

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 384200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/30/2023
NAME OF PROVIDER OR SUPPLIER MISSION POINT HEALTH CAMPUS OF JACKSON			STREET ADDRESS, CITY, STATE, ZIP CODE 703 ROBINSON RD JACKSON, MI 49203		
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F0000 SS=	INITIAL COMMENTS Mission Point Health Campus of Jackson was surveyed for an Abbreviated survey on 3/30/2023. Intakes: MI00135247, MI00135044, MI00134639, MI00134575, MI00131460. Census: 48	F0000			
F0585 SS= D	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	F0585	Element #1 Resident 1 no longer resides at the facility. Facility completed grievance/resident assistant forms for resident #2 on 4/28/2023. April's resident council minutes were reviewed for concerns and verified that resident assistant forms were completed for all concerns on 4/28/23. Element #2 Residents that reside at the facility have the ability to be affected by the deficit practice. An audit of resident assistant forms was completed by 5/4/2023. Element #3 The Administrator was re-educated by the corporate compliance officer on resident and family grievance policy on 4/21/23. The Administrator re-educated the department managers on the resident and family grievance policy. The administrator re-educated the director of activities and recreation aides on the procedure for completed concern/grievance forms on 4/24/23. Facility changed the color of paper for the resident assistant forms to bright green. Facility changed the color of paper for resident council resident assistant forms to bright orange.	5/5/2023	

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

TITLE

(X6) DATE

Electronically Signed

04/28/2023

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>whom a grievance can be filed, that is, his or her name, business address (mailing and email) and business phone number; a 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</p>		<p>QAPI meeting was held on 4/24/2023 to discuss root cause analysis. Any department managers or recreation team member not educated by 5/5/2023 will be educated at the beginning of their next shift prior to working.</p> <p>Element #4 The administrator/designee will complete a weekly audit of resident assistant forms for timely completion for three months. The administrator/designee will complete a monthly audit on resident council minutes for completion of resident assistant forms for concerns voiced during resident council for 3 months. Audit results will be reviewed at the facilities monthly QAPI meeting that the Administrator attends. The Administrator is responsible for attaining and sustaining compliance.</p>				

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	<p>the resident's concerns(s), a statement as to whether the grievance was confirmed or not confirmed, any corrective action taken or to 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: MI00134575, MI00134639</p> <p>Based on observation, interview and record review the facility failed to ensure that grievances were investigated, and resolved for two Residents (R1 and R2) and members of the resident council and failed to implement facility grievance policy, resulting in feelings of anger, frustration and feelings of not being heard.</p> <p>Findings include:</p> <p>Resident #1(R1)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated 1/7/23, reflected R1 was a 75 year old female admitted to the facility on 10/30/17, with diagnoses that included hypertension (high blood pressure), chronic obstructive pulmonary</p>				

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	<p>disease, heart failure, atrial fibrillation(irregular heart rythem, heart disease, bipolar disorder, diabetes with use of insulin, and depression. The MDS reflected R1 had a BIM (assessment tool) score of 14 which indicated her ability to make daily decisions was cognitively intact, and she required one person physical assist with bed mobility, transfers, locomotion on unit, dressing, hygiene, toileting, and bathing.</p> <p>Review of the complaint submitted to the State of Michigan, dated 2/13/23, reflected concerns with medication administration and monitoring of blood sugars and staffing concerns.</p> <p>Review of the monthly Resident Council Meeting Minutes, dated October 2022 through March 2023, reflected residents reported staffing concerns on 12/30/22, 1/27/23 and 3/27/23 (three of six months requested).</p> <p>During an interview on 3/30/23 at 10:20 a.m., NHA "A" reported the facility did not have any concern forms or evidence of follow up for monthly resident council meetings reported concerns October 2023 through February 2023 and would expect to see evidence of follow up with use of completed grievance forms and logged on grievance log.</p> <p>Review of the facility "Medication Admin Audit Report", dated 2/4/23 through 2/6/23, reflected R1 received physician ordered medications late on 53 occasions. The reported reflected R1 was administered medication that included Cardizem CD (treatment of atrial fibrillation) over eight hours late according to physician order. The reported reflected R1 was administered Humalog (fast acting insulin) over eight hours late that was ordered prior to each meal.</p> <p>Review of R1 EMR, dated 2/1/23 through 2/6/23,</p>				

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	<p>reflected no evidence of physician notified of late medications administration including cardiac medications and insulin for blood sugar or several other late physicians ordered medications.</p> <p>During an interview on 3/30/23 at 2:50 p.m. Director of Nursing (DON) "B" reported would expect if residents reported concerns with medication timing an infestation should occur and if not given as ordered physician notified and documentation completed in EMR. DON "B" reported would expect medication to be given one hour prior or one hour after physician ordered time of administration.</p> <p>During an observation and interview on 3/30/23 at 3:45 p.m., R1 verified had reported concerns with medication timing with the facility prior to complaints made to the State of Michigan and reported continued issues with late medications. R1 reported usually an issue with the agency staff.</p> <p>During an interview on 3/30/23 at 1:41 p.m., Director of Nursing (DON) "B" reported was hired as Assistant Director of Nursing about one month ago and was now interim DON for past two weeks. DON "B" reported had identified that one nurse on 200 hall is impossible to compete all medication and treatment orders timely in two hours because too many medications and frequency of treatments and reported usually mostly an issue with agency staff. DON "B" reported most 25 residents require two-person assist.</p> <p>During an interview and record review on 3/30/23 at about 3:30 p.m., NHA "A" reported was able to locate R1 Grievance Form, dated 2/6/23, related to concerns about medication timing. NHA "A" reported the form had not been completed and reported should be completed within seven days</p>				

