

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 824350	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 6/16/2022
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS NURSING CENTER OF WESTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 8365 NEWBURGH RD WESTLAND, MI 48185		
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F0000 SS=	INITIAL COMMENTS Four Seasons Nursing and Rehabilitation was surveyed for Abbreviated survey on 6/16/2022. Intakes: MI00128492, MI00128631, MI00128657 and MI00128984 Census=135	F0000			
F0550 SS= D	Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and	F0550			

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.

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	<p>reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00128984</p> <p>Based on observation, interview and record review, the facility failed to schedule a resident's shower per their preference for one sampled Resident (R704) out of two reviewed for showers resulting in dissatisfaction with care and missed showers. Findings Include:</p> <p>On 06/15/2022 at 9:42 AM, an interview was conducted with R704 regarding their stay in the facility. R704 revealed that they did not get their showers like they are supposed to, and they have gone a month without getting a shower due to their showers being scheduled on midnights. R704 was asked if they wanted their shower on midnights. R704 revealed that they would prefer if their showers were on days or afternoons, but was told the only open spot for them was on midnights. R704 shared that they asked if they could have their shower on days on afternoons but was told it had to be on midnights due to staffing.</p> <p>A review of the medical record revealed that R704 was admitted into the facility on 2/10/2022 with the following diagnoses: Multiple Sclerosis, Muscle Weakness, and Morbid Obesity.</p> <p>A review of the master shower schedule reflected that R704 was scheduled for showers on Wednesday and Saturday on midnights.</p> <p>On 6/16/2022 at 12:42 PM, an interview was</p>				

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F0584 SS= D	<p>conducted with the Director of Nursing (DON) regarding shower preferences. The DON said that when a resident enters the facility, they have them look at the schedule and ask them where they would like to go. The DON was asked if R704 was asked about their shower preference when they came into the facility because they stated that they would like to be on any shift besides midnights. The DON stated, "I will have to look into that."</p> <p>On 6/16/2022 at 2:04 PM, The DON stated, "I spoke to [R704] and changed their showers to day shift, they are happy now."</p> <p>A review of a undated facility policy titled, "Activities of Daily Living (ADLs,) Supporting" revealed the following, "Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene."</p> <p>Safe/Clean/Comfortable/Homelike Environment §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain</p>	F0584			

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	<p>a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00128657</p> <p>Based on observation, interview and record review, the facility failed to maintain a safe, clean, sanitary, and homelike environment affecting the 135 facility residents and resulting in general dissatisfaction with personal surroundings, offensive odors, and improper disposal of trash. Findings Include:</p> <p>A review of intake MI00128657 noted the following, "Today my family came to visit, and we are welcomed to a room that smells like urine (it smells like it every day in this building) and a pile of her urinated diapers, food, and wet blankets and towels stack up on the floor by her window...mind you we came at the end of visiting hours..."</p> <p>On 6/15/2022 at 8:48 AM, a tour of the facility was completed. Upon the initial tour, two bins labeled trash were observed in a hallway leading to the Autumn Unit. The bins were uncovered, and clear bags of trash were observed in one bin. The trash had used briefs, linen, and paper in them. A strong malodorous smell was emitting</p>				

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	<p>from the trash bin.</p> <p>On 6/16/2022 at 8:44 AM, the two trash bins were still in the hallway leading up to the Autumn unit (as observed on 6/15/2022). The bins were uncovered, and clear bags of trash were observed in one bin. The trash had used briefs and trash in them. A strong odor was emitting from the trash bin.</p> <p>On 6/16/2022 at 12:49 PM, an interview was conducted with the Director of Nursing (DON) regarding the bins and the smell coming from them. The DON stated, "Those bins should just be for cardboard. There should be no trash in there."</p> <p>On 6/16/2022 at 1:52 PM, an interview was conducted with Housekeeping Director (HD) "A" regarding the trash bins in the hallway. HD "A" stated, "Those bins have been here since I started, and I was wondering if they have to be covered or not." HD "A" stated, "One bin is for cardboard and the other is for trash. I would like to have it closed off or covered with something. I am going to take care of it"</p>				
F0686 SS= G	<p>Treatment/Svcs to Prevent/Heal Pressure Ulcer §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from</p>	F0686			

