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	504014	A. BUILDING _____ B. WING _____	8/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHELBY HEALTH AND REHABILITATION CENTER	46100 SCHOENHERR RD SHELBY TOWNSHIP, MI 48315

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F0000 SS=	INITIAL COMMENTS The Shelby Health and Rehabilitation Center Nursing Home was surveyed for an abbreviated survey on 08/17/23. Intake: MI00138142 Census: 169	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	F550 Resident Rights/Exercise of Rights Failed to ensure a residents right to go to the hospital was honored for one resident (R901) of three resident's whose hospitalizations were reviewed resulting in the resident required to sign out AMA (against medical advice), arrange/provide their own transportation and going out 911 to hospital later in the day for a change in condition. POC Responses Element 1 Resident R#901 no longer resides in the facility. The significant change in health status was due to an acute episode and was not a result of the identified practice. The center assessed R#901 to determine if condition required a transfer to the hospital at time of request. R#901 was examined by HC Provider, NP, and was determined to be stable for discharge; Resident #901 did not need 911 medical intervention. R#901 was advised by NP to go to the ED if resident is not comfortable going home. R#901 signed Discharge home Against Medical Advice form. After resources provided, R#901 declined financial responsibility for hospital transport and decided to go to the hospital. , R#901 called 911 the evening before planned DC while in a stable condition with VS within	9/13/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 09/06/2023

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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	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: This citation pertains to Intake MI00138142. Based on interview and record the facility failed to ensure a residents right to go to the hospital was honored for one resident (R901) of three resident's whose hospitalizations were reviewed resulting in the resident required to sign out AMA (against medical advice), arrange/provide their own transportation and going out 911 to hospital later in the day for a change in condition. Findings include: A review of the complaint Intake revealed: "Resident was admitted to (Facility name) on 6/1/2023 for rehabilitation after being admitted to a hospital 05/23/2023 for acute respiratory failure with hypoxia)low oxygen in blood). Per family, resident was to be discharged home 07/4/23 at 11 am. Resident did not feel ready to be discharged home. Resident's mother had filed three appeals with insurance company for resident to stay at facility for further rehabilitation. Resident's mother was with (R901) at the nursing home from 11:30 AM to approximately 7 PM on 07/03/2023. Per mother resident was feeling ill on 07/03/2023, vomiting, unable to keep food down. Reportedly resident asked to go to the hospital and allegedly the nursing home refused to send (R901) because (their) vitals and labs were "fine". Per mother, nursing home reportedly said that resident would have to sign out AMA in order to go to the ER. Mother reports that this was completed by resident but nursing home allegedly would not send patient until mid morning on 07/04/2023.		range. Due to non-emergent condition, R#901 was not transported via 911, instead the plan was to get transported to ED in the morning. Considering predisposing factors presented at recent hospitalization: Left ventricular thrombus and (PEA) pulseless electrical activity/cardiac arrest, resident had a similar acute episode of unresponsiveness, CPR was initiated. Resident was transported to hospital by EMS. Element 2 All residents who currently reside in the facility and have a desire to be transferred to the hospital have the potential to be impacted by the identified event. The Center will identify residents who verbalize a desire to be hospitalized to ensure preliminary assessment (baseline audit) is completed in order to determine the urgency of their need for treatment and the nature of treatment required. When a need to be hospitalized is decided, center will assist in providing transportation. If hospitalization is not warranted due to a stable condition or non-emergent event, the Center will offer assistance to set up non emergent transportation. If decision is to continue to transfer to ED after being informed of skilled care services that may be provided in-house, the resident or responsible party will be notified that the discharge will be against medical advice. Element 3 All licensed nurses will receive education on the process supporting the residents' right to go to the hospital, offering assistance to set up transportation, and what qualifies as a discharge against medical advice. To improve our systems and processes related to the assisting a resident who chooses to transfer	

