

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 09/05/2024
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 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Permit a resident to return to the nursing home after hospitalization or therapeutic leave that exceeds bed-hold policy.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40384</p> <p>This citation pertains to Intake: MI00146528</p> <p>Based on interview and record review, the facility failed to permit a resident to return to the facility after hospitalization for one resident (R901) of one reviewed for discharges. Findings include:</p> <p>A review of Intake: MI00146528 revealed the following, [R901] came to [local hospital] for evaluation, pt (patient) was cleared by physician and returned to [facility]. [Facility] indicated that they didn't receive clinical information, so they sent patient back to the Emergency Center. Staff called [facility] per pt., providing clinical clearance and they continued to refuse patient's return. The following day [hospital staff] contacted [facility administrator], he indicates that he cannot accept pt back as he doesn't have staff to care for patient. [Facility staff] sent</p> <p>clinical information to the building as requested. They requested a psychiatric evaluation, and this was conducted, this was sent to the facility as well, patient was cleared psychiatrically to return [facility administrator] continues to refuse to accept patient back to the facility .</p> <p>A review of R901's medical record revealed they were initially admitted into the facility on [DATE] with diagnoses that include End Stage Renal Disease, Type II Diabetes Mellitus, Morbid Obesity, and Hypertension. Further review revealed the resident was cognitively intact, and was dependent on staff for transfers and toilet use.</p> <p>Further review of the medical record revealed the following progress notes:</p> <p>8/20/2024 04:03 (4:03am) Note Text: went to check on pt (patient) early before incident. I spoke to pt and he did not respond. I asked if pt needed anything and pt did not respond. About an hour and a half later, nurse aide reported during care pt ask for a soapy wash cloth to wipe himself, after wiping himself there was stool on washcloth, he looked and saw that stool was on it and flanged the soiled cloth filled with feces and it landed on me.' I went in to speak with pt. about the incident as to what happened. pt got upset and statred (started) to raise his voice then proceeded to video record me. I asked pt to stop and that he can not record me. He told me to get out. DON (Director of Nursing) notified. 911 called, pt. petition to [local hospital].</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 235057
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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>8/21/2024 15:30 (3:30pm) General Progress Note: Writer received call on 8/19/24 at 11:39 PM from the CNA (certified nursing assistant) that was providing care to the resident. She was highly upset and tearful when she explained to writer that she was providing care to the resident and then he asked for the soapy washcloth where he went and wiped himself and stated that there is more feces and flung the wet feces filled washcloth at her. Feces landed on the care team member, and she left the room to report the incident. Writer gave instructions to have the charge nurse to petition the resident out for psych services due to his behavior. Writer then received a call from the charge nurse at 11:41 PM to receive the directive from the writer. Due to the on-going disrespectful and assaultive behavior the resident has displayed while residing in the facility, writer instructed the charge nurse to inform the intake staff at the hospital that he is not to return at this time. Petition completed, [local police] called and arrived to the facility, ambulance transport was notified and came to transport the resident to the hospital .</p> <p>8/21/2024 15:41 (3:41pm) General Progress Note: Received call from charge nurse on 8/20/24 at 10:36 PM stating that the hospital just transported the resident back to the facility. Charge nurse was informed to send the resident back to the hospital because he has not been cleared to come back to the facility until further notice and direction of administration. EMS (emergency medical services) transported resident back to the hospital. Writer then received a call from the charge nurse at 11:16 PM stating that the hospital was calling upset about the return of the resident, writer received the phone number of the representative that called and was called and given the information of the resident is not to return to the facility until further notice of administration.</p> <p>On 9/5/24 at 9:26 PM, an interview was completed with the Director of Nursing (DON) regarding R901 not being allowed back to the facility. She said she received a call from the resident's CNA around 11pm reporting that the resident took his washcloth full of feces, and threw it at her causing her to have feces all over herself. She reports that the police were called, and charges are going to be filed. She further reported that due to his aggressive behavior, he was petitioned out. She further reported that the resident has a history of aggressive behaviors towards staff, is non-compliant with care, and hits and belittles staff.</p> <p>The DON further reports that once R901 was petitioned out, they sent him back to the facility as he was considered medically cleared. The facility however sent him back requesting a psychiatric evaluation. She reports that at that time, he did not have an involuntary discharge however, when they attempted to send him back after the psych evaluation, they did refuse to take him back because they didn't have the staff to take care of him, as he refuses to be taken care of by most of the staff, and he is abusive. She reports that when staff attempt to care for him, he refuses and then complains that he did not receive the care he actually needs. She reports that there is an administrative hearing scheduled for 9/11/24 due to the involuntary discharge.</p> <p>A review of the facility's Transfer and Discharge policy revealed the following, 2. Once admitted , the resident has the right to remain at the facility unless their transfer or discharge meets one of the following specified exemptions:</p> <p>a. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.</p> <p>b. The transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the facility.</p> <p>(continued on next page)</p>		

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<p>F 0626</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident.</p> <p>d. The health of individuals in the facility would otherwise be endangered.</p> <p>e. The resident has failed, after reasonable and appropriate notice, to pay or have paid under Medicare or Medicaid for his or her stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay.</p> <p>f. The facility ceases to operate .</p>		