

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 5/29/2024
NAME OF PROVIDER OR SUPPLIER FOUR SEASONS NURSING CENTER OF WESTLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 8365 NEWBURGH RD WESTLAND, MI 48185		
(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=	<p>INITIAL COMMENTS</p> <p>Four Seasons Nursing Center of Westland facility was surveyed for an Abbreviated survey 05/29/24.</p> <p>Intakes: M100144060, M100144132, and M100144631.</p> <p>Census: 166</p>	F0000			
F0689 SS= D	<p>Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake M100144631.</p> <p>Based on observation, interview, and record review, the facility failed to implement measures to reduce the risk of a fall with injury for one (R701) of five residents reviewed for falls. Findings include:</p> <p>Review of the facility record for R701 revealed an admission date of 05/03/24 and indicated the resident was admitted for short-term rehab following a trigger finger repair surgery. The record indicated the resident was expected to be discharged to an assisted living facility.</p> <p>On 05/29/24 at 9:48 AM, R701 was interviewed in their room and reported they did recall their recent fall. The resident was observed to have a</p>	F0689			

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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	<p>dressing on the right forearm and bruising under their eyes and on their forehead. R701 reported they were transferring from the wheelchair to the bed and they were being assisted by Certified Nursing Assistant (CNA) "A". The resident indicated CNA "A" was holding their pants and when they stood and began to pivot to the bed they fell forward and landed on the floor. When asked if the CNA was wearing a gait belt R701 stated "No, [CNA "A"] had a hold of my pants."</p> <p>Review of recent facility "Incident/Accident" reports revealed a report confirming R701 sustained a fall on 05/16/24 during which injuries were sustained to their forehead, right forearm and knees.</p> <p>On 05/29/24 at 3:06 PM, CNA "A" reported they did recall assisting R701 when they recently fell. CNA "A" reported R701 was visibly wet and needed to be changed so they initiated a transfer from the wheelchair to the bed. CNA "A" stated rather than completing the transfer they attempted to pull R701's pants down in a standing position and when they did R701 fell forward hitting the wall then falling to the floor. When asked what their understanding was of any facility protocol for using a gait belt during transfers CNA "A" stated "I should have used a belt, it was my fault."</p> <p>Review of R701's Physical Therapy Progress Note dated 05/16/24 indicated R701 required Minimal assistance (up to 25% assistance) for transfers.</p> <p>On 05/29/24 at 3:41 PM, the facility Director of Nursing (DON) reported the expectation is that a gait belt would be used with any resident requiring manual transfer assistance.</p> <p>Review of the facility policy "Gait Belt Use" dated 08/11/23 revealed the "Policy Overview"</p>				

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	statement "To provide a safe working environment focused on resident safety, employee safety and overall injury prevention. To maintain a safe working environment, gait belts shall be used when transferring/lifting and walking a resident, unless otherwise indicated."						