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	<p>and reported prior DON was assigned to grievance.</p> <p>Resident #2(R2)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated 3/8/23, reflected R2 was a 70-year-old female admitted to the facility on 10/10/20, with diagnoses that included hypertension (high blood pressure), chronic obstructive pulmonary disease, cancer, immune compromised, anxiety, and depression. The MDS reflected R2 had a BIM (assessment tool) score of 14 which indicated her ability to make daily decisions was cognitively intact, and she required one-person physical assist with bed mobility, transfers, locomotion on unit, dressing, hygiene, toileting, and bathing. R2 MDS reflected no evidence of behaviors.</p> <p>During an observation and interview on 3/30/23 at 12:30 pm, R2 was in room sitting in wheelchair, appeared able to answer questions without difficulty. This surveyor had observed staff transport R2 from Dining room to room via wheelchair just prior. R2 reported did have issue with agency staff who administered wrong medications to her and other residents on the hall about 3 weeks prior. R2 reported investigation was completed and determined to be Benadryl was given to her and other residents on the hall without their knowledge. R2 reported told her nurse the morning after R2 received unknown medication and investigation was done. R2 reported had another time she reported had concerns with late medications related to short staffed.</p> <p>Review of the Resident Concern Form, dated 1/9/23, reflected R2 reported concerns related to short staffing and late medications ordered in morning and administered after 3:00 p.m. The</p>				

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	<p>investigation reflected concerns were confirmed and plan to hire additional staff and education provided to staff to bring frustrations to DON and act more professional in front of residents. The document to did not show evidence of follow up to see if plan was effective.</p> <p>Review of R2 Incident/Accident report, dated 3/4/23 at 10:11 a.m., reflected, "Resident approached this nurse this morning during am med pass and asked me if I knew what the "two florescent pink pills" that she got with her meds last night were. After going through the residents MAR and verifying that none of the meds signed out were bright pink I looked at our stock medications. The only bottle of OTC medications that I found containing florescent pink pills were our "complete allergy relief". I presented these pills to the resident and she verified that they were in fact the pills she had received in her meds the night before. Nursing assessment completed vitals are WNL and patient has no complaints of pain at this time and is currently stable. DON notified of alleged medication error."</p> <p>Review of R2's Physician orders, dated 3/1/23 to current (3/30/23), with no evidence of an order for Complete Allergy Relief (Benadryl).</p> <p>During a telephone interview on 3/30/23 at 12:58 p.m., Licensed Practical Nurse (LPN) "K" reported R2 reported to her on morning of 3/4/23 that she had received two fluorescent pink pills the night prior that she did not recognize. LPN "K" reported R2 complained of feeling sleepy that morning. LPN "K" reported R2 was able to identify pink tabs she had received were Benadryl when visually shown tabs. LPN "K" reported informed NHA "A" who reported to regional staff "L". LPN "K" reported was instructed to monitor R2 along with other residents on the hall and reported did notice some other residents who</p>				

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	were tired that morning. During an interview on 3/30/23 at 1:41 p.m., Director of Nursing (DON) "B" reported was hired as Assistant Director of Nursing about one month ago and was now interim DON for past two weeks. DON "B" reported LPN "K" reported to her 3/4/23 that R2 reported medication concerns from night prior. DON "B" reported R2 had complained to LPN "K" about being extra tired on 3/4/23. DON "B" reported investigation was completed and determined was agency nurse night of 3/3/23 who was questioned. DON "B" reported facility had not allowed that agency staff to return to the facility after the incident. DON "B" reported no residents had an order for Benadryl and only on hand for allergy and reported found in medication room opened and had not been prior and verified not kept on medication carts. DON "B" reported had identified that one nurse on 200 hall is impossible to compete all medication and treatment orders timely in two hours because too many medications and frequency of treatments and reported usually mostly an issue with agency staff. DON "B" reported most 25 residents require two-person assist.				
F0656 SS= D	Develop/Implement Comprehensive Care Pla §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's	F0656	Element #1 Resident #3 was re-assessed on the ability to participate in his bowel program and person center care plan was developed on 4/28/2023. Element #2 Residents that reside at the facility and use a bowel stimulator have the ability to be affected by the deficit practice. Residents care plans were reviewed to ensure person center care by 5/5/2023. Element #3		5/5/2023

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	<p>highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake number MI00135247.</p> <p>Based on observation, interview, and record review the facility failed to ensure for one out of two residents (Resident #3) care plans were implemented to provide resident centered care,</p>		<p>The director of nursing was re-educated by the regional director of clinical on the comprehensive care plan policy on 4/27/2023.</p> <p>The Director of Nursing/designee re-educated the interdisciplinary team and nurses on care planning policy.</p> <p>QAPI meeting was held on 4/24/2023 to discuss root cause analysis.</p> <p>Changes in residents that require the development of a comprehensive care plan will be discussed in the morning clinical meeting.</p> <p>Any nurse not educated by 5/5/2023 will be educated at the beginning of their next shift prior to working.</p> <p>Element #4</p> <p>Director of Nursing/Designee will complete a random weekly audit 10% of the residents for accuracy of bowel program care plans for 4 weeks, biweekly for 4 weeks and monthly for 4 weeks.</p> <p>Audit results will be reviewed at the facilities monthly QAPI committee meeting that the Administrator attends.</p> <p>The Administrator is responsible for attaining and sustaining compliance.</p>				

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	<p>resulting in the potential for care needs to go unmet.</p> <p>Findings Include:</p> <p>Per the facility face sheet Resident #3 (R3) was admitted to the facility on 3/4/2022. Diagnosis included constipation.</p> <p>Review of Physician's orders dated 6/15/2022, revealed R3 had an order in place for, "Daily Bowel Program using Digital Rectal stimulation (insertion of finger into rectum). After insertion of the daily Bisacodyl suppository (inserted into the rectum in order to cause a bowel movement), wait 10-15 min then do digital stimulation of rectal wall (touch/tap around the wall of the rectum for 20-30 seconds) to help stimulate evacuation of the bowel</p> <p>contents. Repeat every 10-15 min up to 4 times. one time a day for bowel care program."</p> <p>Review of another Physician's order dated 5/13/2022, revealed an order for R3 to receive, "Bisacodyl Suppository 10 MG (milligrams) Insert 10 mg rectally in the morning for constipation hold if loose stools."</p> <p>Record review of R3's medication administration record (MAR) for the months of January, February, and March 2023 revealed that the two mentioned physician's orders were documented on R3's MARs in which licensed nursing staff signed by initial that R3's daily bowel program and Bisacodyl suppository was provided and administered.</p> <p>Another active care plan in place revealed a "Focus" of, "I (R3) have an ADL (activities of daily living) Self Care and mobility Performance Deficit r/t (related to) QUADRIPLEGIA</p>				

