

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235025	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Meadow Brook Medical Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 4543 South M-88 Highway Bellaire, MI 49615	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>34568</p> <p>Based on observation, interview and record review, the facility failed to treat three Residents (R4, R12, R31) with dignity and respect out of 18 residents reviewed for dignity. This deficient practice resulted in a lack of personal dignity and feelings of embarrassment based on the reasonable person. Findings include:</p> <p>On 10/29/24 at 12:15 p.m., the lunch meal observation was observed in the Glacier Hill Cottage. During this time, Certified Nurse Aide (CNA) A and CNA B were observed assisting two residents with their meals (later identified as R4 and R12). CNA B started to assist R12 by standing next to R12 with a spoon and continued to place food in their mouth. CNA A then replaced CNA B to assist R12 and continued to stand while quickly placing food in R12's mouth with the spoon. CNA B then walked over to R4 and began to assist R4 with lunch in a standing position, placing the spoon in her mouth.</p> <p>On 10/30/24 at 12:25 p.m., the lunch meal observation was observed in the Grass Creek Cottage. During this time, CNA C was observed assisting R31 with their meal by placing the meal in front of R31, sitting down, and donning gloves. CNA C continued to wear gloves during the meal observation with R31 and would make clicking noises to R31 or humming while assisting her with the meal.</p> <p>An interview was conducted with the Director of Nursing (DON) on 10/30/24 at 1:07 p.m. The DON confirmed that these observations were not providing the residents with a dignified dining experience.</p> <p>Review of the facility's Resident Rights Interpretation and Implementation Policy, undated, read in part, . Policy: It is the policy of this facility that all residents be treated with kindness, dignity, and respect. Policy Interpretation and Implementation: Our staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings .</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49310</p> <p>Based on interview and record review, the facility failed to develop and implement care plans for three Residents (R24, R83, and R86) of 18 residents reviewed for care planning. This deficient practice resulted in the potential for unidentified and unmet individualized resident care needs. Findings include:</p> <p>Resident #24 (R24)</p> <p>A quarterly Minimum Data Set (MDS) assessment dated [DATE] documented R24 was always incontinent of bowel and bladder and was dependent on staff for toileting hygiene.</p> <p>A progress note dated 10/24/24 documented R24 was lethargic and had a 101.1 degrees Fahrenheit axillary (under arm) temperature. The Nurse Practitioner (NP) ordered lab tests including a urinalysis (UA).</p> <p>The UA resulted in a urine culture that revealed a urinary tract infection with the organism Escherichia coli (bacteria found in the intestine).</p> <p>A physician note dated 10/28/24 documented R24 had not had a bowel movement (BM) in 5 days and was experiencing abdominal pain. The physician documented R24 had a history of constipation.</p> <p>A review of the care plans for R24 revealed no care plan for the urinary tract infection and no care plan for the constipation to provide staff with appropriate interventions to address the individualized needs and care goals for R24.</p> <p>40383</p> <p>Resident #83 (R83)</p> <p>R83 was admitted on [DATE] with diagnoses which included a fracture of the left femur (leg), pain in the right shoulder, pain in the left shoulder, pain in the left knee, and other chronic pain. The admission MDS assessment dated [DATE] documented R83 was at risk of developing pressure ulcers (wounds caused by pressure), was taking an opioid (medication for pain), was on a scheduled pain medication regime and the verbal descriptor scale indicated very severe, horrible pain with indicators of pain or possible pain observed daily. The MDS assessment of 8/3/24 revealed the resident had a fall in the last month with a related fracture. The Care Area Assessment Summary (CAA) of the 8/3/24 MDS specified several care areas were triggered and would be addressed in the care plan including falls, pressure ulcers and pain.</p> <p>The care plan was reviewed and did not include a care plan for falls, pressure ulcers or pain to provide staff with appropriate interventions to address the individualized needs and care goals for R83.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/30/24 at 10:05 AM, Registered Nurse (RN) G agreed the care plan was not completed for R83. RN G stated R83 was scheduled to move to another unit and said, It is my intent to get that caught up before I pass them on (to the new unit).</p> <p>Resident #86 (R86)</p> <p>R86 was admitted on [DATE] with diagnoses which included metabolic encephalopathy (brain dysfunction), gastrostomy (tube feeding through the stomach), and pressure ulcer. The MDS assessment of 10/7/24 documented R86 had an unstageable pressure ulcer due to coverage of the wound bed by slough (dead tissue) and/or eschar (dry, black, crusty tissue).