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	Reportedly resident called 911 but was told by EMS that only the nursing home could call for transport to the hospital. At approximately 23:54 (11:54 PM) on 7/3/2023 staff at nursing facility came in to check on resident after treating (R901) for an episode of hypoglycemia. At that time staff discovered patient had coded. CPR (cardiopulmonary resuscitation) was imitated by staff and 911 was contacted. Resident was transported to the hospital." A review of the facility record for R901 revealed R901 was admitted into the facility on 06/01/23 and discharged 07/04/23 at 1:29 AM. Diagnoses included Acute Respiratory Failure, Heart Disease, Heart Failure, Irregular Heartbeat, Heart Attack and Bipolar Disorder. A review of the hospital record prior to admission documented R901 was on a ventilator for respiratory failure and required emergent dialysis for acute kidney failure. A review of the Minimum Data Set (MDS) assessment dated 06/07/23 indicated moderately impaired cognition with an 11/15 Brief Interview for Mental Status score and the need for extensive or total assistance of one or two persons for bed mobility, transfer, dressing, toilet needs, personal hygiene and bathing. A review of the care plan revealed: "Impaired gas exchange and inadequate tissue perfusion... monitor for anxiety and provide reassurance/support assist as needed..." and "Risk for impaired comfort"; "Self Care Deficit"; "Resident has communication concerns... validate that resident has heard message by asking for feedback..."; "Medical Management Concerns" and "Resident has a mood problem... The resident needs encouragement/assistance/support to maintain as much independence and control as possible..." A review of the progress notes revealed:		to the hospital, during the daily morning meeting the Center will review the health records and share any mention of a resident with desire for hospitalization. The Center will coordinate with Health Care Provider (Physician/NP) to initiate preliminary assessment in order to determine the urgency of their need for treatment, the nature of treatment required and to determine if hospitalization is warranted or is against medical advice. Regardless, the center will assist in any transportation needs. Element 4 As part of the Quality Assurance process, the IDT will track identified residents with desire to be hospitalized during daily morning meetings and ensure the processes are followed. The DON or Designee will conduct audits 2x weekly to identify completion of the tracking tool. The clinical team will take immediate corrective action if any of the processes has not been completed. The audits will continue twice weekly x 4 weeks and the findings will be submitted to the Quality Assurance Committee for review and recommendation for ongoing monitoring if indicated. Element 5 The facility opts for a date of compliance of September 13, 2023 any negative findings noted on audits will be address and run through QAPI. The administrator respectfully requests a desk review for citation F550 S/S D.	

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	A progress note by the Nurse Practitioner (NP) "B" dated 07/03/2023 at 07:46 (AM) "Physician Team - Discharge Note...7/3/23 seen for d/c assessment. Pt continues to c/o feeling sick to her stomach. States"I threw up all over the place". (R901) is anxious about (their) discharge. Labs and X-ray stable. (patient) Pt tells nurse " I threw up blood then spilled it" though there is no evidence of this in her room. Pt (complaint of) c/o (abdominal) abd pain. Requested nursing give (R901) Zofran and Bentyl (medications to settle stomach) prior to (their) morning meds. This was done and then AM meds given afterwards. Pt still c/o severe nausea and anorexia. No fevers, vitals stable. Pt's mother asking if we can do medical appeal to the discharge. Unfortunately, we cannot get any further workup done in this setting until Wednesday in which case labs can be checked. Given pt (history) hx of severe cardiomyopathy and bleeding ulcers, if pt and family are not comfortable going home the only choice we have is to send (R901) to the ED (emergency department). Staying here at (facility) will not provide any medical support beyond med administration and (activities of daily living) ADL support. Mother will come in and discuss with patient. Though serious medical process is possible, it is also possible this may be psychiatric given pt hx and being off of (their) previous meds for bipolar disorder. Psychiatric: Pleasant and cooperative. + anxiety... Discharge Disposition: Home...Special Instructions: 1. Discharge patient home vs. hospital pending family decision. All Rx (prescriptions) written. Do not agree with keeping patient here as our ability to workup (R901's) change in condition is limited. Pt ability to f/u with specialists in the community is also limited as (R901) is unable to get out of (their) home. 60 Minutes spent in coordination of discharge including time spent with patient, discussion with nursing and social work, and writing prescriptions."			

