| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 235008 | A. Building<br>B. Wing | 08/15/2024 |

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| Maple Lawn Medical Care Facili | 50 Sanderson Lane<br>Coldwater, MI 49036 |

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| F 0561<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49103<br><br>Based on observation, interview, and record review the facility failed to allow one out of two residents (R9) to relocate to a chosen room of 2 residents reviewed for choices resulting in emotional distress manifested as frustration, anger, and depression.<br><br>Findings include:<br><br>On 8/13/24 at 12:15 PM R9 was resting in bed, awake and able to participate in an interview. R9 was asked how things were going and responded, Not good! R9 talked about his wife who was a resident on another hall. I was supposed to be able to move to a room across from her R9 explained. R9 said that during the time the move was anticipated the Administrator canceled the plan and I was never told why. R9 said he sees his wife (R27) and when they are together . we cry every day. R9 went on to describe a marriage of [AGE] years with deep commitment and bonding that leaves him feeling empty without her near presence.<br><br>On 8/13/24 record review of the Electronic Medical Record (EMR) revealed R9's admitted as 2/6/23 and with pertinent diagnosis of Major Depressive Disorder (Recurrent, unspecified). According to the Brief Mental Status Interview (BIMS) documented 5/14/2024 R9 has a score of 15/15 indicating intact cognition.<br><br>On 8/14/24 at 9:10 AM R27 was observed resting upright in bed ready for breakfast. R27 was smiling and establishing strong eye contact; able to participate in an interview. During interview R27 said the only concern is to be with my husband. R27 talked about the fact they are both getting older. If we are closer, I can keep an eye on him, and he can keep an eye on me. and added We love each other so much! R27 talked about the many enjoyable times the two spend together. According to EMR review R27 had an admitted [DATE].<br><br>On 8/14/24 at 1:23 PM an interview was held with the Nursing Home Administrator (NHA) A of the facility who recalled the previous plan to move R9 to a room across from wife (R27). NHA A explained the plan was canceled due to protestations of the family of R27 when the plan was talked about and during this period R27 decided in agreement with family.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0561<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 8/14/24 at 3:07 PM, an interview with the Social Worker (SW) E during which there was discussion of R9's unhappiness with the cancellation of a plan to move. SW E explained R27 had at one point been okay with the plan to move him closer. R27 then conferred with family, and both decided to not recommend him to be closer. SW E talked about the fact the two spend significant time together.<br><br>On 8/14/24 record review of the EMR disclosed a psychiatry note entered 3/11/24 by Nurse Practitioner (NP) G which contained the following: Resident was evaluated while laying in bed in the dark and quoted resident as saying he had been lied to having been told he could have the room across from his wife and it was given to someone else. Resident stated, I'm worse than I've ever been. It was documented that resident missed his wife and was not sleeping well. In the Assessment and Plan portion of the note, NP G documented that Some of the sadness is situational and would benefit from weekly psychotherapy. I encouraged him to visit his wife daily.<br><br>On 8/15/24 at 12:35 PM a subsequent interview was held with SW E and the question was asked if aside from voiced family concerns about the previous proposed move, if R9 had a right to the choice to move into the room he wanted. SW E responded, Yes, technically he had the right and added he would not have had the end result (to be near his wife) he was seeking. We would have moved his wife to another room the same day.<br><br>Record review disclosed a Behavior Note entered 2/26/24 which stated the following: Resident states he wants to move to room closer to wife and that he has spoken to management regarding this desire. Resident assured that his requests would be forwarded. Further review of EMR did not disclose any documentation of negative interactions between R9 and R27.