

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 1/22/2021
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NAME OF PROVIDER OR SUPPLIER SKLD BLOOMFIELD HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 2975 N ADAMS ROAD BLOOMFIELD HILLS, MI 48304
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F0000 SS=	INITIAL COMMENTS SKLD Bloomfield Hills was surveyed for an abbreviated survey on 1/22/21. Intake Number(s): #MI00116588, MI116679, MI00116779, MI00116494. Census=140	F0000		
F0585 SS= D	483.10(j)(1)-(4) Grievances §483.10(j) Grievances. §483.10(j)(1) The resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their LTC facility stay. §483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph. §483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident. §483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident. The grievance policy must include: (i) Notifying resident individually or through postings in prominent locations throughout the facility of the right to file grievances orally (meaning spoken) or in writing; the right to file grievances anonymously; the contact information of the grievance official with whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a	F0585	Resident #704 no longer resides at the facility. Residents residing in the facility are at risk for a similar occurrence. The facility will interview cognitively intact residents in the facility to determine if there have been any care concerns that have not been identified and reported per policy. Staff will be instructed on the facility's grievance policy and reporting requirements to ensure sustained compliance. Facility staff will be in-serviced regarding documenting concerns on the appropriate concern form and reporting concerns timely to administration for follow-up and resolution. Five (5) like residents will be randomly interviewed three times a week for one month and monthly thereafter to ensure that any concerns were properly documented and reported for follow-up and resolution. Interviews to determine that resident concerns have been reported appropriately per policy will be done three times a week for one month and monthly thereafter to ensure compliance. Audits will be submitted to QAPI for review to ensure compliance. Administrator and DON will be responsible for continued compliance.	2/15/2021

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

02/08/2021

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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	<p>reasonable expected time frame for completing the review of the grievance; the right to obtain a written decision regarding his or her grievance; and the contact information of independent entities with whom grievances may be filed, that is, the pertinent State agency, Quality Improvement Organization, State Survey Agency and State Long-Term Care Ombudsman program or protection and advocacy system; (ii) Identifying a Grievance Official who is responsible for overseeing the grievance process, receiving and tracking grievances through to their conclusions; leading any necessary investigations by the facility; maintaining the confidentiality of all information associated with grievances, for example, the identity of the resident for those grievances submitted anonymously, issuing written grievance decisions to the resident; and coordinating with state and federal agencies as necessary in light of specific allegations; (iii) As necessary, taking immediate action to prevent further potential violations of any resident right while the alleged violation is being investigated; (iv) Consistent with §483.12(c)(1), immediately reporting all alleged violations involving neglect, abuse, including injuries of unknown source, and/or misappropriation of resident property, by anyone furnishing services on behalf of the provider, to the administrator of the provider; and as required by State law; (v) Ensuring that all written grievance decisions include the date the grievance was received, a summary statement of the resident's grievance, the steps taken to investigate the grievance, a summary of the pertinent findings or conclusions regarding the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to</p>			

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	<p>be taken by the facility as a result of the grievance, and the date the written decision was issued; (vi) Taking appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction, such as the State Survey Agency, Quality Improvement Organization, or local law enforcement agency confirms a violation for any of these residents' rights within its area of responsibility; and (vii) Maintaining evidence demonstrating the result of all grievances for a period of no less than 3 years from the issuance of the grievance decision. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake Number(s): MI00116588 and MI00116679.</p> <p>Based on interview and record review, the facility failed to address concerns expressed by one (R#702) of one resident reviewed for grievances and their family, resulting in the potential for unidentified unmet care needs and resident dissatisfaction with care provided by the facility. Findings include:</p> <p>A complaint was submitted to the State Agency that alleged the facility did not resolve concerns expressed by the resident's family.</p> <p>A review of R#702's clinical record was conducted and revealed the following:</p> <p>R#702 was admitted into the facility on 11/11/20 and discharged to another facility on 12/9/20 with diagnoses that included: patella (kneecap) fracture and bipolar disorder. A Minimum Data Set (MDS) assessment dated 11/17/20 documented R#702</p>			

