

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 10/23/2024
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=	INITIAL COMMENTS Four Seasons Nursing Center of Westland was surveyed for an Abbreviated survey on 10/23/2024. MI00147466, MI00147570, and MI00147560. Census= 161	F0000			
F0600 SS= D	Free from Abuse and Neglect §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: This citation pertains to Intakes MI00147560 and MI00147466. Based on observation, interview, and record review, the facility failed to prevent resident to resident abuse, between two residents (R700 and R701) out of three reviewed for abuse. Findings Include: A review of an Incident and Accident (I/A) report for R700 dated 10/10/2024 at 5:19 AM revealed the following,	F0600	Element #1 Residents #700 and #701 continue to reside in the facility and have shown no ill-effects from the alleged incident. Resident #701 was immediately assigned a new room at the time of the alleged incident on 10/10/24. Residents #700 and #701 were provided with a "Reporting A Grievance" flyer and educated on how to request a room transfer. Element #2 Current residents residing in the facility have the potential to be affected by the alleged deficient practice. Current residents residing in the facility have been provided with the "Reporting A Grievance" handout flyer and educated on how to request a room transfer. Element #3 The facility has reviewed and deemed appropriate the "Abuse" policy and "Concern (Grievance) Process" policy. Facility staff has been re-educated on the "Abuse" policy and "Concern (Grievance) Process" policy. Facility has ensured Concern forms and boxes are located in the front reception area as well as the center hub. Flyers on "Reporting A Grievance" have been placed at the entrance of each hall way as well as hung in each resident room. Element #4 Administrator and/or designee will conduct	11/6/2024	

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

TITLE

(X6) DATE

Electronically Signed

10/29/2024

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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	<p>"Nursing Description: CNA (Certified Nursing Assistant) reported that resident was wet, and the resident stated that R701 poured water on [them]. Writer asked R701 did [they] pour water on R701, [they] stated, "I've been asking (R700) for months to shut the f*** up."</p> <p>"Resident Description: Resident stated, "R701 poured water on me" repeatedly and stated, "what are you going to do about this."</p> <p>A review of the medical record revealed R700 admitted into the facility on 8/16/2024 with the following diagnoses, Functional Quadriplegia, Depression, and Anxiety. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 13/15 indicating an intact cognition. R700 also required staff assistance with bed mobility and transfers.</p> <p>A review of an Incident and Accident (I/A) for R701 dated 10/10/2024 at 4:45 AM revealed the following,</p> <p>"Nursing Description: CNA (Certified Nursing Assistant) reported that resident was wet, and the resident stated that R701 poured water on [them]. Writer asked R701 did [they] pour water on R701, [they] stated, "I've been asking (R700) for months to shut the f*** up."</p> <p>"Resident Description: I've been asking R700 for months to shut the f*** up. No one has done anything about it, no one cares about my mental health."</p> <p>A review of the medical record revealed that R701 was admitted into the facility on 7/17/2024 with the following diagnoses, Schizophrenia and Muscle Weakness. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 14/15 indicating an</p>		<p>random resident audits 3x's week x 4 weeks and then 1x week x 4 weeks to ensure residents know the grievance process, do not have any unresolved grievances or concerns, and do not have any unresolved room change requests.</p> <p>Administrator and/or designee will conduct 5 random resident queries 3x's week x 4 weeks and then 1x week x 4 weeks to ensure allegations/potential abuse concerns have been identified and addressed.</p> <p>Any ill-findings will be immediately corrected. Results of audits will be provided to monthly QAPI committee for review and further recommendations until substantial compliance is achieved and maintained.</p>				