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	<p>SECONDARY TO cervical spinal cord</p> <p>injury." dated 3/4/2022 and revised on 10/5/2022. The interventions in place included, "Daily Bowel Program using Suppository insertion device and Digital Rectal stimulation. After insertion of the daily Bisacodyl suppository, wait 10-15 min then do digital stimulation of rectal wall (touch/tap around the wall of the rectum for 20-30</p> <p>seconds) to help stimulate evacuation of the bowel contents. Repeat every 10-15 min up to 4 times. Encourage me (R3) to do this independently." dated 6/15/2022 and revised on 12/19/2022. The intervention revealed the "Position" responsible was an RN/LPN.</p> <p>Review of R3's care plans revealed an active plan of care with a "Focus" of, "Bowel Program using a self-suppository inserter, and self-rectal stimulator.", dated 11/2/2022 and revised on 12/19/2022. The care plan included interventions of, "I (R3) have a personal adaptive rectal suppository insertion device and an adaptive</p> <p>rectal stimulator device (device for R3 to use in order to self administer the suppository and perform self rectal stimulation) that I will use on myself per my request.", dated 11/2/2022 and revised on 12/19/2022. The</p> <p>intervention, under "Position" revealed that the intervention was to be performed by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). An intervention of, "nursing to get bowel suppository into the insertion device for me (R3) to insert not (sic) my rectum." dated 12/19/2022, and under "Position" the intervention was assigned to an RN or LPN to perform. The care plan revealed another intervention to, "Please encourage me (R3) to use the adaptive bowel care devices daily to aide in my being as independent</p>						

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	<p>as possible." dated 12/19/2022, and under "Position" the intervention was assigned to an RN/LPN to perform.</p> <p>In an observation and interview on 3/29/2023 at 12:56 PM, R3 stated that his biggest concern was his bowel program. R3 said he received a suppository every morning, but was not able to insert the suppository himself. R3 also stated that he did have the device so he could perform his bowel program and insert the suppository himself, but said that he could not use the device himself because he could not reach his rectal area, and also did not know how to use the device. R3 further stated that he was supposed to have rectal stimulation every morning, however stated Certified Nurse Aid (CNA) "E" was the only one who administered his suppository to him, and that licensed nurses did not.</p> <p>R3 continued to state that he was constipated and needed the rectal stimulation every morning, and CNA "E" was the only staff member who performed this for him when he would ask. R3 also stated that even when CNA "E" was not working on her days off, she would be at the facility in his room, and even the administered him his suppository.</p> <p>In an interview on 3/29/2023 at 2:32 PM, CNA "E" said she administered R3 his suppository, and digital rectal stimulation every morning, but said there was no set time to administer the suppository or perform the rectal stimulation. CNA "E" said the device R3 had to perform his own suppository administration, and bowel stimulation he was not able to use. CNA "E" further stated that the Bisacodyl suppositories were stored in R3's bathroom in the medication cabinet. CNA "E" also stated that she did not tell the nurses when she administered R3's suppository.</p>				

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	<p>In an interview on 3/29/2023 at 3:05 PM, RN "F" stated that R3' bowel program was to administer to him a suppository every morning, RN "F" said nurses administered R3 his suppository.</p> <p>In an interview on 3/30/2023 at 7:50 AM, LPN "C" stated, upon asking the question of who administered R3's suppository and performed his bowel stimulation, that nursing administered R3 his suppository and performed the bowel stimulation. At 8:05 AM upon entering R3's room with LPN "C", CNA "E" was observed sitting on the floor with approximately six Bisacodyl suppositories on the floor next to her still in the packaging. LPN "C" made a comment to CNA "E" that she could see that CNA "E" had Bisacodyl suppositories next to her on the floor, in which CNA "E" replied "yes". LPN "C" then asked R3 if she could administer him his suppository however, CNA "E" then asked R3 if he was comfortable with that, in which he stated no he was not, and that CNA "E" always administered his Bisacodyl suppository to him.</p> <p>In an interview on 3/30/2023 at 8:24 AM, RN "I" stated she did not know who had been administering R3 his Bisacodyl suppository, and digital rectal stimulation to him other than CNA "E". RN "I" further stated that Bisacodyl suppositories were to be in the refrigerator that was in the locked medication room (room that is locked and stores medications that only the nurse has a key to open), because the facility policy was that the medication was locked up.</p> <p>RN "I" additionally stated that she had observed CNA "E" administer R3 his Bisacodyl suppository.</p> <p>In an interview on 3/30/2023 at 12:12 PM, LPN "D", who was also the Unit Manager, stated that nurses were to administered R3 his Bisacodyl</p>				

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	<p>suppository, and also stated that "absolutely not" was a CNA to administer resident's medications. LPN "D" said she was not aware CNA "E" was administering R3 his Bisacodyl suppository, and stated that medications were not to be stored in resident's room. LPN "D" said Bisacodyl suppositories were to be locked up in the medication room inside the refrigerator.</p> <p>In an interview on 3/30/2023 at 12:41 AM, Director of Nursing (DON) "B" stated that a CNA was not to administer medications to a resident, and said not even a suppository. DON "B" said she was not aware CNA "E" had been administering R3 his suppository, nor that the suppositories were kept in his room, and stated that both were inappropriate.</p> <p>Review of the facility's policy and procedure titled, "MEDICATION PREPARATION-GENERAL GUIDELINES" dated June 2019, revealed under "...PROCEDURES", "A. Preparation 1) Medications are prepared only by licensed nursing, medical, or pharmacy personnel.", and "B. Administration 1) Medications are administered only by licensed nursing or medical personnel."</p>				
F0725 SS= D	Sufficient Nursing Staff §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient	F0725	<p>Element #1 Resident #1 no longer resides at the facility. Resident #2 was interviewed for call light times for bathroom use and if she had received any allergy medication on 4/28/2023.</p> <p>Element #2 Residents that reside at the facility have the ability to be affected by the deficit practice. An audit of medication administration times was reviewed by 5/5/2023. Residents were audited for timeliness of call light response time by 5/5/2023.</p>		5/5/2023

