

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 8/15/2023
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=	<p>INITIAL COMMENTS</p> <p>Four Seasons Nursing Center of Westland was surveyed for an Abbreviated Survey on 8/15/2023.</p> <p>Intakes: MI00136902, MI00137574, and MI00138088.</p> <p>Census=143.</p>	F0000			
F0776 SS= D	<p>Radiology/Other Diagnostic Services</p> <p>§483.50(b) Radiology and other diagnostic services. §483.50(b)(1) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals contained in §482.26 of this subchapter. (ii) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains in part to Intake: MI00137574.</p> <p>Based on interview and record review the facility failed to ensure timely x-ray services after a fall with injury for one sampled resident (R901) of two residents reviewed for falls, resulting in a delay in treatment. Findings include:</p> <p>A review of R901's medical record revealed that</p>	F0776			

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

TITLE

(X6) DATE

Electronically Signed

08/22/2023

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>they were admitted into the facility on 5/2/23 with diagnoses that included Acute Kidney Failure, Muscle Weakness, and a Urinary Tract Infection. Further review of R901's medical record revealed an admission Minimum Data Set assessment dated for 5/8/23 revealing that the resident was significantly cognitively impaired, and required extensive assistance for transfers, bed mobility, and toilet use.</p> <p>Further review of R901's medical record revealed the following progress notes:</p> <p>"5/27/2023 15:06 (3:06pm) Nursing - Progress Note: Resident attempting to ambulate self to bathroom. [R901] fell on rt (right) hip and knee. [R901] is c/o (complaining of) pain at knee cap area. No bruising observed, no abnormal anatomy. Ice applied and resident given Tylenol for pain. [Physician] notified and v/o (verbal order) for Stat (immediately) RT HIP RT knee Xray x 2 views. STAT. [Radiology company] notified and to provide stat."</p> <p>"5/28/2023 16:26 (4:26pm) Nursing - Progress Note: Resident is c/o of pain in rt thigh...Resident given Tylenol. Volteran (voltaren, arthritis pain gel) applied to thigh and knees. [R901] is getting relief from Tylenol ...Waiting for Xray..."</p> <p>"5/29/2023 15:00 (3:00pm) Nursing - Progress Note... Called [physician's] group and spoke with [Nurse Practitioner]. Per [Nurse Practitioner] send resident out to hospital due to right hip fracture with displacement..."</p> <p>A review of R901's medical record revealed that the x-ray following their fall was ordered on 5/27/23, and the imaging company did not complete and report the x-ray results until 5/29/23 which indicated the following, "There is a fracture involving the right femoral trochanteric</p>				

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	<p>region with displacement."</p> <p>On 8/15/23 at 11:00 AM, the Nursing Home Administrator explained that the facility had identified a concern with R901's fall, and provided additional documentation and information regarding this concern.</p> <p>A review of the facility's "Diagnostic and Radiology Services" policy revealed the following.</p> <p>"The facility will obtain radiology and other diagnostic services to meet the needs of its residents when ordered by a physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with state law, including scope of practice laws and will notify the ordering practitioner of those results...Diagnostic tests will be completed within the timeframes specified by the physician's order (if specified) or by in-house providers timeframes outlined in the written agreement. If diagnostic tests are unable to be completed or not completed within the specified timeframes, the practitioner will be notified and response and/or new orders will be noted, as indicated..."</p> <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included:</p> <p>Element 1:</p> <p>Resident R901 was assessed at time of fall.</p> <p>MD (medical doctor) notified.</p> <p>STAT X-ray was called on 5/27/23.</p> <p>X-Ray completed 5/29/23.</p>				

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	<p>Resident sent to hospital on 5/29/23.</p> <p>Care Plan was reviewed by IDT (Interdisciplinary Team)</p> <p>Element 2:</p> <p>All current residents residing in the facility who have a fall or who have STAT X-rays are at risk to be affected by the deficient practice.</p> <p>IDT has reviewed residents who have had STAT x-rays ordered and/or who have had a fall over past 30 days to ensure interventions were put into placed as needed and that x-rays were completed timely if ordered.</p> <p>Element 3:</p> <p>Facility policy on falls was reviewed and deemed appropriate.</p> <p>Facility Licensed Nurse were educated and coordination with Radiology on STAT x-ray orders and critical thinking to implement measures and interventions post fall.</p> <p>Under the Direction of QA committee, the IDT will conduct routine audits of residents with falls and residents with STAT x-ray orders. Findings will be reported to the QA committed for review and recommendations until substantial complaint is achieved and maintained.</p> <p>Element 4:</p> <p>DON or designee will conduct audits weekly x 4 weeks of all STAT x-ray orders to ensure they were completed timely.</p>				

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	<p>CON or designee will conduct audits weekly x 4 weeks of all residents with falls to ensure interventions were implemented properly.</p> <p>Element 5: The Director of Nursing (DON) is responsible for overall compliance by 6/2/23.</p> <p>The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p>						