<br><br>On 8/15/24 at 1:00 PM R9 was observed sitting on the side of his bed with a tray of food in front of him. Flat affect noted; little eye contact; and the room was dark with lights off and shades closed. Not good; never good he said in response to the question of how he was doing. I will never feel good until I can be near my wife he stated. R9 talked about feeling bitter about the situation and added that the Administrator will not speak with him about the situation. |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30337<br><br>Based on observation, interview, and record review, the facility failed to provide restorative services to maintain mobility, in two of two residents reviewed for mobility (Resident #98 & #44), resulting in anxiety and unmet goals.<br><br>Findings include:<br><br>Resident #98 (R98)<br><br>R98 was observed sitting in a wheelchair in her room on 8/13/24 at 11:37 AM. R98 stated during an interview that she was so anxious she could barely stand it. R98 stated her therapy services ended last week because she could not bear weight on her leg; she stated therapy explained she would receive restorative nursing services, but services had not started and she felt there was a lack of communication. R98 pointed to a daily activity flyer she had received and stated she wondered if she was supposed to attend range of motion (ROM, movement at each joint) exercise program scheduled at 4:00 PM; and staff had not told her she should attend the activity.<br><br>R98's Minimum Data Assessment (MDS) dated [DATE] revealed she was admitted to the facility on [DATE]; and had a Brief Interview for Mental Status (BIMS, cognitive screener) score of 15 (13-15 cognitively intact). The same MDS revealed R98 had a functional limitation of range of motion (limited ability to move a joint that interfered with daily functioning or placed resident at risk of injury) on one side of her lower extremity (hip, knee, ankle, foot).<br><br>Physical Therapy (PT) Discharge Summary Dated 8/08/24, indicated R98 had the diagnosis of a left femur fracture repair following a motor vehicle accident. R98 was unable to continue making progress on her goals due to toe touch weight bearing status on her left lower extremity. Prior to R98's accident, she was living independently in a home. The plan was for PT to re-assess when R98's weight bearing status was upgraded. The same PT summary included recommendations for a ROM program with 2-pound weight to the left lower extremity and 4-pound weights to the right lower extremity. R98's same summary indicated prognosis to maintain current level of function was good with consistent staff follow-through.<br><br>Occupational Therapy (OT) Discharge Summary dated 8/08/24 revealed R98 had reached her maximum potential with skilled services given her current weight bearing restriction and would be reevaluated once her status was upgraded. R98's OT summary included recommended exercises to both upper extremities using 3-pound hand weights or arm bike as tolerated to maintain current therapeutic strength gains. R98's same summary indicated prognosis to maintain current level of function was good with consistent staff follow-through.<br><br>Mobility Registered Nurse (RN) D was interviewed on 8/15/24 at 9:37 AM and confirmed R98 was not currently on restorative/mobility program because there was not enough staff. RN D stated she was pulled from restorative/mobility care to work as the floor nurse approximately twice a week. RN D stated R98 had not attended the exercise group activity that was scheduled 3 times a week at 4:00 PM.<br><br>(continued on next page) |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 45135<br><br>Resident #44 (R44)<br><br>Medical record reflected R#44 was admitted to the facility on [DATE] and readmitted on [DATE] following a fall with major injury. Diagnoses of dystonia, psychotic disorder with delusions, severe vascular dementia, anxiety, depression, age-related osteoporosis without current pathological fracture, chronic pain, disorientation, and adult failure to thrive.<br><br>The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 11/18/2022, revealed R#44 had a Brief Interview of Mental Status (BIMS) of 01 (severely impaired) out of 15. Under section GG0130, Activities of Daily Living (ADL) assessment revealed R#44 is dependent of all care including being toileting, repositioning and getting dressed.<br><br>During an interview on 08/14/24 at 04:05 PM, family member I stated she was told R#44 was found on her floor in her room trying to get to the bathroom on 04/13/24. Family member I also stated this had happened before. Family member I stated it was after midnight when she received the call, and she was out of state for work. R#44 had fractured her left hip.<br><br>Record review revealed R#44 had the following test on 04/13/24. Right hip magnetic resonance imaging (MRI)- No fractures. Left hip computed tomography (CT)-Acute impacted sub-capital left hip fracture with mild displacement. CT- cervical spine without contrast. No fractures, CT of the brain, no bleed, no fracture.