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	<p>numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by:</p> <p>This Citation Pertains To Intakes: MI00134247, MI00134639, MI00135044, MI00134575, MI00131460</p> <p>Based on observation, interview, and record review the facility failed to ensure sufficient nursing staff for 2 of 5 resident (R1 and R2) resulting in the potential for all 48 residents who resided at the facility to not attain or maintain their highest practicable physical, mental, and psychosocial well-being related to unmet care needs, and medication errors.</p> <p>Findings include:</p> <p>Review of the facility's CMS-672 Resident Census and Conditions of Residents dated 3/29/23 revealed the facility's census was 48 , of which 41 required assistance of one or two staff for bathing, 44 required assistance of one or two staff for dressing, 38 required assistance of one or two staff for transferring, 40 required assistance of one or two staff for toilet use, and 1 required assistance of one or two staff for eating. The CMS-672 also revealed 6 residents were dependent on staff for bathing, 3 were dependent on staff for dressing, 6 were depending on staff</p>		<p>Element #3 The Director of nursing was re-educated by the regional director of clinical regarding medication administration times and call light response times on 4/27/2023. The director of nursing/designee re-educated the nurses on medication administration times. The director of nursing/designee re-educated all staff on answering of call lights. The facility updated assignments for the nurses and certified nursing assistants. QAPI meeting was held on 4/24/2023 to discuss root cause analysis. Any staff not educated by 5/5/2023 will be educated at the beginning of their next shift prior to working.</p> <p>Element #4 Director of nursing/designee will complete a random weekly audit on 20% of resident medication administration times for 4 weeks, biweekly for 4 weeks and then monthly. Director of nursing/designee will complete a random audit for timeliness of call light response times on 20% of the residents for 4 weeks, biweekly for 4 weeks and then monthly. Audit results will be reviewed at the facilities monthly QAPI meeting that the Administrator attends. The Administrator is responsible for attaining and sustaining compliance.</p>		

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	<p>for transferring, 8 were dependent on staff for toilet use, and 1 were dependent on staff for eating.</p> <p>Findings include:</p> <p>Resident #1(R1)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated 1/7/23, reflected R1 was a 75 year old female admitted to the facility on 10/30/17, with diagnoses that included hypertension (high blood pressure), chronic obstructive pulmonary disease, heart failure, atrial fibrillation(irregular heart rythem, heart disease, bipolar disorder, diabetes with use of insulin, and depression. The MDS reflected R1 had a BIM (assessment tool) score of 14 which indicated her ability to make daily decisions was cognitively intact, and she required one person physical assist with bed mobility, transfers, locomotion on unit, dressing, hygiene, toileting, and bathing.</p> <p>Review of the complaint submitted to the State of Michigan, dated 2/13/23, reflected concerns with medication administration and monitoring of blood sugars and staffing concerns.</p> <p>Review of the monthly Resident Council Meeting Minutes, dated October 2022 through March 2023, reflected residents reported staffing concerns on 12/30/22, 1/27/23 and 3/27/23(three of six months requested).</p> <p>During an interview on 3/30/23 at 10:20 a.m., NHA "A" reported the facility did not have any concern forms or evidence of follow up for monthly resident council meetings reported concerns October 2023 through February 2023.</p> <p>Review of the facility "Medication Admin Audit Report", dated 2/4/23 through 2/6/23, reflected</p>				

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	<p>R1 received physician ordered medications late on 53 occasions. The reported reflected R1 was administered medication that included Cardizem CD (treatment of atrial fibrillation) over eight hours late according to physician order. The reported reflected R1 was administered Humalog (fast acting insulin) over eight hours late that was ordered prior to each meal.</p> <p>Review of R1 EMR, dated 2/1/23 through 2/6/23, reflected no evidence of physician notified of late medications administration including cardiac medications and insulin for blood sugar or several other late physicians ordered medications.</p> <p>During an interview on 3/30/23 at 2:50 p.m. Director of Nursing (DON) "B" reported would expect if residents reported concerns with medication timing an infestation should occur and if not given as ordered physician notified and documentation completed in EMR. DON "B" reported would expect medication to be given one hour prior or one hour after physician ordered time of administration.</p> <p>During an observation and interview on 3/30/23 at 3:45 p.m., R1 verified had reported concerns with medication timing with the facility prior to complaints made to the State of Michigan and reported continued issues with late medications. R1 reported usually an issue with the agency staff.</p> <p>Resident #2(R2)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated 3/8/23, reflected R2 was a 70-year-old female admitted to the facility on 10/10/20, with diagnoses that included hypertension (high blood pressure), chronic obstructive pulmonary disease, cancer, immune compromised, anxiety, and depression. The MDS reflected R2 had a</p>				

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	<p>BIM (assessment tool) score of 14 which indicated her ability to make daily decisions was cognitively intact, and she required one-person physical assist with bed mobility, transfers, locomotion on unit, dressing, hygiene, toileting, and bathing. R2 MDS reflected no evidence of behaviors.</p> <p>During an observation and interview on 3/30/23 at 12:30 pm, R2 was in room sitting in wheelchair, appeared able to answer questions without difficulty. This surveyor had observed staff transport R2 from Dining room to room via wheelchair just prior. R2 reported had concern with staffing with waiting up to 45 minutes for call light response to use bathroom or go to meal. (R2 room furthest distance from DR). R2 reported did miss dinner one time because staff never answered call light or assisted her to dining room and reported did not like to eat in room because during covid had to every day.</p> <p>During a confidential telephone interview on 3/30/23 at 1:15 p.m., Confidential Staff "M" reported 200 hall acuity is high and includes 25 to 30 residents to perform medication pass and treatments for within 2 hour window and was very challenging to complete even if you are familiar with residents. Confidential Staff "M" reported was unsure how agency staff could possibly complete medication pass and treatments timely without being familiar with routine. Confidential Staff "M" reported R1 can take up to 45 minutes alone for medication pass and treatments because of complex care required with an additional 25 residents to see within same 2 hours.</p> <p>During an interview on 3/30/23 at 1:41 p.m., Director of Nursing (DON) "B" reported was hired as Assistant Director of Nursing about one month ago and was now interim DON for past</p>				

