STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	824350	A. BUILDING _____ B. WING _____	**3/13/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR SEASONS NURSING CENTER OF WESTLAND	**8365 NEWBURGH RD WESTLAND, MI 48185**

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F0000 SS=	INITIAL COMMENTS Four Seasons Nursing Center of Westland was surveyed for an Abbreviated survey on 3/13/2024. Intakes: MI00141640, MI00142546, MI00142667, MI00143053, and MI00143280. Census= 149	F0000		
F0655 SS= D	Baseline Care Plan §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the	F0655		

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

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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	resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: This citation pertains to Intake MI00143053. Based on interview and record review, the facility failed to implement a baseline care plan related to falls and an indwelling catheter upon admission for one resident (R803) of one reviewed for baseline care plans. Findings include: On 3/13/2024 at 9:13 AM, an interview was conducted with Family Member (FM) "E". FM "E" stated that R803 had a fall in the facility that resulted in a broken hip and their foley catheter becoming dislodged. FM "E" stated that R803 was not admitted into the facility correctly and was not being properly monitored. A review of the medical record revealed that R803 admitted into the facility on 2/10/2024 with the following diagnoses, Difficulty in Walking and Neuromuscular Dysfunction of Bladder. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 12/15 indicating an impaired cognition. A review of the nursing assessment dated 2/10/2024 revealed that R803 admitted with an indwelling catheter and was also a moderate risk for falls. Further review of the medical record revealed that the indwelling catheter care plan was not initiated			

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	until 2/13/2024 and the fall care plan was initiated on 2/19/2024. On 3/13/2024 at 1:17 PM, an interview was conducted with the Director of Nursing (DON) regarding baseline care plans. The DON stated that the baseline care plan is a part of the nursing admission assessment and if the assessment is not locked then the care plans won't pull over. The DON stated that they are changing the process with new admissions so that is does not happen anymore. A facility policy related to baseline care plans was not received by the end of survey.			
F0807 SS= E	Drinks Avail to Meet Needs/Prefs/Hydration §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(6) Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration. This REQUIREMENT is not met as evidenced by: This citation pertains to intake MI00142546 Based on observation, interview, and record review, the facility failed to pass and /or date water for five of five residents (R804, R805, R806, R807, and R808) reviewed for hydration. Findings Include: R804 On 3/13/2024 at 11:16 AM, R804 was observed laying in bed. Their water cup was beside them on the nightstand. The water was observed to be dated 3/8/2024.	F0807		

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	On 3/13/2024 at 11:25 AM, an interview was conducted with Registered Nurse (RN) "B". RN "B" was shown the water cup. RN "B" stated that the water should be passed at the beginning of the shift and as needed. RN "B" removed the water from the room. R805 On 3/13/2024 at 12:00 PM, R805's water cup was observed dated 3/9/2024. The water cup was observed sitting in a corner. R806 On 3/13/2024 at 12:01 PM, R806's water cup was not dated. The water cup was half full without any ice. R807 On 3/13/2024 at 12:01 PM, R806's water cup was not dated. The water cup was full. R808 On 3/13/2024 at 12:01 PM, R806's water cup was not dated. The water cup was full. On 3/13/2024 at 1:14 PM, an interview was conducted with the Director of Nursing (DON). The DON stated that water should be passed every shift and at the beginning of the shift. The DON stated that they are unsure why water was not passed, and they would have to investigate further. A review of a facility policy titled, "Nursing Assistant Responsibilities" noted the following, " ...Keeps residents' water pitchers clean and filled with fresh ice and water (on each shift) and			

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	within easy reach of residents."			