<br><br>Record review also revealed that R#44 had to have a surgical repair on 04/14/24 with an abductor pillow in place, hip precautions to be maintained. R#44 did clench her mouth and was non-verbal. Unable to follow verbal cues and tended to push back.<br><br>Record review revealed R#44 returned to the facility on [DATE] at 13:20PM. R#44 was assisted to the recliner following therapy evaluation. Occupational therapy (OT) evaluation has been completed to assess safety and functional performance during self-care, transfers and mobility. R#44 will receive skilled OT five times a week for two weeks. Physical therapy (PT) evaluation completed, and R#44 will be receiving skilled PT services 5 times per week for 2 weeks to address strength, balance, gait, and transfer deficits.<br><br>ADL's/Functional Status as of 04/17/24: Eating -Limited Assistance, Meal (s) acceptance -75%, res was feeding self, pleasant mood and having a conversation with staff.360ml, Bed mobility - Extensive Assistance x2, Transfers - Extensive Assistance x2, Toileting - Extensive Assistance x2, Ambulation in room- Did not occur. Ambulation in hallway Did not occur, R#44 is a WBAT with assist x2.<br><br>ADL's/Functional Status as of 04/24/24: Eating -Extensive assistance, Meal (s)acceptance - No meals given at this time., 0ml, Bed mobility - Total Assistance x2, Transfers - Total Assistance x2, Toileting - Total Assistance x2, Ambulation in room- Did not occur, Ambulation in hallway Did not occur.<br><br>R#44 followed up with orthopedic doctor, discontinued physical therapy and occupational therapy on 04/29/24. Restorative program started up after therapy programs were discontinued.<br><br>(continued on next page) |

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| F 0688<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review revealed nurses note dated 05/03/24 stated R#44 required extensive assist of 1 to 2 staff for ADL's, dressing, bathing, toileting. Resident requires extensive to total assist for dining. Dines in hall dining room. Propelled in wheelchair by staff, ambulates with assist of 2 people with gait belt.<br><br>During an interview on 08/15/24 at 10:54 AM, DON B stated R#44 was not on the restorative plan, they haven't have a restorative program since January 2024. DON B also stated they have a mobility program but had to step away from it because they needed to have the Certified Nursing Assistant (CNA) working on the floor taking care of residents' DON B stated they encourage staff to walk residents right now.<br><br>During an interview on 08/15/24 at 1:19 PM, Registered Nurse (RN) and mobility coordinator D, stated she works alone in the mobility program. RN D also stated she can get eight to ten residents seen in one day. RN D stated that staffing had been so bad that she got pulled to the floor once to twice a week, sometimes three times in a week. RN D stated ideally, they could have had 30-40 residents in the mobility program a week. RN D added that the restorative program stopped the end of last year sometime. RN D stated she had no backup, so when she is pulled to the floor, the CNA's try to walk residents if they had time. |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30337<br><br>Based on interview and record review, the facility failed to ensure adequate staffing to provide restorative/mobility services and choice of shower frequency, in a sample of 20 residents and a census of 100 residents, resulting in resident choices not honored, unmet goals, and the likelihood for functional decline. Findings include:<br><br>In review of the Facility assessment dated [DATE], the facility had 114 licensed beds and the average daily census was 104. The same assessment revealed services and care offered were based on resident needs and preferences; and 102 residents required assistance with bathing. The same assessment indicated specific mobility program was offered per individual resident needs that included transfers, ambulation, contracture prevention/care. The same facility assessment indicated there were zero restorative nursing assistants and would add two staff once staffing levels were reached.<br><br>Mobility Registered Nurse (RN) D was interviewed on 8/15/24 at 9:37 AM and stated she was pulled from restorative/mobility care to work as the floor nurse approximately twice a week and there were residents that had not received mobility services as recommended by therapy due to staffing.<br><br>45135<br><br>During an interview on 08/15/24 at 10:54 AM, DON B stated they did not on the restorative plan, they haven't have a restorative program since January 2024. DON B also stated they have a mobility program but had to step away from it because they needed to have the Certified Nursing Assistant (CNA) working on the floor taking care of residents' DON B stated they encourage staff to walk residents right now.