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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235155 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/17/2024 |
| NAME OF PROVIDER OR SUPPLIER Martha T Berry McF | | STREET ADDRESS, CITY, STATE, ZIP CODE 43533 Elizabeth Rd Mount Clemens, MI 48043 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49102</p> <p>This citation pertains to Intake: MI00146692</p> <p>Based on interview, and record review, the facility failed to ensure protection from misappropriation of property for one resident (R700) out of one resident reviewed for abuse . Findings include:</p> <p>Review of a facility reported incident documented, A resident's (R700) debit card was obtained and used by an employee without the permission of the resident or their responsible party. The suspected employee was brought in for interviewing and confessed to using the card without permission .</p> <p>On 9/17/24 at 10:45 AM, R700 was observed in their room laying in bed. R700 unable to recall the incident.</p> <p>A review of R700's clinical record revealed R700 was admitted into the facility on [DATE] with diagnoses that included: chronic Obstructive Pulmonary Disease, Psychotic disorder with Hallucinations. A review of R700's Minimum Data Set (MDS) assessment dated [DATE] revealed R700 had a Brief Interview of Mental Status (BIMS) assessment score of 6 indicating severe cognitive impairment.</p> <p>On 9/17/24 at 1:25 PM a phone interview was held with R700's daughter regarding the alleged incident. R700's family member stated, I gave my mother the purse with the wallet in it about six months ago because those items helped her feel independent. I had no idea this would happen until we noticed the charges on the card. It never crossed my mind that this would happen. There was cash and the card in the wallet. I quickly reported it to the police and the facility who conducted an investigation.</p> <p>An interview occurred on 9/17/24 at 2:04 PM, with the Risk Investigation Manager (Nurse A) who conducted a facility investigation stated ,Once the family notified our social worker charges had been made on the card, the facility reported the incident to the State Agency, the (name of local sheriff's office) and started our investigation. Once the vending machines confirmed the charges were made in the facility, we were able to coordinate the times of the transactions at the vending machine with the facility camera's to determine an alleged suspect. Upon identifying the perpetrator and interviewing them, perpetrator admitted the crime and was terminated.</p> <p>On 9/17/24 at 1:35 PM, an attempt to reach the perpetrator occurred but there was no answer and a message was left.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>A review of the facility's investigation revealed the following conclusion, the facility has substantiated that abuse occurred in the form of misappropriation of a resident's property. A resident's debit card was obtained and used by an employee without the permission of the resident or their responsible party. The suspected employee was brought in for interviewing and confessed to using the card without permission. Video footage confirmed the employee's whereabouts during the time the care was used. The resident's responsible party was reimbursed .</p> <p>A review of the policy entitled, Resident Abuse, Neglect and Exploitation Program revealed the following :</p> <p>Residents have the right to be free from abuse, neglect, exploitation and misappropriation of property. It is our responsibility to protect these rights with a program that detects, monitors and trains staff on the signs of abuse, neglect, exploitation and misappropriation of property and screens out individuals that may pose a threat to our residents, thoroughly investigate allegations and suspicions of these actions, and report to the proper agencies in a way that meets state and federal requirements.</p> <p>During the onsite survey, past noncompliance (PNC) was cited after the facility implemented actions to correct the noncompliance which included:</p> <ol style="list-style-type: none"> 1. The identification of like residents and their responsible parties who had credit or debit cards in their possession. 2. Audit like residents to ensure no one else had unauthorized charges on their card. 3. Interview self responsible residents to verify their accounts and unauthorized charges. <p>Measures systemic changes made to ensure that deficient practice will not occur and affect others</p> <ol style="list-style-type: none"> 1. All staff were re-educated on following about misappropriation of resident's property. 2. All staff were re-educated on the abuse policy <p>How facility monitors its corrective actions to ensure same deficient practice is corrected and will not recur.</p> <ol style="list-style-type: none"> 1. The social Work department / designee will interview residents/ responsible parties during resident care conferences regarding unusual transactions of residents personal funds weekly for four weeks, the monthly for four months and quarterly until compliance is met. 2. The Social Worker / Unit Manager will query employees about misappropriation weekly for weeks and then monthly until compliance is met. <p>Date of compliance 9/3/24.</p> <p>The facility was able to demonstrate monitoring of the corrective action and maintained compliance.</p> | | |