STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504014	A. BUILDING _____ B. WING _____	**2/21/2024**

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000 SS=	INITIAL COMMENTS Shelby Health and Rehabilitation Center was surveyed for an Abbreviated survey on 2/21/2024. Intake: MI00142677 Census= 198	F0000		
F0580 SS= D	Notify of Changes (Injury/Decline/Room, etc.) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or	F0580	F580 D- Notify of Changes (Injury/Decline/Room) Element 1: Cited Residents Cited resident R700 no longer resides in the facility. Discharged from the facility on December 23, 2024. Element 2: Like Residents All current residents in the facility have the potential to be impacted by the identified deficient practice. The facility will complete a baseline audit to identify LIKE RESIDENTs. During the daily clinical meeting; the clinical team will audit medications not administered due to unavailability in the last 24-72 hours and ensure that the physician is notified timely. Element 3: Education Licensed nurses (RNs & LPNs) will be educated on the importance of notifying the attending physician promptly whenever an ordered medication can not be administered due to unavailability of medication. Element 4: Audits DON or designee will complete audits on all residents 5x week x 4 weeks to ensure that the physician is notified of any missed medications due to unavailability of supply.	3/19/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		03/05/2024

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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	regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: This citation pertains to Intake: M100142677. Based on interview, and record review, the facility failed to notify the physician of unavailable medication for one resident (R700) out of one reviewed for medication administration. Findings include: On 2/21/24 at 8:54 AM in an interview with family member "A" who revealed that "they never saw (R700) receive medications and they did not think the resident was getting their medication." A review of the medical record revealed that R700 was admitted into the facility on 12/14/2023 with the following related diagnoses: chronic kidney disease- stage 4, type 2 diabetes mellitus without complications, and morbid obesity. Further record review revealed that a physician's order was entered for Dapgliflozin (a medication for diabetes mellitus). Review of the medication administration record		Audits will be submitted to QAA for review and any negative findings will be addressed immediately. Element 5: Compliance Date of Compliance: Tuesday, March 19, 2024	

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	from 12/14/2023 to 12/23/2023 indicated the number "9" was documented, "9" meaning that the medication was not given due to "unavailable". On 12/17/2023 at 20:19 PM (8:19 PM), a nursing progress note was entered by Nurse "B" documenting, "Spoke with [Pharmacist] at Pharmacy, per [Pharmacist] email sent to DON (Director of Nursing) on 12/15/2023 waiting for response r/t (related to) medication times as it is only to be given once a day per [Pharmacist], med not delivered waiting for clarification." On 2/21/2023 at 11:49 PM, a phone interview was attempted with Nurse "B" without success. On 2/21/2023 at 12:30 PM, an interview with the DON revealed that when a medication is not available, the nurse caring for that resident is to notify the physician and document in the nursing notes. Similarly, if the DON were to receive a notification from pharmacy, a note would be found in the nursing notes. There was no evidence that the physician had been notified. A review of a facility policy, "Medication, Treatment, and Physician Order Transcription with revision date of 11/3/2023 documented, "New admission orders will be reviewed with the resident's physician for any changes or clarifications prior to completing in (name of electronic medical record system)."			
F0677 SS= D	ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:	F0677	F677 D- ADL Care Dependent Residents Element 1: Cited Residents Cited resident R701 still resides in the facility. The resident□s ability to feed self was re-evaluated by the occupational therapist on February 21, 2024. Resident was determined to have the physical ability to feed self and	3/19/2024

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	This citation pertains to Intake MI00142677. Based on observation, interview, and record review, the facility failed to provide feeding assistance for one resident (R701) out of two reviewed for nutrition. Findings Include: On 2/21/2024 at 9:13 AM, R701 was observed laying in bed. R701 was laying flat in bed with their breakfast tray off to the side of them sitting on their bedside table. R701 was observed trying to reach for their food. Upon observing their meal ticket, it documented that R701 was a 1:1 feed and should have built-up utensils. R701's utensils were observed to have the red built up part removed from the silverware. R701 was attempting to pick up their food with their hands. On 2/21/2024 at 9:15 AM, R701 stated that sometimes people help them eat and sometimes they do not. R701 stated that no one had been in to help them today and that they were hungry. R701 stated that they were trying to reach their sausage. A review of the medical record revealed that R701 admitted into the facility on 2/7/2024 with the following diagnoses, Dysphagia and Severe Protein-Calorie Malnutrition. A review of the nutrition section revealed that R701 had a non-prescribed weight loss of 5% or more in the last month or loss of 10% or more in last 6 months. Further review of the physician orders revealed the following, "Order: Regular diet, Regular texture, thin consistency. Directions: Requires 1:1 assistance. Status: Active." On 2/21/2024 at 9:20 AM, the Director of Nursing (DON) was observed at the nurse's		only requires cueing and encouragement. Remedial education was conducted with the CNA who failed to provide feeding assistance to the resident as reflected on the resident□s meal ticket (and care plan/Kardex). Element 2: Like Residents All residents who need any type of assistance with meals have the potential to be impacted by the identified deficient practice. The facility will complete a baseline audit to identify LIKE RESIDENTS. To ensure all applicable residents are receiving adequate assistance for feeding tasks, the facility will verify that the residents plan of care, Kardex and meal tickets are accurate and updated promptly per physician order. Element 3: Education Licensed nurses (RNs & LPNs) and Nursing Assistants (CNAs) will be educated on 1) ensuring resident is assisted up in bed, 2) meal tray is set up, 3) meal ticket is reviewed for special instructions and 4) providing assistance as indicated. Element 4: Audits DON or designee will complete audits on at least 1 resident who need assist with meals 5x/week x 4 weeks to ensure meal assistance is provided as indicated on meal ticket and care plan/kardex. Audits will be submitted to QAA for review and any negative findings will be addressed immediately. Element 5: Compliance Date of Compliance: Tuesday, March 19, 2024	

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	station. The DON was queried if R701 was supposed to be a 1:1 feed assist. The DON stated that R701 requires feeding assistance meaning that they there are two orders for feeding in R701's order profile. The DON was queried if the meal ticket states 1:1 assistance then how should the staff proceed if there are multiple orders. The DON stated that R701 should be fed if it says it on their meal ticket. The DON stated that the tray should be kept warm on the cart until they are ready to assist with feeding. The DON stated that R701 should not be laying flat while eating. On 2/21/2024 at 11:13 AM, an interview was conducted with Registered Dietitian (RD) "E". RD "E" stated that R701 does have a history of not eating and weight loss which is why they are a feed assist. RD "E" stated that R701 did go to have a feeding tube place but refused it when they arrived at the hospital. RD "E" stated that R701 needs a lot of cueing and encouragement during mealtime. A review of a facility policy titled, "Assistance with meals" noted the following, "It is the responsibility of the Nursing staff and supervisors to assure that the patients/residents are receiving adequate assistance as related to meals."			