</p> <p>The physician orders indicated R86 was to have nothing by mouth and received all nutrition via the tube feeding. Pain medication had been ordered to be given as needed. The monthly medication administration record showed pain medication was given seven times during the month.</p> <p>The 10/7/24 MDS CAA specified several care areas were triggered and would be addressed in the care plan including pressure ulcers and pain.</p> <p>Upon review of the care plan for R86:</p> <ul style="list-style-type: none"> - there were no care plans for pain, - it did not include nursing care interventions for the specialized tube feeding required, - it included a focus listed as The resident has (SPECIFY) pressure ulcer (SPECIFY LOCATION) or potential for pressure ulcer development r/t (related to) and was incomplete. - it had no goals or interventions listed for the existing pressure ulcer. <p>During an interview on 10/30/24 at 11:00 AM, the Director of Nursing stated they would expect nursing interventions to be included with the tube feeding care plan and the other areas to be completed.</p> <p>The facility policy titled Comprehensive Care Plans and dated as effective 10/2024 read in part: It is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45123</p> <p>Based on observation and interview, the facility failed to transport two Residents (R39 and R41) in a safe manner and per standards of care out of 18 residents reviewed for accidents, hazards, and supervision. This deficient practice resulted in the potential for injury. Findings include:</p> <p>Resident #41 (R41)</p> <p>On 10/29/24 at 11:10 AM, Registered Nurse (RN) D was observed pushing R41 in their wheelchair without footrests from Orchard Hill dining area to R41's room halfway down the hall. Certified Nurse Assistant (CNA) E stopped RN D after noticing RN D was not using R41's wheelchair footrests. CNA E then put R41's footrests on their wheelchair. R41 was noted to have a plastic boot-like shoe to both their right and left feet that were barely off the floor during transport.</p> <p>On 10/30/24 at 10:35 AM, an interview was conducted with RN D who was asked about yesterday and pushing R41 back to their room from the dining area then to their room. RN D replied, Yes, we are supposed to use foot pedals, and I was just taking them back to their room to do a blood sugar check. I should have used the foot pedals.</p> <p>Resident #39 (R39)</p> <p>On 10/30/24 at 10:33 AM, CNA F was observed pushing R39 in their wheelchair without footrests from the Orchard Hill dining area down the hall to their room. R39 visibly had footrests stored on the back of their wheelchair readily available.</p> <p>On 10/30/24 at 10:34 AM, an interview was conducted with CNA F who was asked about propelling R39 in the wheelchair without footrests. CNA F replied, I am new down here. Yes, I should have used their [NAME] pedals to transport them back to their room.</p> <p>On 10/30/24 at 1:50 PM, an interview was conducted with the Director of Nursing (DON) who was asked about two different staff transporting residents without footrests. The DON replied, That is unacceptable. It is the standard of practice to use foot pedals.</p>		

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<p>F 0868</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>45123</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review, the facility failed to ensure required members of the Quality Assurance and Performance Improvement (QAPI) committee met at least quarterly, resulting in the potential for decreased quality of care for all 87 residents living in the facility. Findings include:</p> <p>Review of the QAPI committee meeting attendance logs with the Director of Nursing (DON) on 10/30/24 at 1:46 PM revealed meetings were held on 1/10/24, 3/13/24, 5/8/24, 7/10/24, and 9/11/24. Further review of the attendance logs revealed the following:</p> <p>7/10/24: Director of Nursing not in attendance.</p> <p>9/11/24: Director of Nursing not in attendance.</p> <p>On 10/30/24 at 1:50 PM, an interview was conducted with the DON who was asked the reason they were not in attendance for the July and September QAPI meetings. The DON replied, I was on vacation for the September 11th meeting, and they still give my reports. For the July 10th meeting I must not have been there if I am listed on the absent list.</p> <p>Review of policy titled, Quality Assurance and Performance Improvement (QAPI), dated 2023, read in part, . Quality Assessment and Assurance Committee .Procedures: 1. The facility will maintain a Quality Assurance Performance Improvement Committee that consists of: a.) Administrative b.) Director of Nursing c.) A physician designated by the facility d.) At least three other members of the facility staff. 2. The Quality Assurance Performance Improvement Committee: a.) Meets at least quarterly to identify issues with respect to which QAPI activities are necessary. b.) Develops and implements appropriate plans of action to correct identified quality deficiencies .</p>		