

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER The Springs at Rochester Hills Rehab & Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1480 Walton Blvd Rochester Hills, MI 48309	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41415</p> <p>This citation pertains to intake: MI00145585.</p> <p>Based on interviews and record reviews the facility failed to ensure effective tracheostomy/supervision interventions were implemented for one (R303) a resident with a tracheostomy (trach) of two residents reviewed for tracheostomy care. Findings include:</p> <p>Review of a complaint submitted to the State Agency (SA) documented concerns of the facility's failure to provide adequate tracheostomy care leading to R303's death.</p> <p>Review of the medical record revealed R303 was admitted to the facility on [DATE] with diagnosis that included: Respiratory failure, dysphagia (difficulty swallowing), tracheostomy status and autistic disorder. R303 was documented to have severely impaired cognition and required staff assistance for all Activities of Daily Living (ADLs).</p> <p>Review of a Nursing note dated [DATE] at 1:03 PM, documented in part . 8:10 pm RN (Registered Nurse) went to his (R303) room observed resident lying in <sic> floor while holding his Ipad. Family of (room number) at the room at that time. Stating that he just lie in the floor. Pale, sweating his lips purple. Unresponsive. No pulse bp (blood pressure) not appreciated. Suctioning of secretion done. CPR (cardiopulmonary resuscitation) started with other nurse. AED (automated external defibrillator) applied. Oxygen stated via trach continuously. Continue CPR. Observed resident with pulse but very faint. Continue CPR till 911 arrive <sic>. Transferred to (hospital name). (Physician name) informed . This note was documented by RN A.</p> <p>Review of a facility incident report dated [DATE] at 8:09 PM, documented in part, . 8:10 pm Observed resident lying in <sic> the floor holding his Ipad. Resident sweating pale, his lips purple. Unresponsive. No pulse. Vital signs not appreciated. CPR initiated. AED applied continuously. Suctioning of secretion . non verbal autistic . Resident non compliance with [NAME]. Resident throwing neck collar and corrugated tube in <sic> the floor . This incident report was completed by RN A.</p> <p>Further review of the medical record revealed multiple episodes of documentation pertaining to the resident's noncompliance with their tracheostomy.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235036	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/15/2024
NAME OF PROVIDER OR SUPPLIER The Springs at Rochester Hills Rehab & Nursing Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1480 Walton Blvd Rochester Hills, MI 48309	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 10:10 AM, RN A was interviewed about R303's noncompliance incidents with their tracheostomy. RN A stated R303 always grabbed at their tracheostomy collar and cannula. RN A stated R303 did not want their trach (tracheostomy). RN A stated R303's trach collar was always on the floor and RN A stated they would have to change R303's trach collar five to six times a shift. RN A stated the Physician, Nurse Practitioner, and Director of Nursing (DON) all knew about R303's noncompliance with their tracheostomy. RN A was asked what intervention was put in place to help redirect or decrease the incidents of R303 pulling off their tracheostomy. RN A replied . just checking the pulse ox . RN A was asked if the resident had pulled out their tracheostomy collar on [DATE] when they were found unresponsive and RN A stated the collar and tubing was found on the floor next to the resident and the inner cannula was the only thing in place.</p> <p>On [DATE] at 11:33 AM, the DON along with the Regional Director of Clinical Services (RDCS) B were interviewed and asked if they were aware of the multiple incidents of R303 to have pulled off their trach collar. The DON stated R303 was very non-compliant with their tracheostomy. The DON was then asked what interventions had the interdisciplinary team implemented to deter R303's noncompliance for their trach and the DON stated they would look into it and follow back up. RDCS B stated they had completed an audit of R303's chart and was unable to find interventions implemented for R303's noncompliance for their tracheostomy. At 11:42 AM, the DON stated the intervention for continuous monitoring should have been added to R303's care plan but was not.</p> <p>No further explanation or documentation was provided before the end of the survey.</p>		