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	<p>had intact cognition and no behaviors.</p> <p>A review of R#702's progress notes revealed a note written by Licensed Practical Nurse (LPN) "E" on 11/12/20 that documented, "Ln (licensed nurse) was working in hall way when the CENA (Certified Nursing Assistant) had asked this nurse to come in to the room. When LN entered the room patient was sitting on the bed pan, with symptoms of emotional distress. This LN assisted the patient immediately and asked what was going on. Patient states' The aide said you have to change me'...Patient was repositioned and cleaned up. Patient was communicating concerns to not just this LN, but other staff members as well...CENA was educated on communicating with nursing staff to pair up as a buddy system to provide cares for this patient to ensure that needs are being met per pt req (request). Nursing management team notified..."</p> <p>A progress note written by LPN "A" on 11/18/20 documented, "Pt displays high anxiety. Pt was changed multiple times during the shift, pain was address...However, pt called 911 and also her daughter accusing staff of not changing her..."</p> <p>On 1/21/21 at 12:15 PM, grievance forms or incident reports for R#702 were requested from the Administrator. The Administrator reported they did not have any grievances or incident reports for R#702.</p> <p>On 1/22/21 at 8:30 AM, LPN "E" was contacted via the telephone for an interview. LPN "E" was not available for an interview prior to the end of the survey.</p> <p>On 1/22/21 at 8:47 AM, the Director of Nursing (DON) was interviewed. When queried about the facility's protocol when residents or their family members expressed care concerns to the facility</p>			

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	<p>staff, the DON reported they completed a concern form and let the DON and/or Administrator know about the concern. The DON further reported it was reported to the DON or Administrator so that the root of the problem could be identified, and education provided, if needed. The DON also reported that if a resident called 911, she should be notified. When queried about any knowledge about the concerns expressed by R#702 and their family member, as documented in the clinical record on 11/12/20 and 11/18/20, the DON reported they were unaware, and they were not notified. The DON further reported they were not notified that R#702 contacted 911.</p> <p>On 1/22/21 at 9:30 AM, LPN "A" was interviewed via the telephone. When queried about what occurred with R#702 on 11/18/20, LPN "A" stated, "(R#702) is very needy and always turned on her call light to ask for things." LPN "A" reported he checked on R#702 throughout the shift and the aides frequently provided care that day and changed her brief. LPN "A" reported R#702's family member called toward the end of the shift and expressed concerns that the staff were not taking care of R#702. LPN "A" further reported that he informed R#702's family member that he observed the CNAs caring for R#702 that shift. When queried about R#702 calling 911, LPN "A" reported the police contacted the facility and asked LPN "A" if R#702 was okay. LPN "A" reported he told the police R#702 was okay and they did not come to the facility. When queried about whether a concern form was completed for R#702 and their family member's expressed concerns or if the DON or Administrator was notified, LPN "A" stated, "From what I understood it was a constant thing that (R#702) did. She put on her call light and asked to be changed. I was told this by the CNAs. It was not a new thing. I didn't notify anyone because the police didn't actually come to the facility. So I put</p>				

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	<p>in a note, I viewed the aide providing care, and I don't know what else I could have done."</p> <p>On 1/22/21 at 9:35 AM, CNA "C" was interviewed. CNA "C" reported they were assigned to R#702 two times during her admission at the facility. CNA "C" reported she remembered calling the nurse into the room one time, but did not remember anything unusual with R#702. CNA "C" reported she did not recall any behaviors, such as excessive call light use.</p> <p>On 1/22/21 at 10:35 AM, the Administrator was interviewed regarding the facility's grievance protocol. The Administrator reported if a resident or family member expressed a concern to a staff member, including the Administrator, a concern form was completed and it would be assigned to the appropriate department head to look into the concern, and follow up was made with the resident or family member with the resolution. When queried about any concerns regarding R#702, the Administrator reported nobody reported any concerns to him regarding that resident. The Administrator reported a concern form should have been completed for both incidents documented in R#702's clinical record and the Administrator and/or DON should have been notified if R#702 called 911.</p> <p>A facility policy titled, "Grievances" (revised 5/2/19) was reviewed and documented, "...It is the policy of this facility to investigate all grievances registered by, or on behalf of a resident, without the threat of reprisal in any form. Residents are encouraged to express grievances on behalf of themselves or others to the facility's Administrator, the Resident Council, State or Government Agencies, or other persons..."</p>			