been working at other nursing facilities. CNA L was observed to be wearing a mask and stated that she was educated by her agency on the Covid-19 virus. Record review of the facility Infection Control Covid-19 testing mapping, received via email on [DATE] at 5:07 PM, revealed that the color code of orange was used to identify Covid-19 positive residents' rooms. There were positive cases identified in the three resident units: Bay 1 Unit (Rooms ,[DATE]) A positive resident was identified in room [ROOM NUMBER]. The Coast Unit (Rooms ,[DATE]) had four (4) identified Covid cases in room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER]. The Harbor Memory Care Unit (Rooms ,[DATE]) had two (2) identified Covid cases in room [ROOM NUMBER] and room [ROOM NUMBER]. for a total of seven (7) cases identified on three different residential living units. Record review of the facility infection control Covid-19 positive resident list, received via email on [DATE] at 1:29 PM from the DON, revealed that on [DATE] in the Harbor Memory Care Unit: Resident #3, who resided in room [ROOM NUMBER], was identified as Covid-19 positive at the hospital on [DATE]. On [DATE] Resident #7, who resided in room [ROOM NUMBER] was identified as Covid-19 positive. Record review of the Coast Long Term Care Unit revealed that on [DATE] Resident #11, who resided in room [ROOM NUMBER], was identified as Covid-19 positive and Resident #1, who resided in room [ROOM NUMBER], was identified as Covid-19 positive. On [DATE] Resident #12, who resided on room [ROOM NUMBER], was identified as Covid-19 positive and Resident #6, who resided in room [ROOM NUMBER], was sent to the hospital, was identified as being Covid-19 positive and expired at the hospital that same day. A telephone interview on [DATE] at 8:01 AM with the DON revealed that the facility implemented loop surgical face masks on [DATE]. On [DATE] the facility sent out Resident #3 who was Covid positive. Resident #6, who resided in room [ROOM NUMBER] on the Coast Long Term Care Unit, was sent out on [DATE] at 5:30 AM, tested positive at the hospital and died . The DON stated that the facility implemented PPE weeks ago to include the loop ear surgical mask and hand washing, and were isolating if residents came from the hospital. The DON stated that the Corporate Consultant for infection Control N had a timeline of the implementation of guidelines. The DON was asked about the CDC guidelines, dated [DATE], to separate Covid-19 positive residents from other residents and the implementation of a Covid transmission controlled unit with designated staffing. The DON stated that the facility was using private rooms and left the positive residents in their rooms on the regular units. Record review of the 'Covid-19 Timeline' revealed that on [DATE] Facility requested that staff and residents wear facemasks while in the facility. One [DATE] Resident #3 was sent to emergency room and later tested positive for Covid-19. On [DATE] DON and Quality RN met to review 3 possible Covid-19 residents. On [DATE] the facility received a phone call from the Saginaw County Health Department to notify of the positive Covid-19 result for Resident #7. On that day, the timeline noted., the facility distributed N 95 masks and explained the appropriate way to wear them. Also, on [DATE] Resident #11 and Resident #1 were sent to the hospital for suspected new cases on the Coast Unit. Resident #1 came back to the facility and room [ROOM NUMBER] of the Coast Unit. On [DATE] Resident #12, who resided on the Coast Unit in room [ROOM NUMBER] was sent out to the hospital with respiratory distress and tested positive for Covid-19. Record review of the facility lay out map of residents' room numbers dated 2019, revealed that Resident #1 who resided in room [ROOM NUMBER], which was located on the Coast unit with Rooms #206 and #208 located on either side. Record review of the Harbor Unit on the map revealed that Covid positive Resident #3, who resided in room [ROOM NUMBER], was sent out to the hospital on [DATE] and later died on [DATE]. Resident #10, who resided in room [ROOM NUMBER], became Covid positive on [DATE] while remaining on the secured dementia unit. Record review of the MAR for [DATE] for Resident #1 in room [ROOM NUMBER] and Resident #10 in room [ROOM NUMBER], revealed that both residents were still residing on separate units on [DATE] and receiving medications. In a phone interview on [DATE] at 11:06 AM, the DON was asked if the facility moved Resident #1 and Resident #10, because on [DATE] the facility started to place new admissions on the [DATE] rooms for 14-day Covid monitoring. As of [DATE], 2 in-house Residents #1 (room [ROOM NUMBER]) and Resident #10 (room [ROOM NUMBER]) are on separate units. The DON stated that the facility discussed making the Bay II Unit into a Covid unit today to place residents that test positive and the fire doors could be closed for transmission prevention.</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.