<br><br>During an interview on 08/15/24 at 1:19 PM, Registered Nurse (RN) and mobility coordinator D, stated she works alone in the mobility program. RN D also stated she can get eight to ten residents seen in one day. RN D stated that staffing had been so bad that she got pulled to the floor once to twice a week, sometimes three times in a week. RN D stated ideally, they could have had 30-40 residents in the mobility program a week. RN D added that the restorative program stopped the end of last year sometime. RN D stated she had no backup, so when she is pulled to the floor, the CNA's try to walk residents if they had time.<br><br>49103<br><br>On 08/13/24 at 11:07 AM an anonymous resident was interviewed and was asked about choices concerning bathing. The anonymous resident said two showers per week would be preferred and explained that staff have said there is not enough staff . to provide two showers per week. Review of the Electronic Medical Record (EMR) for a period going back of 30 days confirmed the days of the week resident said the showers occur and that they have been documented as having been given only once per week.<br><br>(continued on next page) |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 08/13/24 at 2:13 PM an anonymous resident was interviewed and talked about showers. I get one shower a week. I have said I would like two showers a week. The anonymous resident then explained the person spoken to was a shower attendant who said there was not enough staff to give two showers per week. According to Electronic Medical Record (EMR) on 8/13/24 the anonymous resident has a Brief Mental Status Interview score of 15/15 indicating intact cognition. The EMR review of a 30-day period confirmed documentation of once a week tub baths on 4 separate dates, not showers.<br><br>On 08/15/24 08:47 AM during interview with Registered Nurse (RN) Supervisor J staffing was discussed. RN J explained that normally there are two staff members scheduled for day shift to work on the baths and showers. RN J said if they can't complete required showers/baths on that shift then the showers or baths get placed for the next shift. RN J also said those scheduled to work on baths and showers are not on the unit taking an assigned group for general care. They are scheduled to focus on the baths and showers. When asked about residents who would like more than one bath per week RN J said, If there is a request and if we have the extra space we do our best to accommodate them. And added that is especially true if the resident has an event of some kind like a family event or something going on. and added, We have had a few residents who get more than 1 shower a week due to infections. |

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| F 0732<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Post nurse staffing information every day.<br><br>45038<br><br>Based on observation, interview, and record review the facility failed to include daily nursing total numbers and actual hours worked on the posted Daily Nurse Schedule, which was available for 100 current residents and family/visitors.<br><br>Findings Included:<br><br>During an interview on 08/15/2024 at 12:49 a.m. Nursing Staff Scheduler F was asked where the facility daily nursing hours were posted in the facility. Nursing Staff Scheduler F explained that a nursing staff schedule was posted outside of the nurse managers office. Nursing Staff Scheduler assisted surveyor locating the posting of the facility daily nursing hours. During that time, it was observed a document was posted entitled Daily Nurse Schedule, dated 08/15/2024. The document demonstrated names and shifts of person that were to work that date. The document did not include total hours to be worked, only demonstrated the total number of persons that were to work.<br><br>Nursing Staff Scheduler was asked where are the total number of hours to be worked for each shift and where was the total number of hours worked for previous shifts. Nursing Staff Scheduler F could not answer and suggested that Director of Nursing (DON)B would know the answer.<br><br>During an interview on 08/15/2024 at 01:06 p.m. Director of Nursing (DON) B was asked to observe the Daily Nurse Schedule for 08/15/2024 which was posted outside of the Nurse Managers Office. After review of the above documents DON B was asked where the actual hours worked, for previous shifts and dates was posted. DON B could did not know the answer and suggested that we talk with Nursing Home Administrator (NHA) A.