STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 22349 Based on observation, interview, and record review the facility failed to follow the Standards of Practice during medication administration for three of five residents (R18, R68, and R52) resulting in the potential for medication errors. Findings include: Resident 52 On 6/12/24 at 9:14 AM on the 1 North Hall, Registered Nurse (RN) H was observed standing at the medication cart looking at the computer screen. There was a medication cup with 6 white pills of various shapes sitting on top of the medication cart. There were 2 separate pills inside white plastic pharmacy packaging identified as 'Lasix 20 milligrams (mg)'. There was no resident's name on the packaging. During interview RN H said she was going to pass the 6 pills in the medication cup to R52 but the medications did not match up to what was on R52's Medications Administration Records (MAR). RN H said she had just taken the medication cart from Licensed Practical Nurse (LPN) J and the pills were already in the cup. RN H confirmed she did not put the pills in the medication cup herself, did not know which resident's medications were in the cup, or which resident the two Lasix pills on top of the cart were for. At this time RN H said she was going to ask LPN J which resident's medications were in the cup and walked away from the medication cart leaving it unlocked with the computer screen open visibly displaying resident's health information and the 2 Lasix pills on top of the cart. At approximately 9:18 AM RN H returned to the medication cart with LPN J and LPN I to discuss which resident's medications were in the cup. A review of R52's MAR revealed the resident's AM dose of medications were not signed out as administered. R52 was not in the room to be interviewed. RN H could not determine if R52 had received his AM medications and placed the medication cup with the pills inside the medication cart in the section identified for R52 and proceeded to prepare medications for another resident. At approximately 9:40 AM LPN K reported to RN H that R52 was in the lobby being transported to an outside appointment and requested to have the AM medications prior to leaving the facility. LPN K observed the medications in the cup of R52's section of medication cart and said, These are not the right pills. RN H was preparing to administer medications to another resident (R18) and therefore did not administer the medication to R52 at this time. It could not be confirmed which resident's medications were in the cup and they were disposed of in the garbage bag attached to the medication cart by LPN K. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/12/24 at approximately 11:00 AM The Director of Nursing (DON) was asked about the medication administration protocol for the facility. The DON said the nurse who removes the medications from the pharmacy packaging and places them in the medication cup should administer those medications to the intended resident prior to handing off the medication cart to another nurse. The DON said a nurse should not administer medications to a resident unless they prepared the medications themselves. Resident 18 On 6/12/24 at 9:38 AM RN H was observed to administer all of R18's medications that were scheduled for 6/12/24 at the AM dose. On 6/13/24 at approximately 11:00 AM during reconciliation of R18's MAR it revealed that LPN J signed out the medications for R18 on 6/12/24 for the AM dose. On 6/13/24 at approximately 11:15 AM Clinical Corporate Director, RN L was asked to review R18's MAR to confirm that RN H did not sign out the medications on 6/12/24 during the AM dose. RN L reviewed the MAR and confirmed that LPN J had signed the MAR for R18 on 6/12/24 during the AM dose. RN L said, I can't explain why that happened. It is a standard of practice that the nurse who administers the medications signs them out on the MAR at the time of administration. Resident 68 On 6/12/24 at 10:15 AM during medication administration with LPN J and LPN I, LPN J was observed to crush the following medications and place in yogurt. 1) Ativan 0.5 mg two pills. 2) Senna 8.6 mg two capsules. Review of R68's MAR and physician's orders did not reveal any orders to crush the medications. During interview LPN J said she was in orientation and LPN I was observing her pass medications. LPN I said, The resident has trouble swallowing her pills whole that is why we crushed them. LPN I reviewed R68's EHR (electronic health record) and confirmed the resident did not have orders to crush the medications for administration. According to the facility's Medication Administration General Guidelines policy dated 1/2021 in part reads; Medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices, and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have familiarized themselves with the medication . Medication Preparation: 5. If it is safe to do so, medication tablets may be crushed or capsules emptied out when a resident has difficulty swallowing or is tube-fed, using the following guidelines and with a specific order from prescriber. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. The need for crushing medications is indicated on the resident's orders and the MAR so that all personnel administering medications are aware of this need and the consultant pharmacist can advise on safety and alternatives, if appropriate Medication Administration: 4. Medications are to be administered at the time they are prepared. 5. The person who prepares the dose for administration is the person who administers the dose.