

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 10/15/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46956</p> <p>This citation pertains to Intake MI00147416.</p> <p>Based on observation, interview, and record review, the facility failed to provide timely brief change, peri-care and bedding change for one (R705) of four residents reviewed for care concerns. Findings include:</p> <p>On 10/15/24 at 10:39 AM, R705 was interviewed while laying in bed. The incontinence pad under the resident was observed to be soaked with urine and there were clean linens and brief laying at the foot of the bed.</p> <p>Review of the facility record for R705 revealed an admitted [DATE] with diagnoses including Alzheimer's Disease and Bilateral Lower Extremity Contracture. The Care Plan dated 09/05/24 identifies the focus area stating [R905] has episodes of incontinence of bladder and bowels and includes the goal statement [R905] will be maintained in as clean and dry and dignified a state as possible. The related interventions included Check routinely for incontinence and provide incontinence care as needed.</p> <p>On 10/15/24 at 11:59 AM, R905 was observed laying in bed. The incontinence pad had a large outer ring of dried urine and appeared soaked and the brief and top sheet both appeared wet. The clean linens and brief remained stacked at the foot of the bed. R905 was asked if they could recall when they were changed last and they were not able to provide a clear answer.</p> <p>On 10/15/24 at 1:23 PM, R905 was observed in bed. The pad, brief, and sheet remained unchanged and the clean supplies remained at the foot of the bed. R905 was able to state they could not remember when they were last changed. They were not able to clearly describe how they felt about being wet for an extended period.</p> <p>On 10/15/24 at 1:52 PM, R705 was observed laying in bed. The resident and bedding remained unchanged and the clean supplies remained at the foot of the bed.</p> <p>On 10/15/24 at 2:00 PM, Certified Nurse Assuistant (CNA) A reported they were R905's caregiver and they were working first shift for the day (7 AM-3 PM). CNA A was asked if they recalled having changed R905 during the shift and indicated they had done so when I got here this morning (approximately 7-730 AM). CNA A confirmed the brief and the pad were wet and had a dried ring of urine was around the outside of the pad and saying [R705] does wet a lot.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/15/24 at 2:25 PM, the Director of Nursing (DON) reported R705 being changed only at approximately 7-7:30 AM and not again until 2 PM is not acceptable. The DON stated the expectation is a check and change be completed approximately every two hours and as needed.</p> <p>Review of the facility policy Activities of Daily Living dated 12/12/23 revealed the following entries:</p> <p>Care and services will be provided for the following activities of daily living:</p> <ol style="list-style-type: none"> 1. Bathing, dressing, grooming and oral care; 3. Toileting; <p>PROCEDURE</p> <ol style="list-style-type: none"> 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. 		