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F0760 SS= D	<p>two weeks. DON "B" reported had identified that one nurse on 200 hall is impossible to compete all medication and treatment orders timely in two hours because too many medications and frequency of treatments and reported usually mostly an issue with agency staff. DON "B" reported most 25 residents require two-person assist.</p> <p>Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f) (2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by:</p> <p>This Citation pertains to Intake Numbers MI00134575</p> <p>Based on observation, interview and record review, the facility failed to ensure that prescribed medications were given on time and per physician's orders for two residents (Resident #1 and Resident #2) from a sample of 5 residents, resulting in missed doses of medications, current residents voicing concerns of the late or missing medications, documented in Resident Council concerns, multiple complaints to State Agency, and the potential for preventable decline.</p> <p>Findings include:</p> <p>Resident #1(R1)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated 1/7/23, reflected R1 was a 75 year old female admitted to the facility on 10/30/17, with diagnoses that included hypertension (high blood pressure), chronic obstructive pulmonary disease, heart failure, atrial fibrillation(irregular heart rythem, heart disease, bipolar disorder,</p>	F0760	<p>Element #1 Resident #1□s no longer resides at the facility. Resident 2 was interviewed on 4/28/2023 to determine if she had received allergy medication since the incident on 3/4/23.</p> <p>Element #2 Residents that reside at the facility have the ability to be affected by the deficit practice. An audit of medication administration times and medications were reviewed by 5/5/2023.</p> <p>Element #3 The Director of nursing was re-educated by the regional director of clinical regarding medication administration times and what to do when there is a medication error on 4/27/2023. The director of nursing/designee re-educated the nurses on medication administration times and what to do if there is a medication error. The facility updated assignments for the nurses and certified nursing assistants. QAPI meeting was held on 4/24/2023 to discuss root cause analysis. Any staff not educated by 5/5/2023 will be educated at the beginning of their next shift prior to working.</p> <p>Element #4 Director of nursing/designee will complete a random weekly audit on 20% of resident</p>		5/5/2023

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	<p>diabetes with use of insulin, and depression. The MDS reflected R1 had a BIM (assessment tool) score of 14 which indicated her ability to make daily decisions was cognitively intact, and she required one person physical assist with bed mobility, transfers, locomotion on unit, dressing, hygiene, toileting, and bathing.</p> <p>Review of the complaint submitted to the State of Michigan, dated 2/13/23, reflected concerns with medication administration and monitoring of blood sugars.</p> <p>Review of the Grievance Log, dated 1/1/23 through 3/28/23, reflected R1 had reported concerns with medication timeliness on 2/6/23.</p> <p>Requested Nursing Home Administrator (NHA) "A" for R1's Grievances Forms for past three months via email on 3/30/23 at 9:20a.m.</p> <p>Review of email from NHA "A", dated 3/30/23 at 9:56 a.m., reflected NHA "A" was unable to locate R1 Grievance dated 2/6/23 related to medication concerns.</p> <p>Review of the monthly Resident Council Meeting Minutes, dated October 2022 through March 2023, reflected residents reported concerns about timeliness of medication administration on 12/30/22, 1/27/23 and 3/27/23(three of six months requested).</p> <p>During an interview on 3/30/23 at 10:20 a.m., NHA "A" reported the facility did not have any concern forms or evidence of follow up for monthly resident council meetings reported concerns October 2023 through February 2023 including reported resident concerns for late medications.</p> <p>Review of the facility "Medication Admin Audit</p>				<p>medication administration times for 4 weeks, biweekly for 4 weeks and then monthly. Audit results will be reviewed at the facilities monthly QAPI meeting that the Administrator attends.</p> <p>The Administrator is responsible for attaining and sustaining compliance</p>		

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	<p>Report", dated 2/4/23 through 2/6/23, reflected R1 received physician ordered medications late on 53 occasions. The reported reflected R1 was administered medication that included Cardizem CD (treatment of atrial fibrillation) over eight hours late according to physician order. The reported reflected R1 was administered Humalog (fast acting insulin) over eight hours late that was ordered prior to each meal.</p> <p>Review of R1 EMR, dated 2/1/23 through 2/6/23, reflected no evidence of physician notified of late medications administration including cardiac medications and insulin for blood sugar or several other late physicians ordered medications.</p> <p>During an interview on 3/30/23 at 2:50 p.m. Director of Nursing (DON) "B" reported would expect if residents reported concerns with medication timing an infestation should occur and if not given as ordered physician notified and documentation completed in EMR. DON "B" reported would expect medication to be given one hour prior or one hour after physician ordered time of administration.</p> <p>During an observation and interview on 3/30/23 at 3:45 p.m., R1 verified had reported concerns with medication timing with the facility prior to complaints made to the State of Michigan and reported continued issues with late medications. R1 reported usually an issue with the agency staff.</p> <p>Resident #2(R2)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated 3/8/23, reflected R2 was a 70-year-old female admitted to the facility on 10/10/20, with diagnoses that included hypertension (high blood pressure), chronic obstructive pulmonary disease, cancer, immune compromised, anxiety,</p>				

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	<p>and depression. The MDS reflected R2 had a BIM (assessment tool) score of 14 which indicated her ability to make daily decisions was cognitively intact, and she required one-person physical assist with bed mobility, transfers, locomotion on unit, dressing, hygiene, toileting, and bathing. R2 MDS reflected no evidence of behaviors.</p> <p>During an observation and interview on 3/30/23 at 12:30 pm, R2 was in room sitting in wheelchair, appeared able to answer questions without difficulty. This surveyor had observed staff transport R2 from Dining room to room via wheelchair just prior. R2 reported did have issue with agency staff who administered wrong medications to her and other residents on the hall about 3 weeks prior. R1 reported investigation was completed and determined to be Benadryl was given to her and other residents on the hall without their knowledge. R2 reported told her nurse the morning after R2 received unknown medication and investigation was done.</p> <p>Review of R2 Incident/Accident report, dated 3/4/23 at 10:11 a.m., reflected, "Resident approached this nurse this morning during am med pass and asked me if I knew what the "two florescent pink pills" that she got with her meds last night were. After going through the residents MAR and verifying that none of the meds signed out were bright pink I looked at our stock medications. The only bottle of OTC medications that I found containing florescent pink pills were our "complete allergy relief". I presented these pills to the resident and she verified that they were in fact the pills she had received in her meds the night before. Nursing assessment completed vitals are WNL and patient has no complaints of pain at this time and is currently stable. DON notified of alleged medication error."</p>				