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15194 Based on observation, interview, and record review the facility failed to clarify an order for compression stockings per physician orders for one (R27) of one resident reviewed for compression stockings resulting in edema and the potential for increased compromised of R27's cardiovascular system. Findings include: On 6/11/2024 at 12:56 P.M., R27 was observed seated in a wheelchair in her room with her feet on the floor. During the observation R27 complained her feet were swollen and nothing had been done even though the concern had been observed and reported to staff. R27's feet were observed during the interview and appeared very swollen. At 2:00 P.M. during an observation on the unit, R27 stated, her feet had gotten worse, and her friend had brought a pillow into the facility to elevate her legs but that was difficult to do since the right leg rest of the wheelchair was removed and left under the bed. R27 stated, her feet started swelling about two-three weeks ago and both were worse at night or evening once she got out of bed. On 6/12/24 at 1:00 P.M. and 2:17 P.M., R27 was observed in therapy wearing yellow nonskid socks. The resident and Certified Nurse Aide (CNA) M voiced concerned to the therapy staff concerning R27's swollen feet and ankles. Record review of R27's Electronic Medical Record (EMR) revealed the resident was admitted to the facility on [DATE], with diagnosis of hemiplegia and hemiparesis following cerebral infraction (stroke), multiple sclerosis and overactive bladder. According to the Quarterly, Minimum Data Set (MDS) dated [DATE], R27 had a Brief Interview For Mental Status (BIMS) of 14 was (cognitively intact) and required one-person physical assistance to perform activities of daily living (ADLs). On 6/12/24 at 2:30 P.M., review of the physician orders revealed a written order dated 3/5/2024 Apply compression socks. The physicians order had no special instructions for application. Review of Medication Administration Record (MAR) and Treatment Administration Record (TAR) for June 2024 revealed no documentation of the compression socks being applied to R27's feet. Review of the Care Plan section of the Electronic Medical record (EMR) revealed no care plans or interventions addressing the resident's edema or special instructions. On 6/12/24 at 3:00 P.M., CNA M was interviewed concerning R27's compression socks. CNA M stated,R27 did not have an order for compression socks and staff had been applying the nonskid socks. CNA M stated, if R27 had an order for the compression socks, the nurse would have to order the compression socks. At 3:29 P.M., R27's physician orders were reviewed with Registered Nurse (RN) N. Documented on the June 2024 physician order summary was an order dated 3/5/24 compression socks. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	RN N examined the order and stated, staff did not follow through with the order, special instructions were not entered, and they did not enter the order into the computer. R27 should have compression socks. Someone should have contacted the physician and clarified the order and completed the other instructions for applying and removing the compression socks.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38208 Based on observation, interview, and record review the facility failed to follow recommendations for restorative therapy for one resident (R89) out of three residents reviewed for positioning, resulting in the potential for contractures (shortening and hardening of muscles, tendons, and tissues). Findings include: During an observation and interview on 6/11/24 at 11:45 AM, R89 was observed sitting in a geri chair unable to move left side of body. Family Member G reported that R89 needed continued therapy. Record review of R89's electronic medical record (EMR) revealed admission into the facility on [DATE] with a diagnosis of hemiplegia/hemiparesis (paralysis) related to cerebral infarction (stroke). According to the Minimum Data Set (MDS) dated [DATE], R89 had impaired cognition and required substantial/maximal assistance with most Activities of Daily Living (ADLS). Record review of Restorative Nursing Referral dated 6/6/24 documented the following: Frequency: 2 times daily per Resident's tolerance for 8 wks (weeks). It was further documented that R89 was to receive passive range of motion (PROM), active range of motion (AROM), and assisted active range of motion (AAROM) for right and left upper and lower extremities -2 times daily for AM/PM care. Record review of R89's Kardex (a form documenting the specific daily needs of a resident to be followed by staff) dated 6/13/24, documented under Restorative Intervention/Programs- Encourage me to participate in my restorative plan. No specific needs or instructions were documented related to the recommendation from therapy. During an interview on 6/12/24 at 9:35 AM with Therapy Manager (TM) F, it was reported that it was the expectation that restorative nursing should follow recommendations to prevent residents from getting contractures. During an interview on 6/13/24 at 12:24 PM, with Director of Nursing (DON), it was reported that R89 did not have documentation that range of motion exercises had been performed twice a day as recommended by therapy. When asked, according to your policy should restorative nursing assess and monitor these therapy recommendations to see if these interventions have positive or negative outcomes, DON replied, Yes. When asked if there was any evidence that these recommendations were being followed, DON said, No. Record review of the facility's policy Restorative Program last revised 2/12/18, documented the following: Based on the comprehensive assessment of a resident and consistent with the resident's needs and choices, the facility will provide the necessary care and services to ensure that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition or choices demonstrate that such diminution was unavoidable. