

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2024
NAME OF PROVIDER OR SUPPLIER Majestic Care of Livonia		STREET ADDRESS, CITY, STATE, ZIP CODE 28550 Five Mile Rd Livonia, MI 48154	

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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>40384</p> <p>This citation pertains to Intake: MI00145599</p> <p>Based on interview and record review, the facility failed to ensure the rights to self- determination were honored for Leave of Absences (LOAs) potentially affecting all 95 residents residing in the facility. Findings include:</p> <p>A review of Intake MI00145599 revealed the following, The administrator gave a copy of the letter given to residents restricting LOAs (Leave of Absence). Restrictions include times LOA are allowed, what activities that could result in restricting LOA, weather restrictions, residents must be accompanied by a community member during a LOA, and restrictions of resident personal items and activities residents cannot do in the community during a LOA. According to the letter, the letter was devised with input from the medial director, law enforcement, area businesses and members of the community .</p> <p>On 7/18/24 at 11:00 AM, an interview was completed with the Nursing Home Administrator (NHA) regarding restrictions related to LOAs. The NHA explained there had been conversations with law enforcement, local business owners and community members about resident behaviors while in the community on LOAs which has included panhandling, the use of marijuana and inappropriate behaviors while inside local businesses. The NHA explained in efforts to keep both residents and staff safe after 8pm along with discussions with the medical director, the decision was made to establish additional guidelines.</p> <p>A review of the LOA letter was reviewed and documented the following:</p> <p>Dear Resident,</p> <p>We respect and value your rights as a resident and we are committed to honoring and protecting those rights. We are also committed to fulfilling our responsibility to support and promote your safety. After careful review and discussion with the Medical Director, law enforcement, area business and members of the community, the following changes will</p> <p>be in effect regarding leave of absence (LOA). Simply put, if someone requires the care and supervision needed by a skilled nursing facility. It is usually not safe for the person to be in the streets without someone available to help them out. These guidelines are effective at 8AM Monday June 17, 2004.</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
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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Residents who are their own responsible party may sign out LOA between the hours of 8AM and 8PM.</p> <p>*During inclement weather (heat advisories cold advisories, tornado watch/warning, etc.) residents may be required to sign out LOA only if there is an accompanying adult for the community.</p> <p>*Residents who wish to sign out before 8AM and after 8PM must be accompanied by an adult for the community outside the facility. One resident may not be used to accompany another resident for LOAs.</p> <p>*Resident who are their own responsible party who insist on leaving the facility before 8AM or after 8PM without an accompanying adult are free to do so, but it will result in a discharge against medical advise (AMA).</p> <p>*Residents may not have cigarettes, lighters, weapons, marijuana, alcohol or other intoxicants in the facility.</p> <p>*Staff will not store, provide or distribute cigarettes or smoking materials to residents leaving on LOA.</p> <p>*If unsafe practices on an LOA are observed, the physician may be contacted and may modify LOA requirements to require that the resident be accompanied for any LOAs, regardless of the time of the day.</p> <p>*Examples: residents observed propelling backwards in the parking lot, residents observed panhandling, residents who bring restricted material back into the facility after LOA, etc.</p> <p>These guidelines are being put into place in response to safety concerns observed regarding LOAs and were done so with the goal of honoring your rights. These guidelines are subject to changed based.</p> <p>Thank you,</p> <p>[NHA signature].</p> <p>On 7/18/24 at 12:27 PM, the Director of Nursing (DON) was asked about the newest LOA guidelines and spoke about Medicaid insurance requirements for the resident to be inside the building however, additional comment regarding the rights of the resident was not provided.</p> <p>A review of the facility's Therapeutic Leave policy revealed, It is the policy of this facility to allow residents to leave the facility for a non-medical visit, thereby known as therapeutic leave, in accordance with Federal and State guidelines and applicable Medicare, Medicaid, and private insurance guidelines. Each resident will be permitted to return to the facility after therapeutic leave, regardless of payment source .</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384</p> <p>This citation in part pertains to Intake: MI00145599</p> <p>Based on interview and record review that facility failed to assist the Resident Council to meet for their monthly meetings consistently. Findings include:</p> <p>On 7/18/24 at 10:45 AM, a request for the last three months of resident council meeting minutes was requested from the Nursing Home Administrator (NHA).</p> <p>On 7/18/24 at 11:00 AM, the NHA explained that during a mock survey, he identified that their was a deficiency in resident council meetings and showed the surveyor a folder of documents that were identified as resident council meeting notes that were either incomplete and/or missing dates.</p> <p>A review of the facility's Resident Council policy revealed the following, Policy Statement</p> <p>The facility supports residents' desires to be involved and have input in the operation of the facility through the Resident Council .1. Policy Interpretation and Implementation. 