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	<p>Review of R2's Physician orders, dated 3/1/23 to current (3/30/23), with no evidence of an order for Complete Allergy Relief (Benadryl).</p> <p>During a telephone interview on 3/30/23 at 12:58 p.m., Licensed Practical Nurse (LPN) "K" reported R2 reported to her on morning of 3/4/23 that she had received two fluorescent pink pills the night prior that she did not recognize. LPN "K" reported R2 complained of feeling sleepy that morning. LPN "K" reported R2 was able to identify pink tabs she had received were Benadryl when visually shown tabs. LPN "K" reported informed NHA "A" who reported to regional staff "L". LPN "K" reported was instructed to monitor R2 along with other residents on the hall and reported did notice some other residents who were tired that morning.</p> <p>During an interview on 3/30/23 at 1:41 p.m., Director of Nursing (DON) "B" reported was hired as Assistant Director of Nursing about one month ago and was now interim DON for past two weeks. DON "B" reported LPN "K" reported to her 3/4/23 that R2 reported medication concerns from night prior. DON "B" reported R2 had complained to LPN "K" about being extra tired on 3/4/23. DON "B" reported investigation was completed and determined was agency nurse night of 3/3/23 who was questioned. DON "B" reported facility had not allowed that agency staff to return to the facility after the incident. DON "B" reported no residents had an order for Benadryl and only on hand for allergy and reported found in medication room opened and had not been prior and verified not kept on medication carts. DON "B" reported had identified that one nurse on 200 hall is impossible to compete all medication and treatment orders timely in two hours because too many medications and frequency of treatments and reported usually mostly an issue with agency staff. DON "B" reported most 25 residents require</p>				

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F0761 SS= D	<p>two-person assist.</p> <p>Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake number MI00135247.</p> <p>Based on observation, interview, and record review the facility failed to ensure for one out of three residents (Resident #3) that suppositories were stored per facility policy and procedure, resulting in the potential for resident's having access to medications which could result in harm.</p> <p>Findings Include:</p>	F0761	<p>Element #1 There are no medications stored in resident #3 room. Resident #3 was educated on how to properly store medications in room on 5/1/2023.</p> <p>Element #2 Residents that are care planned to utilize a suppository insert and digital stimulator are at risk of being affected by the deficit practice. All residents were assessed for the ability to self-administer medication by 5/5/2023.</p> <p>Element #3 The director of nursing was re-educated by the regional director of clinical on medication storage in the facility policy and the self- administration policy on 4/27/2023. The Director of Nursing/designee re-educated the nursing staff medication storage in the facility policy and the self-administration policy. A QAPI meeting was held on 4/24/23 to determine the root cause. Any nurse not educated by 5/5/2023 will be educated at the beginning of their next shift prior to working.</p> <p>Element #4 Director of Nursing/Designee will complete an audit on all residents that have been assessed to self-administer medications for proper storage of medications weekly x 4 weeks, biweekly x4 weeks, monthly. Audit results will be reviewed at the facilities monthly QAPI Committee meeting that the Administrator attends. The Administrator is responsible for attaining and sustaining compliance.</p>	5/5/2023

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	<p>Per the facility face sheet Resident #3 (R3) was admitted to the facility on 3/4/2022. Diagnosis included constipation.</p> <p>Review of Physician's orders dated 6/15/2022, revealed R3 had an order in place for, "Daily Bowel Program using Digital Rectal stimulation (insertion of finger into rectum). After insertion of the daily Bisacodyl suppository (inserted into the rectum in order to cause a bowel movement), wait 10-15 min then do digital stimulation of rectal wall (touch/tap around the wall of the rectum for 20-30 seconds) to help stimulate evacuation of the bowel contents. Repeat every 10-15 min up to 4 times. one time a day for bowel care program."</p> <p>Review of another Physician's order dated 5/13/2022, revealed an order for R3 to receive, "Bisacodyl Suppository 10 MG (milligrams) Insert 10 mg rectally in the morning for constipation hold if loose stools."</p> <p>Another active care plan in place revealed a "Focus" of, "I (R3) have an ADL (activities of daily living) Self Care and mobility Performance Deficit r/t (related to) QUADRIPLEGIA SECONDARY TO cervical spinal cord injury." dated 3/4/2022 and revised on 10/5/2022. The interventions in place included, "Daily Bowel Program using Suppository insertion device and Digital Rectal stimulation. After insertion of the daily Bisacodyl suppository, wait 10-15 min then do digital stimulation of rectal wall (touch/tap around the wall of the rectum for 20-30 seconds) to help stimulate evacuation of the bowel contents. Repeat every 10-15 min up to 4 times. Encourage me (R3) to do this independently." dated 6/15/2022 and revised on 12/19/2022. The intervention revealed the "Position" responsible was an RN/LPN.</p>				

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	<p>Review of R3's care plans revealed an active plan of care with a "Focus" of, "Bowel Program using a self-suppository inserter, and self-rectal stimulator.", dated 11/2/2022 and revised on 12/19/2022. The care plan included interventions of, "I (R3) have a personal adaptive rectal suppository insertion device and an adaptive rectal stimulator device (device for R3 to use in order to self administer the suppository and perform self rectal stimulation) that I will use on myself per my request.", dated 11/2/2022 and revised on 12/19/2022. The intervention, under "Position" revealed that the intervention was to be performed by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). An intervention of, "nursing to get bowel suppository into the insertion device for me (R3) to insert not (sic) my rectum." dated 12/19/2022, and under "Position" the intervention was assigned to an RN or LPN to perform. The care plan revealed another intervention to, "Please encourage me (R3) to use the adaptive bowel care devices daily to aide in my being as independent as possible." dated 12/19/2022, and under "Position" the intervention was assigned to an RN/LPN to perform.</p> <p>In an observation and interview on 3/29/2023 at 12:56 PM, R3 stated that his biggest concern was his bowel program. R3 said he received a suppository every morning, but was not able to insert the suppository himself. R3 also stated that he did have the device so he could perform his bowel program and insert the suppository himself, but said that he could not use the device himself because he could not reach his rectal area, and also did not now how to use the device. R3 further stated that he was supposed to have rectal stimulation every morning, however stated Certified Nurse Aid (CNA) "E" was the only one who administered his suppository to him, and that licensed nurses did not.</p> <p>During the interview with R3 observation was</p>						

