STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A (X2) MULTI A. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
824519		B. WING _	B. WING				
NAME OF PRO	VIDER OR SUPPLIE	R		STREET ADDRESS, CITY, STATE, ZIP CODE			DE
PROMEDICA	SKILLED NSG &	REHAB CANTON		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	COR	VIDER'S PLAN OF CORRECTION (EACH RECTIVE ACTION SHOULD BE CROSS- EFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000 SS=	INITIAL COMME	INTS	F0000				
	Promedica Canton was surveyed for an Abbreviated survey on 3/8/23.						
	MI00134514 Census = 119						
F0777 SS= D	§483.50(b)(2) Th obtain radiology services only wh physician assista clinical nurse spe State law, includi (ii) Promptly notif physician assista clinical nurse spe outside of clinica accordance with procedures for m per the ordering	Srvcs Ordered/Notify Results he facility must- (i) Provide or and other diagnostic en ordered by a physician; ant; nurse practitioner or ecialist in accordance with ing scope of practice laws. fy the ordering physician, ant, nurse practitioner, or ecialist of results that fall I reference ranges in facility policies and otification of a practitioner or physicia's orders. IENT is not met as	F0777				
	Based on interview failed to promptly	ins to MI000134514. v and record review the facility report abnormal X-ray results					
	reviewed for falls a in the Physician be	or one (R501) of three residents and radiology services resulting ing unaware the resident had a delayed orders for transport to partment (ED).					
	Findings include:						
	facility failed to no wrist fracture until	received a complaint that the otify the Physician of R501's 25 hours later when the e into the facility and asked					
LABORATORY	ROVIDER/SUPPLIER REPRESEN	TATIVE'S SIGNAT	URE	TITLE	(X6) DA	TE	

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.

		I					
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
824519		B. WING _	B. WING		3/8/2023		
NAME OF PRO	R		STREET ADDRESS, CITY, STATE, ZIP CODE			DE	
PROMEDICA	SKILLED NSG &	REHAB CANTON		7025 LILLEY ROAD CANTON, MI 48187			
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	about the resident's	s X-ray results.					
	R501 admitted to t diagnoses that incl sacrum area and de have moderately in	Electronic Health Record (EHR) he facility with multiple uded falls with fracture of the ementia. R501 was assessed to npaired cognition with a BIMS r Mental Status) score of					
	Practical Nurse (L1 approximately 1:44 an unwitnessed fal floor next to a chai assessed and comp Physician and R50 fall. The Physician	t report written by Licensed PN) "C" on 12/28/22 at 0 PM reported that R501 had 1 and was found seated on the r in her room. The resident was blained of left wrist pain. The 1's family were notified of the ordered a STAT (immediate) rist and the resident was given					
	indicated that R50 fracture of the dista of the ulnar styloid ulnar near hand/ w	ated 12/28/22 at 2:49 PM 1 had an acute displaced al radius and avulsion fracture l. (bony projection at end of rist). The report documented taken on 12/28/22 at 2:24 PM, 22 at 2:49 PM.					
	"B" on 12/29/22 at following documer (Interdisciplinary t 12/28/2022, pt. ( on the edge of the bedside chair, and stated hurting her w upon falling, X-Ra mention of the X-r	eam) met to discuss pt. fall on patient) stated she was sitting bed and was going to sit in her slipped to the floor bedside, pt. wrist trying to catch herself y ordered". There is no ay results.					
		w on 3/8/23 at 11:20 AM with V "B" he said he did not have					

Facility ID: 824519

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLI/ IDENTIFICATION NUMBER:         824519         NAME OF PROVIDER OR SUPPLIER		À. BUILDING	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING STREET ADDRESS, CITY, STATE		со́мр 3/8/20	(X3) DATE SURVEY COMPLETED 3/8/2023	
PROMEDICA SKILLED NSG & REHAB CANTON					7025 LILLEY ROAD CANTON, MI 48187	2,211 00	52
(X4) ID PREFIX TAG	(EACH DEFICIEN FULL REGULAT	TEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY TORY OR LSC IDENTIFYING NFORMATION)	ID PREFIX TAG	CORF	IDER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE C FERENCED TO THE APPROPRI DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
	meeting on 12/29/2 discussed. Upon fu was the floor nurse resident's X-ray rej that only managers the radiology webs A progress note wi at 4:16 PM (25 hot follows; "Daughter results found onlin regarding results. S wrist fracture." During an interviee "A" said the reside asked about the X- results in the chart know why we didr resident fell the da available then. The fax the report over we ever got the fax for it." During an intervie: 3/8/23 at approxim not made aware of later the next day. was treated with so the facility and of intervention. The r with orders from the On 3/8/23 at 12:53 the Radiology com "D" was asked abou 12/28/22. RCR "D radiology report w 12/28/22 at 2:52 P.	or R501 at the time of the IDT 22 when the resident's fall was irther inquiry LPN "B" said it 2's responsibility to obtain the port. LPN "B" acknowledged 3 have the password to access site to acquire X-ray reports. ritten by LPN "A" on 12/29/22 urs after the stat X-ray) reads as inquired about X-ray results, e. On-call clinician called Send patient out to EDfor left w on 3/8/23 at 11:45 AM LPN ent's daughter came in and ray results. There were no so I had to get them. I don't i't get them sooner. The y before and the results were ey (radiology company) usually immediately. "I don't know if a or if anyone else had looked w with R501's Physician on nately 12:00 PM he said he was "R501's left wrist fracture until The Physician said the resident cheduled pain medication while did not require any surgical resident returned to the facility the ED for a left forearm sling. AM during a phone interview opany's Representative (RCR) out R501's radiology report on " reported that R501's as faxed over to the facility on M. RCR "D" provided the nber to the facility and					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER: 824519	À. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 3/8/2023		
624319 D. WING			D. WING _			5/0/20	23	
NAME OF PROV	VIDER OR SUPPLIE	R		STREET ADDRESS, CITY, S			ATE, ZIP CODE	
PROMEDICA	REHAB CANTON			7025 LILLEY ROAD CANTON, MI 48187				
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	<ul> <li>confirmation of receipt report.</li> <li>On 3/8/23 at approximately 2:30 PM the Nursing Home Administrator (NHA) confirmed the fax number from RCR "D" was accurate. The NHA could not provide any fax history reports from the time frame of R501's incident because "It's too far back". The NHA said the facility's policy is for the radiology company to fax over reports and that nursing should be looking for them and report the results to the Physician immediately. The NHA said there was no specific policy regarding notification of radiology results only for changes in status.</li> <li>According to the facility's 'Change in Status' policy (undated) the American Medical Directors Association (AMDA) Clinical Practice Guideline - Acute Changes in Condition in the Long-Term Care Setting; immediate notification is recommended for any symptom, sign or apparent discomfort that is acute or sudden in onset and a marked change in relation to usual symptoms and signs, or is unrelieved by measures already prescribed.</li> </ul>							

Event ID: GKU711

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