

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 824519	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 8/5/2022
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NSG & REHAB CANTON			STREET ADDRESS, CITY, STATE, ZIP CODE 7025 LILLEY ROAD CANTON, MI 48187	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMMENTS Promedica Skilled Nsg and Rehab Canton was surveyed for an Abbreviated survey on 8/5/22 MI00127228,MI00128091,MI00128137,MI00128409,MI00128419,MI00128634,MI00128854,MI00128860,MI00128878,MI00128943,MI00129088,MI00129275,MI00129296,MI00129363,MI00129492, MI00129730,MI00129742 Census=114	F0000		
F0677 SS= D	ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: This citation pertains to intake MI00128634 Based on observation, interview and record review, the facility failed to ensure showers were provided consistently, affecting one resident (#7) out of three residents reviewed for Activities of Daily Living (ADLS), resulting in missed opportunities to provide hygiene care and the potential for decreased self- esteem for the resident. Findings include: Record review revealed resident (R7) was admitted in the facility on 3/9/21 with a pertinent diagnosis of Multiple Sclerosis (A disease in which the immune system eats away the protective covering of nerves). According to the Minimum Data Set (MDS)	F0677	Element 1: Cited resident was provided with shower during survey on 8/4/2022. CNA's caring for cited resident #7 on the cited dates will receive 1:1 education regarding documentation practices for bathing. Element 2: Like residents were identified as residents residing in the facility who are dependent for bathing. Showers were offered and documented for dependent residents on 8/22/2022. Element 3: Bathing and documentation policies have been reviewed by QAPI Committee and found to be appropriate. Nursing staff will be educated by DON/Designee regarding provision and documentation of showers. Element 4: DON/Designee will complete random audits of provision and documentation of showers 3 times weekly for 3 weeks, then once weekly for 3 weeks. Findings of audits will be provided to the QAPI Committee for review and recommendations. Element 5: Administrator will be responsible for achieving and maintaining compliance. Compliance date 9/1/2022	9/1/2022

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

TITLE

(X6) DATE

Electronically Signed

08/24/2022

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>dated 6/13/22, R7 had intact cognition and was an extensive assist with most ADL care.</p> <p>During observation and interview on 8/4/22 at 1:10 PM, R7 was observed in a gown and had oily and unkempt hair. When asked if showers were offered two times a week, R7 stated, "No, I would like to have my showers."</p> <p>Record review of documented showers dated for the month of June 2022 and July 2022 revealed the resident had seven missed opportunities (6/6, 6/20,7/7,7/11,7/18 and 7/20) to be provided with a shower.</p> <p>During interview on 8/5/22 with Director of Nursing (DON), when asked how many times a week showers should be offered to residents, DON stated, "Twice a week." When asked how the nursing staff confirmed that a shower was given, the DON said they must document on the shower task in electronic medical record or a shower sheet. After, reviewing all the documentation related to showers for R7, DON confirmed that the staff had missed seven opportunities to provide showers to R7.</p>				