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	<p>made in R3's bathroom. The device was observed to be in R3's bathroom medicine cabinet, in a plastic bag along with several Bisacodyl suppository's.</p> <p>In an interview on 3/29/2023 at 2:32 PM, CNA "E" said she administered R3 his suppository, and digital rectal stimulation every morning, but said there was no set time to administer the suppository or perform the rectal stimulation. CNA "E" said the device R3 had to perform his own suppository administration, and bowel stimulation he was not able to use. CNA "E" further stated that the Bisacodyl suppositories were stored in R3's bathroom in the medication cabinet. CNA "E" also stated that she did not tell the nurses when she administered R3's suppository.</p> <p>In an interview on 3/30/2023 at 7:50 AM, LPN "C" stated, upon asking the question of who administered R3's suppository and performed his bowel stimulation, that nursing administered R3 his suppository and performed the bowel stimulation. At 8:05 AM upon entering R3's room with LPN "C", CNA "E" was observed sitting on the floor with approximately six Bisacodyl suppositories on the floor next to her still in the packaging. LPN "C" made a comment to CNA "E" that she could see that CNA "E" had Bisacodyl suppositories next to her on the floor, in which CNA "E" replied "yes". LPN "C" then asked R3 if she could administer him his suppository however, CNA "E" then asked R3 if he was comfortable with that, in which he stated no he was not, and that CNA "E" always administered his Bisacodyl suppository to him.</p> <p>LPN "C" then was observed to exit R3's room, but LPN "C" was observed to not take the suppositories CNA "E" had in her possession out of R3' room leaving the medication with CNA</p>				

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	<p>"E".</p> <p>In an interview on 3/30/2023 at 8:24 AM, RN "I" stated she did not know who had been administering R3 his Bisacodyl suppository, and digital rectal stimulation to him other than CNA "E". RN "I" further stated that Bisacodyl suppositories were to be in the refrigerator that was in the locked medication room (room that is locked and stores medications that only the nurse has a key to open), because the facility policy was that the medication was locked up.</p> <p>In an interview on 3/30/2023 at 12:12 PM, LPN "D", who was also the Unit Manager, stated that nurses were to administered R3 his Bisacodyl suppository, and also stated that "absolutely not" was a CNA to administer resident's medications. LPN "D" said she was not aware CNA "E" was administering R3 his Bisacodyl suppository, and stated that medications were not to be stored in resident's room. LPN "D" said Bisacodyl suppositories were to be locked up in the medication room inside the refrigerator.</p> <p>In an interview on 3/30/2023 at 12:41 AM, Director of Nursing (DON) "B" stated that a CNA was not to administer medications to a resident, and said not even a suppository. DON "B" said she was not aware CNA "E" had been administering R3 his suppository, nor that the suppositories were kept in his room, and stated that both were inappropriate.</p> <p>Per the facility policy and procedure titled, "MEDICATION STORAGE IN THE FACILITY" DATED JUNE 2019, revealed under, "...STORAGE OF MEDICATIONS...Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is</p>				

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F0839 SS= E	<p>accessible only to nurses, pharmacists, and pharmacy technicians.", and under "Procedures", "B. Only nurses, pharmacists, and pharmacy technicians are permitted to access medications. Medication rooms, carts, and medication supplies are locked when not attended by persons with authorized access."</p> <p>Staff Qualifications §483.70(f) Staff qualifications. §483.70(f)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. §483.70(f)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to intake number MI00135247.</p> <p>Based on observation, interview, and record review the facility failed to ensure for one out of three residents (Resident #3) that a daily suppository was administered by a licensed nurse, resulting in the potential for medication errors, improper administration, and the potential for side effects not being recognized or reported.</p> <p>Findings Include:</p> <p>Per the facility face sheet Resident #3 (R3) was admitted to the facility on 3/4/2022. Diagnosis included constipation.</p> <p>Review of Physician's orders dated 6/15/2022, revealed R3 had an order in place for, "Daily Bowel Program using Digital Rectal stimulation (insertion of finger into rectum). After insertion</p>	F0839	<p>Element #1 C.N.A E was educated on the duties for the C.N.A. position on 4/28/2023.</p> <p>Element #2 Residents that C.N.A E works with that utilize suppositories have the ability to be affected by the deficit practice. Res that work with C.N.A E that receive a suppository were audited regarding who inserts their suppositories by 5/5/2023.</p> <p>Element #3 The director of nursing was re-educated by the regional director of clinical on the duties for C.N.A.s on 4/27/2023. The Director of Nursing/designee re-educated the nurses and C.N.A on the duties for C.N.As. A QAPI meeting was held on 4/24/23 to determine the root cause. Any nurse or C.N.A not educated by 5/5/2023 will be educated at the beginning of their next shift prior to working.</p> <p>Element #4 Director of Nursing/Designee will randomly audit 20% of the residents that receive suppositories that they were provided by a nurse weekly x 4 weeks, biweekly x 4 weeks, then monthly. Audit results will be reviewed at the facilities monthly QAPI Committee meeting that the</p>		5/5/2023

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	<p>of the daily Bisacodyl suppository (inserted into the rectum in order to cause a bowel movement), wait 10-15 min then do digital stimulation of rectal wall (touch/tap around the wall of the rectum for 20-30 seconds) to help stimulate evacuation of the bowel</p> <p>contents. Repeat every 10-15 min up to 4 times. one time a day for bowel care program."</p> <p>Review of another Physician's order dated 5/13/2022, revealed an order for R3 to receive, "Bisacodyl Suppository 10 MG (milligrams) Insert 10 mg rectally in the morning for constipation hold if loose stools."</p> <p>Record review of R3's medication administration record (MAR) for the months of January, February, and March 2023 revealed that the two mentioned physician's orders were documented on R3's MARs in which licensed nursing staff signed by initial that R3's daily bowel program and Bisacodyl suppository was provided and administered.</p> <p>Another active care plan in place revealed a "Focus" of, "I (R3) have an ADL (activities of daily living) Self Care and mobility Performance Deficit r/t (related to) QUADRIPLÉGIA SECONDARY TO cervical spinal cord</p> <p>injury." dated 3/4/2022 and revised on 10/5/2022. The interventions in place included, "Daily Bowel Program using Suppository insertion device and Digital Rectal stimulation. After insertion of the daily Bisacodyl suppository, wait 10-15 min then do digital stimulation of rectal wall (touch/tap around the wall of the rectum for 20-30</p> <p>seconds) to help stimulate evacuation of the bowel contents. Repeat every 10-15 min up to 4 times. Encourage me (R3) to do this</p>		<p>Administrator attends.</p> <p>The Administrator is responsible for attaining and sustaining compliance.</p>		