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	<p>developing. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake MI00128492</p> <p>Based on observation, interview, and record review, the facility failed to prevent the development of pressure injuries, turn and reposition in a timely manner for one sampled Resident (R700) out of one reviewed for skin, resulting in the potential for pain, the worsening of existing pressure injuries, and the development of a new pressure injuries. Findings include:</p> <p>A review of intake MI00128492 noted the following, "...[R700] has wounds all over her body. It appears she is not being turned in bed properly. There are bilateral right and left stage four pressure ulcers on her heels with (sic) are turning into necrotic wounds. There is also stage 3 pressure ulcer on her tail bone. Bone fragments are in the wounds and there an odor coming from the wounds."</p> <p>A review of the medical record revealed that R700 admitted into the facility on 10/23/2017 with a readmission date of 5/16/2022 with the following diagnoses, Dysphagia, Changes in Skin Texture, and Peripheral Vascular Disease. R700's quarterly Minimum Data Set (MDS) assessment, with a Assessment Reference Date (ARD) of 2/2/2022 reflected a Brief Interview for Mental Status score of 11/15 (indicating mild impaired cognition), no unhealed pressure ulcers, and required extensive to dependent two person assistance with bed mobility and transfers.</p> <p>Further review of R700's MDS's revealed a significant change MDS with an ARD date of 2/21/2022 that now reflected R700 had an</p>				

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	<p>unhealed full thickness unstageable (known but not stageable due to coverage of wound bed by Slough [a mass of dead tissue separating from an ulcer, characterized as being yellow, tan, green or brown in color and may be moist, loose and stringy in appearance] and/or Eschar [dry, thick, leathery tissue that is often brown or black in color]) pressure ulcer.</p> <p>On 6/15/2022 at 11:12 AM, an interview was conducted with Wound Care Physician (WCP) "B" regarding R700's wounds. WCP "B" stated, "[R700] last admission was on 5/16/2022 and [they] had an unstageable to their left ischium. [R700's] right ischium and coccyx were facility acquired." WCP "B" stated that, "R700's wounds get better and then they get worse."</p> <p>A review of the most recent wound care note dated 6/15/2022 at 5:35 PM noted the following, "Wound Consult - Re-eval: Seen for facility wound care consult, Right anterior foot- vascular ulcer, Right lateral lower leg- Vascular ulcer re-open, Left front foot- Vascular ulcer, Right medial heel Vascular ulcer, Right heel- Vascular ulcer extending up to the right ankle, Left posterior heel- Vascular ulcer and Coccyx and adjoining buttocks now closed, stage 4 right Ischial area, unstageable left ischial area. See physician's wound rounds notes, skin and wound evaluation assessment tab for description and measurements. New order in place. Treatment initiated and will continue to monitor. Pain r/t Wound: Is the resident experiencing pain related to the wound? Yes. Pain medication order in place? Yes. New order implemented? Yes. Non-verbal demonstrated: Guarding, Irritability. Interventions Initiated: Non-Pharmacological interventions initiated (Turn & Reposition). Frequency: Episodic. Is resident cognitively impaired? No. Present level of pain: Hurt's a Little Bit. Comments: Recommended frequent turning and repositioning every 2 hours and as</p>				

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	<p>tolerated offloading to the affected areas. Foot repositions with pillow as tolerated, protection boot in place."</p> <p>On 6/16/2022 at 8:18 AM, an interview was conducted with Wound Care Nurse (WCN) "C" regarding R700's wounds. WCN "C" revealed that if there was a facility acquired wound then they call the physician and the family, and let them know what is going on. R700's left ischium pressure ulcer was developed in the community and R700's right ischium and coccyx pressure ulcers were facility acquired, however R700's coccyx was now closed.</p> <p>On 6/16/2022 at 8:25 AM, a wound observation was completed with WCN "C". R700 was observed to have a large wound to their right ischium, and their coccyx was observed to have no open area but was slightly bleeding. R700 was positioned on their back with no positioning, off-loading pillows or wedges. WCN "C" was asked how often R700 should be repositioned and if they should be laying on their back. WCN "C" stated, "[R700] should be turned every two hours and should not be on their back."</p> <p>On 6/16/2022 at 10:36 AM and 12:36 PM R700 was observed laying on their back with no positioning or off-loading pillows or wedges.</p> <p>On 6/16/2022 at 12:39 PM, an interview was conducted with the Director of Nursing (DON) regarding R700's wounds. The DON shared that they expected for R700 to be turned and repositioned every two hours. The DON was queried as to how they tracked if someone is being repositioned or not. The DON replied, "I do not think there is a turning program here, that is something I will have to look into." The DON was queried as to how R700 developed the pressure injuries while in the facility. The DON</p>				

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	<p>revealed that R700 has been declining and there was not much else they could do because the guardian refused hospice. The DON continued to say that R700 recently received a peg tube, had been doing better and they should be able to manage R700's wound better because of better nutrition.</p> <p>A review of a facility policy titled, "Skin-Pressure Ulcer Guidelines" and dated 8/13/2020 revealed the following, "POLICY: Based on the Comprehensive Assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing."</p>						