

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  07/24/2024
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44750</p> <p>This citation pertains to Intake MI00145744.</p> <p>Based on interview and record review, the facility failed to implement timely treatments for a newly identified wound for one resident (R701) out of three reviewed for wounds, resulting in the worsening of the wound. Findings include:</p> <p>A review of the medical record revealed that R701 admitted into the facility on [DATE] with the following diagnoses, Cerebral Infarction, Dysphagia, and Adult Failure to Thrive. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 7/15 indicating an impaired cognition. R701 also required extensive staff assistance with bed mobility and transfers.</p> <p>A review of the initial skin assessment dated [DATE] noted that R701 did not have any identified skin conditions.</p> <p>Further review of the progress notes revealed the following,</p> <p>-1/14/2024 .Wound-Resident has a dime size open area to [their] sacrum (buttocks), writer cleansed area with normal saline, applied triad paste and a border gauze. A review of the physician orders did not note a wound care treatment order.</p> <p>-1/26/2024 .1.0 centimeters (cm) x1.0 cm x0.1 cm. Acquired. Stage 3 (wound which involves full thickness loss or deeper tissue damage) .Cleanse w[ith] wound cleansers, apply puroral silicone . A review of the physician orders did not note a wound care order. Further review of the physician orders revealed the following: Date: 2/2/2024. Order: Cleanse sacrum with wound cleanser. Apply puracol and cover with silicone border gauze.</p> <p>-7/11/2024 .8.0x6.5x0.0. Acquired. Stage 3. Unchanged.</p> <p>On 7/24/2024 at 12:27 PM, an interview was conducted with the Director of Nursing (DON). The DON stated they had a wound care nurse at that time and they went around and completed all the wound care. The DON was queried as to why an order was not put in until 19 days after the initial observation. The DON stated an order should have been entered at the time of the initial observation.</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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F 0686  Level of Harm - Actual harm  Residents Affected - Few	A review of a facility policy titled, Wound Prevention noted the following, To prevent the formation of avoidable pressure injuries and to promote healing of existing pressure injuries, it is the policy of this facility to implement evidence-based interventions for all residents who are assessed at risk or who have a pressure injury present.		