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	A note by Licensed Pratical Nurse (LPN) "C" dated 07/03/2023 at (5 PM) 17:00 revealed, "Nursing - Progress Note: NP assessed pt in am due pt feeling nauseated. NP ordered writer to give pt a dose of Bentyl 10 milligram (mg) and Zofran 4 mg and administer morning medications 30 minutes after said administrations were given. NP stated that pt stated that (they) didn't want to go to hospital at this time...NP talked to pt mother, mother decided to physically see pt and determine if send out was necessary...Once mother arrived, pt and mother decided they wanted to go to the hospital. Per Director of Nursing (DON) pt would be going out AMA and had to go via non-emergent transport. DON stated, "Pt cannot go out 911, family will have to call non-emergent transport and sign AMA paperwork" Writer had pt sign AMA forms and gave a list of non-emergent transport options. After calling pt and mother stated they could not afford non emergent transport fees and would wait until d/c tomorrow 7/4 to get transferred to hospital via wheelchair van that had previously been organized to take (R901) home. DON notified of pt decision. Pt later called 911 from phone in room. DON made aware of situation and stated, " Pt cannot go out 911." DON told writer to notify pt of this. Writer notified pt of this statement and was compliant. Pt is in stable condition at this time. Care ongoing." A review of the progress note by LPN "E" dated 07/04/2023 at 02:39 AM revealed, "Nursing - Progress Note: Resident with chief complaint (CC) of nausea. Stated to staff (they) had not eaten in several days. Earlier complaint of shortness of breath (SOB), SPO2 94%-98% (oxygen level) on room air (RA). Breathing treatment administered by assigned nursing staff with little change in resident per nurse. This writer assisted in follow-up evaluation, at which time resident was verbal and able to make needs known. Supplemental O2 (oxygen) applied at 2			

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	LPM (liters per minute) via NC (nasal route) in attempt to reduce resident anxiety d/t hx of respiratory failure. Resident repositioned in bed requiring assist x 2-3 (persons) for bed mobility. Resident dressed in hospital gown, lying without blankets/sheets. Resident stated (their) stomach hurt and then stated (they) "hurt all over" when asked to describe intensity, type, and location of pain. Per assigned nurse resident offered pain medication earlier which (R901) declined stating it "rips my stomach up" Resident did, however take medication when it was offered immediately after this encounter. Resident complaining of being hot, fan in room on high blowing directly on resident, residents' skin was cool to touch, forehead clammy. Fingerstick glucose obtained with result of 27. Resident able to swallow, oral glucose gel x 2 given. Approximately 5 minutes after gel, crackers and orange juice given. Per assigned nurse, resident appeared to be retching and spit up orange juice. Assigned nurse administered third glucose gel approximately 5 minutes later, fingerstick glucose 57, resident remained alert and verbally responsive to staff, no further retching. This writer returned to unit with sandwich from kitchen and entered room and observed resident to be in a stuporous condition. Follow up fingerstick glucose 31. Subq (subcutaneous/under the skin) glucagon administered in RUQ (right upper quadrant). Approximately 1-2 minutes post glucagon administration resident developed uneven respirations with intermittent snoring, began frothing at the mouth and face became purple/red. Eyes fixed and non-responsive to physical stimuli. CPR and code initiated at 0052...transfer to (hospital name)." A progress note by the Nurse Practitioner (NP) "B" dated 7/4/2023 at 08:43 AM revealed, "Physician Team - Progress Note: Addendum to dc (discharge) summary 7/3/23; Discussion held with patient mother re (regarding) insurance			