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	<p>independently." dated 6/15/2022 and revised on 12/19/2022. The intervention revealed the "Position" responsible was an RN/LPN.</p> <p>Review of R3's care plans revealed an active plan of care with a "Focus" of, "Bowel Program using a self-suppository inserter, and self-rectal stimulator.", dated 11/2/2022 and revised on 12/19/2022. The care plan included interventions of, "I (R3) have a personal adaptive rectal suppository insertion device and an adaptive</p> <p>rectal stimulator device (device for R3 to use in order to self administer the suppository and perform self rectal stimulation) that I will use on myself per my request.", dated 11/2/2022 and revised on 12/19/2022. The</p> <p>intervention, under "Position" revealed that the intervention was to be performed by a Registered Nurse (RN) or Licensed Practical Nurse (LPN). An intervention of, "nursing to get bowel suppository into the insertion device for me (R3) to insert not (sic) my rectum." dated 12/19/2022, and under "Position" the intervention was assigned to an RN or LPN to perform. The care plan revealed another intervention to, "Please encourage me (R3) to use the adaptive bowel care devices daily to aide in my being as independent as possible." dated 12/19/2022, and under "Position" the intervention was assigned to an RN/LPN to perform.</p> <p>In an observation and interview on 3/29/2023 at 12:56 PM, R3 stated that his biggest concern was his bowel program. R3 said he received a suppository every morning, but was not able to insert the suppository himself. R3 also stated that he did have the device so he could perform his bowel program and insert the suppository himself, but said that he could not use the device himself because he could not reach his rectal area,</p>				

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	<p>and also did not now how to use the device. R3 further stated that he was supposed to have rectal stimulation every morning, however stated Certified Nurse Aid (CNA) "E" was the only one who administered his suppository to him, and that licensed nurses did not.</p> <p>During the interview with R3 observation was made in R3's bathroom. The device was observed to be in R3's bathroom medicine cabinet, in a plastic bag along with several Bisacodyl suppository's.</p> <p>R3 continued to state that he was constipated and needed the rectal stimulation every morning, and CNA "E" was the only staff member who performed this for him when he would ask. R3 also stated that even when CNA "E" was not working on her days off, she would be at the facility in his room, and even the administered him his suppository.</p> <p>In an interview on 3/29/2023 at 2:32 PM, CNA "E" said she administered R3 his suppository, and digital rectal stimulation every morning, but said there was no set time to administer the suppository or perform the rectal stimulation. CNA "E" said the device R3 had to perform his own suppository administration, and bowel stimulation he was not able to use. CNA "E" further stated that the Bisacodyl suppositories were stored in R3's bathroom in the medication cabinet. CNA "E" also stated that she did not tell the nurses when she administered R3's suppository.</p> <p>In an interview on 3/29/2023 at 3:05 PM, RN "F" stated that R3' bowel program was to administer to him a suppository every morning, RN "F" said nurses administered R3 his suppository.</p> <p>In an interview on 3/30/2023 at 7:50 AM, LPN</p>				

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	<p>"C" stated, upon asking the question of who administered R3's suppository and performed his bowel stimulation, that nursing administered R3 his suppository and performed the bowel stimulation. At 8:05 AM upon entering R3's room with LPN "C", CNA "E" was observed sitting on the floor with approximately six Bisacodyl suppositories on the floor next to her still in the packaging. LPN "C" made a comment to CNA "E" that she could see that CNA "E" had Bisacodyl suppositories next to her on the floor, in which CNA "E" replied "yes". LPN "C" then asked R3 if she could administer him his suppository however, CNA "E" then asked R3 if he was comfortable with that, in which he stated no he was not, and that CNA "E" always administered his Bisacodyl suppository to him.</p> <p>LPN "C" then was observed to exit R3's room, but LPN "C" was observed to not take the suppositories CNA "E" had in her possession out of R3' room leaving the medication with CNA "E".</p> <p>In an interview on 3/30/2023 at 8:24 AM, RN "I" stated she did not know who had been administering R3 his Bisacodyl suppository, and digital rectal stimulation to him other than CNA "E". RN "I" further stated that Bisacodyl suppositories were to be in the refrigerator that was in the locked medication room (room that is locked and stores medications that only the nurse has a key to open), because the facility policy was that the medication was locked up.</p> <p>RN "I" additionally stated that she had observed CNA "E" administer R3 his Bisacodyl suppository.</p> <p>In an interview on 3/30/2023 at 12:12 PM, LPN "D", who was also the Unit Manager, stated that nurses were to administered R3 his Bisacodyl</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 384200	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 3/30/2023
NAME OF PROVIDER OR SUPPLIER MISSION POINT HEALTH CAMPUS OF JACKSON			STREET ADDRESS, CITY, STATE, ZIP CODE 703 ROBINSON RD JACKSON, MI 49203		
(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
	<p>suppository, and also stated that "absolutely not" was a CNA to administer resident's medications. LPN "D" said she was not aware CNA "E" was administering R3 his Bisacodyl suppository, and stated that medications were not to be stored in resident's room. LPN "D" said Bisacodyl suppositories were to be locked up in the medication room inside the refrigerator.</p> <p>In an interview on 3/30/2023 at 12:41 AM, Director of Nursing (DON) "B" stated that a CNA was not to administer medications to a resident, and said not even a suppository. DON "B" said she was not aware CNA "E" had been administering R3 his suppository, nor that the suppositories were kept in his room, and stated that both were inappropriate.</p> <p>Review of the facility's policy and procedure titled, "MEDICATION PREPARATION-GENERAL GUIDELINES" dated June 2019, revealed under "...PROCEDURES", "A. Preparation 1) Medications are prepared only by licensed nursing, medical, or pharmacy personnel.", and "B. Administration 1) Medications are administered only by licensed nursing or medical personnel."</p> <p>Review of a CNA job description that CNA "E" signed on 2/28/2022, revealed no language in a CNA's job description for CNAs to administered resident's their medication.</p>				