

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235707	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER The Willows at Howell		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 Byron Road Howell, MI 48855	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49272</p> <p>This citation pertains to intake MI00143514.</p> <p>Based on interview and record review the facility failed to follow their transmission-based precautions for one resident (R900) of three residents reviewed for infection control. Findings include:</p> <p>Review of the complaint filed with the State Agency on 3/21/2024 documented in part My mother, (R900's name), was transferred to (facility's name) after a hospital stay for rehab. On day 6 of her stay she was put under isolation precautions due to pneumonia/mrsa (Methicillin-resistant Staphylococcus aureus-a contagious bacterial infection). She was not on precautions at the facility prior to that. There was no explanation given to her, they hung the sign on the door and closed her door . The executive director called me and stated the mrsa diagnosis was not in the original paperwork from the hospital . My mom was all over the facility for the 6 days she was there. She went to therapy, the dining room, activities, we walked the halls.</p> <p>Review of the clinical record revealed R900 was admitted into the facility on [DATE] with diagnoses that included: Pneumonia due to Methicillin resistant Staphylococcus aureus and depression.</p> <p>Review of the facilities Infection Control binder revealed resident should have been in contact isolation according to their line listing.</p> <p>Review of R900's orders revealed an order placed for Contact Precautions, by NHA (nursing home administrator), on 3/18/24 at 7:24 AM, despite the resident being admitted with MRSA pneumonia six days prior (on 3/12/24).</p> <p>Review of R900's clinical record revealed, LPN B documented no in response to Isolation precautions needed? on 3/13/24, 3/16/24 and 3/17/24. RN C documented no in response to Isolation precautions needed? on 3/14/24. LPN D documented no in response to Isolation precautions needed? on 3/15/24. From 3/13 to 3/17/24 three different nurses documented R900 was not in isolation and then on 3/18/24, LPN E documented Yes in response to Isolation precautions needed? and for Precautions required documented Contact precautions, Droplet precautions</p> <p>Review of the activities calendar for R900 revealed they attended Evening Bingo with Girl Scouts at 6pm on 3/13/24 in Town Square (a common area in the facility).</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/28/24 at 2:25 PM, activities director A, stated it was possible that the resident attended additional activities that were not logged on R900's activities calendar.</p> <p>On 5/28/24 at 12:16 PM, an interview was conducted with the DON (director of nursing) and the NHA. The NHA reported that their process for identifying residents who transfer from the hospital and require isolation, was to review documents received from the hospital. When queried why the contact isolation order for R900 was placed six days after R900 was admitted from the hospital, the NHA was unable to provide an answer. The DON reported that they recalled having a conversation with R900's daughter. The DON reported that she told R900's daughter that R900 was in a type of isolation that allowed her to leave her room and participate in activities outside of her room. When asked for clarification on whether or not contact isolation for MRSA pneumonia allowed for the resident to move freely within the facility, the DON quoted their policy Residents in Contact Precautions may come out of their room as long as the contaminant requiring isolation is contained. The NHA reported that the CDC (Centers for Disease Control and Prevention) website advised her that R900 required contact precautions but that she felt possibly a respiratory isolation would have been more appropriate. The NHA reported the resident was placed in contact isolation upon admission 3/12/24, despite the order for contact precautions being placed on 3/18/24 and that she received care/meals and activities in her room, revealing conflicting information received from the NHA and the DON regarding whether the resident was or was not allowed out of her room.</p> <p>A review of a concern log provided by the DON documented in part, a phone conversation with R900's daughter, Called after the resident d/c (discharged) home, spoke with the daughter about her concern that her mother was isolated here at the (facility name). I spoke to her about the mother being on precautions and that she was able to still go out of her room, that her mother had come to us from the hospital with some precautions that we needed to follow .her mother could have stayed here and still used all the services .</p> <p>On 5/28/24 at 2:28 PM an interview was conducted with R900. R900 reported attending therapy in the therapy room, eating meals in the dining room and attending activities outside of her room until 3/18/24 when she reported that staff closed her door and told her she was in isolation.</p> <p>Review of the facilities policy titled Guidelines for Contact Precaution updated 2/28/24, documented in part Residents in Contact Precautions may come out of their room as long as the contaminant requiring isolation is contained . Any resident that has a non-contained infection that requires contact isolation will remain in their room. If the resident has to come out of the room for any reason, the resident will wear a gown, gloves and mask (as appropriate for organism and site) while out of their room . Upon verification that a resident has an infection that requires Contact Precautions, the nurse will implement the precautions and inform the attending physician, appropriate Department Heads, nursing staff, the Infection Control Practitioner, the resident and the resident's family.</p>		