<br><br>During an interview on 08/15/2024 at 01:10 p.m. Nursing Home Administrator (NHA) A was asked where the posting for actual nursing hours worked, and hours scheduled was posted. NHA A explained that a Daily Nurse Schedule was posted outside of the nurse managers office. NHA A was asked if the Daily Nurse Schedule included total hours worked and she responded that the person reviewing the hours would have to add the hours on their own as the schedule only listed total number of persons working. NHA A explained that she was not aware of the requirement to post actual worked hours and requested location of that requirement. NHA A was provided the requested information. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Provide and implement an infection prevention and control program.<br><br>45038<br><br>Based on interview and record review the facility failed to provide appropriate infection surveillance for all residents (100 current residents) and take appropriate actions to track, trend, and formulate corrective actions to decrease the spread of nosocomial infections in the facility.<br><br>Findings Included:<br><br>During an interview on 08/15/2025 at 09:32 a.m. Infection Control Preventionist (ICP) C explained that he had been in his current position since February of 2024 and was responsible for the data collection and review of information regarding infections in the facility. ICP C explained that he reviewed the data and would identify trends that potentially required interventions to prevent further spread of infection. ICP C explained that the Infection Control Committee met a monthly, through the Quality Assurance Committee, and a report was provided to the committee monthly. ICP C was asked for the latest monthly report that was presented to the Infection Control Committee. ICP C explained that the last written report that was completed was February 2024. When asked why the other months were not available ICP C explained that he had been busy and had not had time to complete the reports but had verbally reported to the Infection Control Committee and Quality Assurance Committee for each month since February 2024. When asked if there were any trends for facility acquired infections ICP C explained that he had not identified any trends.<br><br>Review of the facility Line Listing of facility use of antibiotics demonstrated nosocomial (infections acquired in the facility) infections rates of 11.63% for February 2024, 3.27% for March 2024, 5.72% for April 2024, 7.74% for May 2024, 7.36% for June 2024, and 10.2% for July 2024. No report was provided for the root cause of increase in nosocomial infections. The same line Line Listing demonstrated urinary tract infections with out catheters to be 3 in March 2024, 7 in March 2024, 6 in June 2024, and 10 in July 2024. No report was provided for the root cause of increase in nosocomial urinary tract infections in resident without catheters. No report was provided to identify actions taken by the facility for the increase in nosocomial infection rates or for increase in nosocomial urinary tract infections in resident without catheters.<br><br>Review of the facility provide maps of infections by location demonstrated a legend that include C=Community Acquired and I=In-House Acquired. Review of infection maps for March 2024, April 2024, May 2024, and June 2024 did not demonstrate and C or I on the map.<br><br>Review of the Quality Assurance Minutes for April 2024, May 2024, June 2024, and July 2024 each demonstrated Reports present for (date) meeting. Each month demonstrated under the above section demonstrated Infection Control- (Name of ICP C presented this report.<br><br>In an interview on 08/15/2024 at 11:18 a.m. Director of Nursing (DON) B explained that it was the expectation that ICP C provide a monthly report that is to be provided to the Infection Control Committee and the Quality Assurance Committee. DON B explained the report should include nosocomial infection rates, trends, and identified corrective action to prevent the further spread of infection.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | DON B explained that she was aware of the increase in nosocomial urinary tract infections without catheters and explained that she had identified the concerns on the one of the units. DON B could not provide any education or actions that were taken in response to the increase in identified concerns. DON B could not explain why the provided facility maps did not include they type of infections, as listed in the map legend as 'C-Community Acquired or I-In House Acquired. DON B could not explain why the Quality Assurance Minutes demonstrated Infection Control- (Name of ICP C presented this report was recorded in the minutes even though no report was completed for each month after February 2024. |