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cutting coverage and pt having to discharge 7/4/23. Mother asking for medical appeal to keep pt at Shelby. Informed as documented that this would be of no benefit as pt would not get any workup for ongoing nausea at the nursing home over the holiday. Recommended ED transfer for further workup with cardiology and GI (gastrointestinal evaluation) given possibility of atypical MI (myocardial) vs. Gastric Ulcers causing GI complaints. Family wanted to come to facility to see patient and talk to (R901) before sending out. Discussed clinical presentation with (Doctor "A"), VSS (Vital signs stable) but pt overall not feeling well, not eating, c/o nausea and abd discomfort which did not improve with Bentyl and Zofran. (Doctor "A") agreed with hospital transfer. Informed patient nurse that mother was coming to facility to see (R901) and would let patient nurse know what their decision was regarding hospital transfer. Discussed above concerns with DON. Nurse to facilitate ED transfer once family arrives."

On 08/17/23 at 12:30 PM, Doctor "A" was asked about (R901). Doctor "A" reported R901 was obese and a functionally compromised individual who came to facility in rough condition. Doctor "A" was asked about the (low blood glucose) hypoglycemia and acknowledged R901 had ongoing nausea and was not eating much but was not a diabetic and would not have been on the same medical protocol as a diabetic. Doctor "A" further reported they did not think the hypoglycemia caused the code but that other body processes such as decreased liver function and glucose stores contributed to cause the hypoglycemia. Doctor "A" was asked about the need to call for 911 and reported the Medical Director would be the one to ask about protocol for AMA and 911.

On 08/17/23 at 2:05 PM, LPN "C" was asked about R901 and reported they had no prior

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	experience with a resident going out 911. LPN "C" reported they had heard R901 went out to the hospital later and that at the time they had discussed the situation with NP "B" and if R901 wanted to go out to the hospital that was OK. LPN "C" reported the family told them they wanted R901 to go to the hospital so they completed all the paper work to send out R901 to the hospital. LPN "C" confirmed they then had a conversation with the DON in which they were told R901 would have to go to the hospital AMA and go via non-emergent transport, pay for themselves and could not go 911. LPN "C" noted they had heard about residents calling 911 and getting sent out and were told R901 had called 911. LPN "C" reported the DON told them to tell (R901) not to and stop calling 911. LPN "C" was asked about why R901 and family thought they needed to go out the hospital and the family said they had been through this before and R901 looked the same with same green vomit. LPN "C" reported they and the nurse manager had looked at the basin and saw only spit. On 08/17/23 at 2:44 PM, Nurse Manager, Registered Nurse (RN) "D" was asked about R901 and reported R901 appeared to be making themselves spit and looked perfectly fine at the time. RN "D" was asked what happens when a residents calls 911 or requests to go to the hospital and reported they can go out to the hospital and that no one ever told then they could not send out 911. RN "D" reported they had not been challenged by the Medical Director to not send out patients and that even if not acutely ill, resident could still go out to the hospital. On 08/17/23 at 3:15 PM, the Director of Nursing (DON) was asked about R901. The DON reported they knew R901 came in with their mom, had complaints of nausea, a flat plate (x-ray) was done. The DON further recalled saying the resident could go to the hospital but it would be			

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	AMA and not be a facility transport and that the resident could call 911 but the resident would be liable for the bill as the facility would only be liable for the bill if the facility called 911. The DON did not think they talked the resident out of going 911 but gave the resident information and they decided not to go. The DON further reported they were not aware of any call by the resident or family to 911 and had talked to NP "B" that morning and the resident was stable. The DON reported if was truly a 911 they would have let R901 go without question. The DON also noted they had not seen R901 and it thought it was just a financial thing and wouldn't stand in their way if they wanted to go out to the hospital. A review of the facility "Resident Rights" policy date 04/30/19, revealed, "1. Resident rights. The resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. 2. 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. a. The resident has the right to be free of interference, coercion, discrimination, and 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. b. In the case of a resident who has not been adjudged incompetent by the State court, the resident has the right to designate a representative, in accordance with State law and any legal surrogate so designated may exercise the resident's rights to the extent provided by State law... d. The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative. e. The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation or rights, except as limited by State law... d.The right to be informed by the physician or other			

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	practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers...The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice..."			