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	<p>intact cognition. R701 also required assistance with bed mobility and transfers.</p> <p>On 10/23/2024 at 10:01 AM, an interview was conducted with R700. R700 stated they currently feel safe in the facility and has not seen R701. R700 stated they had just eaten breakfast and did not feel like discussing the incident any further.</p> <p>On 10/23/2024 at 10:07 AM, an interview was conducted with R701. R701 stated they told numerous staff they wanted a new roommate, and no one did anything about it for months. R701 stated after a month of no sleeping because of R700's screaming constantly they went "a little wild" and poured the water on R700 so they would shut up. R700 stated they are comfortable in their new room and get along with their new roommates.</p> <p>On 10/23/2024 at 1:25 PM, an interview was conducted with the Nursing Home Administrator (NHA). The NHA stated they were notified and R701 was moved to another room immediately. The NHA stated they were unaware of R701 making a complaint regarding R700, only against R701's brother being in the room and being disruptive.</p> <p>A review of a facility policy titled, "Abuse" revealed the following, "Resident's have the right to be free from abuse, neglect, exploitation, mistreatment, and misappropriation of resident property."</p>				
F0656 SS= D	Develop/Implement Comprehensive Care Plan §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2)	F0656	<p>Element #1 Resident R702 continues to reside within the facility. The resident has been observed receiving meals on a divided plate per his plan of care.</p> <p>Element #2</p>		11/6/2024

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	<p>and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p>		<p>Like residents are identified as residents that reside within the facility and are care planned to utilize a divided plate for meals. Like resident have been audited to ensure their nutritional plan of care reflects the need for a divided plate and the divided plate has been observed to being used during meal services. Element #3 The procedure to implement the plan of correction included: 1. IDT reviewed F656. 2. IDT reviewed the "Care Plan Comprehensive and Revision" policy and deemed it appropriate. 3. The dietary staff have been re-educated on serving meals following the meal ticket with emphasis on utilizing the divided plates. 4. The nursing assistants have been re-educated on completing a second validation that residents are being served following their meal tickets. Element 4 The process to ensure that the specific citation remains corrected includes: 1. The Director of Nursing / designee will conduct audits of 3 meals per week to ensure the residents are being serviced on plates that are specific to their care plan. Audits will be conducted weekly for four weeks then monthly for two months. Any concerns will be immediately addressed. The results of the audits will be reviewed by the QAPI committee monthly for 2 months for further recommendations. 2. The Director of Nursing will be responsible for sustained compliance.</p>				

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	<p>This citation pertains to Intake MI00147570.</p> <p>Based on observation, interview and record review, the facility failed to implement a nutritional care plan intervention for one resident (R702) out of one reviewed for nutrition. Findings Include:</p> <p>On 10/23/2024 at 12:48 PM, R702 was observed eating lunch in their room. R702 stated they were making a mess and said they had a method for how to eat their food, which included trying to scoop the food together and take a bite. R702 was observed to have food on their (bib like) towel and the bedside table.</p> <p>Observation of the diet ticket on R702's meal tray stated they were supposed to have a divided plate. R702's food was observed to be on a regular plate.</p> <p>On 10/23/2024 at 12:50 PM, Certified Nursing Assistant (CNA) "E" was observed removing R702's meal tray. CNA "E" was asked to observe the meal ticket, as well as the plate R702 was eating off. CNA "E" stated R702 should have a divided plate, and they were unsure why they did not have one.</p> <p>A review of the medical record revealed R702 admitted into the facility on 7/23/2024 with the following diagnoses, Dysphagia and Multiple Sclerosis. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental status score of 15/15 indicating an intact cognition. R702 also required assistance with bed mobility and transfers.</p> <p>Further review of the nutritional care plan revealed the following intervention, "Provide Divided Plate to Help with Self Feeding."</p>				