1.The purpose of the Resident Council is to provide a forum for:</p> <ul style="list-style-type: none"> a. Residents to have input in the operation of the facility; b. Discussion of group concerns; c. Consensus building and communication between residents and facility staff; and d. Staff to disseminate information and gather feedback from interested residents . <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included:</p> <p>Date of Report: 06/24/2024</p> <p>1. Corrective Action for Affected Individual(s).</p> <p>[NAME] Care of Livonia has had three Activity Directors in the past year. Census 94.</p> <p>-Reviewed monthly Resident Council Minutes revealed the book was not in order and there were missing dates.</p> <p>-Resident Council is to be held monthly with the president, residents, and Activity Director.</p> <p>-Resident Council is held every third Wednesday of each month.</p> <p>2. Identification of Residents Affected or Likely to be Affected:</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility took the following actions to address the citation and prevent any additional residents from suffering an adverse outcome.</p> <p>An ad hoc QAPI meeting was held on 06/21/2024 with ED, DNS and Medical Director updated to review the regulations and developed the following action plan.</p> <ul style="list-style-type: none"> -All current residents were reviewed and updated with activity preferences. -All current residents will be asked to attend resident council meetings. -Resident Council Meetings will be added on Activity Calendar every month at 11:00 a.m. -Facility will encourage one of the residents to become president. -Activity binder reviewed for accuracy on 06/18/2024. -The Administrator or designee immediately ensured the rights of residents well being of the residents who were at risk for not attending resident council meetings. -Activity Calendars, Resident Rights, Ombudsman, Survey Book Results, and Grievances contact will be posted on bulletin board for all residents and family members to view. -Staff will inform residents where to find postings of Resident Rights, Survey Binder, who to contact for Grievances, and the number to call for Ombudsman. <p>3. Systemic Changes to Prevent Recurrence:</p> <ul style="list-style-type: none"> -Social Service Regional Consultant started education on 06/24/2024, with all staff on Resident Council Meetings missing. Staff was informed meetings are held every third Wednesday at 11:00 am every month. -Social Service Regional Consultant educated staff to place council meetings on the activity calendar. Activity Calendar will be placed in the hall and in each residents' room. -Activity Director will complete monthly Activity Calendar or Gradual Dose Reduction (GDRs) and behavioral interventions. -MDS Coordinator will inform team via email, morning meetings, stand down or by cell phone when a change of condition occurs including medications and diagnoses. -SSD will complete PASARRs within 7 days of a residents' admissions date, change of condition, and change of diagnoses. SSD will upload completed application and results. If a resident becomes a Level II, SSD will care plan it. <p>4. How the Facility Will Monitor its Corrective Action</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/24/2024 QAPI meeting was completed to review action plan with ED and Activity Assistants to direct the following audits to be conducted with results reported back to the QAPI committee for further follow-up and review until otherwise directed by the QAPI committee:</p> <p>The Administrator/Designee will interview four residents' weekly times 4 weeks, biweekly times 2 weeks, then monthly times 1 to verify understanding of Resident Council meetings process.</p> <p>-Identified residents at risk for resident council meetings will be reviewed weekly time four weeks, then bi-weekly times 2 weeks, and then monthly times one, with findings submitted to QAPI for review and recommendations.</p> <p>-Identified Resident Council President</p> <p>-Activity Assistant held a Resident Council meeting on 06/21/2024 at 11:00 am, in which the residents were educated on the facility's Resident Council policies and procedures.</p> <p>-Administrator/Designee will interview 5 residents a week for 4 weeks Resident Council Process to see if they had any problems related to their rights with the findings submitted to QAPI for review and recommendations.</p> <p>-Activity Director will complete three times a week audits times 4 weeks and then weekly times two weeks, and then monthly times one to validate monthly Resident Council Meetings have been completed with findings submitted to QAPI for review and recommendations.</p> <p>-Resident Council Minute meetings will be audited for function</p> <p>Completion Date: 6/26/24.</p>		

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<p>F 0680</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>40384</p> <p>This citation in part pertains to Intake: MI00145599</p> <p>Based on interview and record review the facility failed to ensure the activities program was directed by a qualified professional potentially affecting all 95 residents in the facility. Findings include:</p> <p>On 7/18/24 at 11:00 AM, during an interview with the Nursing Home Administrator (NHA) about the lack of resident council meetings being conducted, he explained that a new Activities Director was hired last month, as there was no one in the position when he took over the position only a short time ago.</p> <p>On 7/18/24 at 2:35 PM, an interview was completed with Activities Director A regarding their position start date, and she explained that she started on 6/10/24. Also present during the interview was Activities Aide B who explained that she started her position in April 2024, and since her start date, there has never been an Activities Director in place.</p> <p>On 7/18/24 at 2:45 PM, the Director of Nursing (DON) was asked about the lack of an Activities Director, and she explained from what she can recall, the last time they had an Activities Director was March 2024.</p> <p>A review of the Activities Policy did not reveal information regarding a qualified professional.</p>