

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235132	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2024
NAME OF PROVIDER OR SUPPLIER Majestic Care of Flushing		STREET ADDRESS, CITY, STATE, ZIP CODE 540 Sunnyside Dr Flushing, MI 48433	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22348</p> <p>39059</p> <p>This Citation pertains to Intake Number MI00135839.</p> <p>Based on interview and record review, the facility failed to complete yearly PASSAR's and/or Level II evaluations for three residents (Resident #602, Resident #603 and Resident #604), resulting in the lack of yearly follow-up and PASSAR/Level II documentation with the likelihood of unmet mental health needs.</p> <p>Findings include:</p> <p>Resident #602:</p> <p>On 3/19/2024, at 1:30 PM, a record review of Resident #602's electronic medical record (EMR) revealed an original admission on 12/18/2017 with diagnoses that included Depression, Anxiety and Heart Failure. Resident #602 had intact cognition.</p> <p>A review of the most recent COMPREHENSIVE LEVEL II EVALUATION March 12, 2021 revealed . If the above named individual remains in the nursing facility, a Level II Evaluation is needed by March 11, 2022.</p> <p>A review of the most recent PASSAR (77/78) document revealed the Mental Illness was check marked. The document was dated 05/17/2023. There was no other PASSAR correspondence for the year of 2023.</p> <p>On 3/19/2024, at 3:00 PM, Social Work Director C was asked to provide the most up-to-date 77/78 and Annual Level II documents for the resident.</p> <p>Resident #604:</p> <p>On 3/19/2024, at 2:00 PM, a record review of Resident #604's electronic medical record (EMR) revealed an original admission on 3/23/2020 with a readmission on 6/29/2021 with diagnoses that included Dementia, Depression and Hypertension and had severely impaired cognition.</p> <p>A record review of the most recent PAS (77) revealed a date of 3/15/21 with the diagnosis of mental illness or Dementia circled. There was no SAR (78) to correlate with the 77.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the miscellaneous section in the EMR revealed no other up-to-date PASSAR documentation.</p> <p>On 3/19/2024, at 3:00 PM, Social Work Director (SWD) C was asked to provide the most up-to-date 77/78 for the resident.</p> <p>On 3/19/2024, at 3:15 PM, SWD C was again asked for up-to-date 77/78 documents and SWD C stated, the DON and myself are in the process of getting everything together for those but there was a training they had to do before they could have OBRA access.</p> <p>On 3/19/2024, at 4:00, the Director of Nursing was interviewed regarding the lack of up-to-date PASSAR/Level II documentation for Resident #602 and #604. DON explained that SWD C had online access to the documents but in view only and had attempted to set up an account. DON further offered that they contacted corporate and whoever was in charge of the access changes was no longer available and that they had been waiting from OBRA for permission which finally happened this past Friday.</p> <p>Resident 603 (R603):</p> <p>A review of the Electronic Medical Record (EMR) revealed that R603 was initially admitted to the facility on [DATE], with the primary diagnoses of Type 2 Diabetes Mellitus with Diabetic Polyneuropathy, Major Depressive Disorder, and Undifferentiated Schizophrenia in addition to other diagnoses. R603 Medication Administration Record (MAR) dated March 2024 revealed that R603 received the following medication as indicated: Lexapro Oral Tablet 10 milligrams (mg.) daily, an anti-depressant, and Olanzapine Oral Tablet 5 mg daily, prescribed as an antipsychotic medication.</p> <p>On 3/19/24 at 2:30 PM, R603's PASSAR/Level II documentation was reviewed with the Social Worker Director SWD C. The most recent PASSAR/Level 2 Assessment was dated October 28, 2022. There was no PASSAR/Level 2 assessment documentation found dated 2023 and 2024,</p> <p>The Social Worker Director (SWD C) was interviewed on 3/19/24 at 2:45 PM. SWD C indicated that they don't have an up-to-date PASSAR/Level II for R603.</p> <p>The facility's PASSAR/Level II Screening Policy was requested on 3/19/24 at 4:09 p.m. However, the policy was not submitted as requested during exit.</p>		