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F0691 SS= D	<p>On 10/23/2024 at 1:05 PM, an interview was conducted with the Director of Nursing (DON). The DON stated they know R702 was recently seen by speech and had their diet upgraded and they believe the scoop plate was to assist with food being pushed against the side.</p> <p>On 10/23/2024 at 1:43 PM, an interview was conducted with Dietary Manager (DM) "F". DM "F" stated they are unsure how the plate made it out the kitchen and the food should have been on a divided plate. DM "F" stated it was an oversight.</p> <p>A review of a facility policy titled, "Care Plan Comprehensive and Revision" revealed the following, " Care Plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making."</p> <p>Colostomy, Urostomy, or Ileostomy Care §483.25(f) Colostomy, urostomy,, or ileostomy care. The facility must ensure that residents who require colostomy, urostomy, or ileostomy services, receive such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. This REQUIREMENT is not met as evidenced by:</p> <p>This citation pertains to Intake MI00147570.</p> <p>Based on observation, interview, and record review, the facility failed to provide and/or document colostomy care for one resident (R702) out of one reviewed for ostomy care. Findings Include:</p>			F0691	<p>Element #1 Resident R702 continues to reside within the facility. The resident has been observed receiving ostomy care. A skin evaluation was completed, and no skin abnormalities have been noted around the stoma site.</p> <p>Element #2 Like residents are identified as residents that reside within the facility and have colostomies. Like residents have been audited to ensure there is complete documentation of ostomy care provided in the medical record.</p> <p>Element #3 The procedure to implement the plan of correction included: 1. IDT reviewed F691. 2. IDT reviewed the "Ostomy Care Colostomy and Ileostomy" policy and deemed it appropriate.</p>		11/6/2024

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	<p>A review of Intake MI00147570 noted the following, "Complainant states that there has been skin breakdown around R702's ostomy because they sit in their own waste for extended periods of time."</p> <p>A review of the medical record revealed that R702 admitted into the facility on 7/23/2024 with the following diagnoses, Dysphagia and Multiple Sclerosis. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental status score of 15/15 indicating an intact cognition.</p> <p>On 10/23/2024 at 9:33 AM, an interview was conducted with R702. R702 stated the facility staff do not empty their colostomy as often as they should. R702 stated because the colostomy is not emptied as it should be then it fills and burst and has to be changed frequently.</p> <p>A review of the Treatment Administration Record (TAR) for the month of September revealed the following, "Colostomy Care Q (Every) shift and as needed every shift for Colostomy Care Q Shift (Every Shift)." Further review showed blank spaces indicating no care was documented on the following days during the AM shift, "9/3, 9/6, 9/12, 9/14, 9/15, 9/17, 9/18, 9/22, 9/25, 9/26, and 9/30/24.</p> <p>A review of the Treatment Administration Record (TAR) for the month of October revealed the following, "Colostomy Care Q (Every) shift and as needed every shift for Colostomy Care Q Shift (Every Shift)." Further review showed blank spaces indicating no care was documented on the following days during the AM shift, "10/1, 10/5, 10/9, and 10/13/24.</p> <p>On 10/23/2024 at 1:05 PM, an interview was</p>		<p>3. The RN/LPN have been re-educated on the "Ostomy Care Colostomy and Ileostomy" policy with emphasis on documenting the care provided in the medical record.</p> <p>Element 4</p> <p>The process to ensure that the specific citation remains corrected includes:</p> <ol style="list-style-type: none"> 1. The Director of Nursing / designee will conduct audits of 3 residents per week to ensure the residents are being documented on after completion of ostomy care. Audits will be conducted weekly for four weeks then monthly for two months. Any concerns will be immediately addressed. The results of the audits will be reviewed by the QAPI committee monthly for 2 months for further recommendations. 2. The Director of Nursing will be responsible for sustained compliance. 		

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	<p>conducted with the Director of Nursing (DON). The DON stated there has been many complaints from R702 regarding their colostomy and emptying it and changing it. The DON stated they have actively been working with R702 to ensure there have been no more problems. The DON stated they also have been working on the documentation as well.</p> <p>A review of a facility policy titled, "Ostomy Care-Colostomy and Ileostomy" noted the following, " Document procedure in the resident's electronic health record."</p>						