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Further review of the policy revealed the following: 1.Following identification of need, the interdisciplinary team will put a plan in place that identifies the restorative approaches that will support the resident needs/choices. 2.The applicable restorative interventions will be assigned, which may include ROM, ambulation, transfer, ADLs, adaptive equipment, splinting, bed mobility, bathing, dressing, oral care, toileting, communication and/or dining. 3.The program(s) will be identified in the resident's medical record. 4.Periodically the Restorative Nurse or designee will review and discuss progress or lack of progress toward restorative goals with caregivers and the resident/representative. The residents plan of care and restorative program will be revised as indicated. 5.Monthly, the Restorative Nurse or designee will document a summary of the resident's participation and progress and determine the need to continue, revise, or discontinue the program based on the resident's needs, choices, and goals.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958 Based on observation, interview, and record review, the facility failed to secure smoking materials and complete a smoking assessment for one (R82) of one resident reviewed for smoking safety, accident, and hazards, resulting in the potential for injury to self and other residents. Findings include: In an observation on 6/11/24 at 11:27 a.m., a hand held cigarette lighter sat on top of a phone on R82's bedside table. R82 reported not having any cigarettes and is not currently smoking. R82 then reported getting the lighter from a family member and it usually is put in a purse. In an observation and interview on 6/11/24 at 11:38 a.m., Life Enrichment Director D reported cigarettes and lighters should be stored at the front desk. Life Enrichment Director D was asked should R82 have a lighter in the room. Review of an Admission Record revealed, R82 originally admitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnosis which included hemiplegia and hemiparesis (paralysis) of the right side. Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R82 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 14 out of 15. Review of nursing admission assessments dated 1/9/24 and 4/15/24 revealed R82 is a current smoker. R82 did not have a smoking assessment related to 1/9/24 or 4/15/24. In an interview on 6/12/24 at 10:24 a.m., the Nursing Home Administrator (NHA) reported R82 did not have a smoking assessment because R82 does not smoke. In an interview on 6/12/24 at 10:42 a.m., NHA reported cigarettes and lighters should be stored at the receptionist desk. In an interview on 6/12/24 at 2:21 p.m., Social Worker A reported all residents have a smoking assessment completed on admission. Social Worker A reported R82 did not have a smoking assessment. Social Worker A reviewed R82's nursing admission assessment dated [DATE] and confirmed that R82 was identified as a current smoker. In an interview on 6/12/24 at 2:30 p.m., NHA reported if an admission assessment reveals the resident is a current smoker someone should talk to them to see if they plan to smoke at the facility and a smoking assessment should be completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the facility's Safe Smoking policy revised 8/18/15 documented, Purpose: To promote the safety of residents in our (Corporation Name), who smoke by assessing and managing their smoking capabilities, thereby minimizing risk injury or harm to self and others . 1. Complete Admission Assessment to identify if Resident is a current smoker. If the resident is a current smoker or chooses to smoke at a later time proceed to Step 2. Before a resident can smoke independently a smoking assessment must be completed . 3. Complete the Safe Smoking Assessment . 6. Keep smoking materials in a central, designated area (determined by Center) .

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 15194 Based on observation, interview, and record review, the facility failed to post nurse staffing information for all 98 residents as well as visitors entering the facility, resulting in the necessary staffing information not being available. Findings include: On 6/11/24 at 9:30 A.M., behind the front receptionist desk in the lobby area a posted board was labeled with the facility's name and smudged out numbers and information related to nurse staffing. Observations on 2:30 P.M. and again at 4:30 P.M., revealed the nurse staffing board had the same smudged out information. The facility's nurse staffing numbers were not clearly visible. On 6/12/24 at 12:30 P.M. and 4:00 P.M., the nurse staffing board remained in the same condition as the previous day. On 6/13/24 at 10:00 A.M. the nurse staffing board had not been updated or changed. At 11:00 A.M., the Administrator was queried if the board in the front lobby was where the facility posted nurse staffing information. The Administrator identified the same board in the front lobby and stated Supervisor O was responsible for updating the nurse staffing board with current information. During the observation Supervisor O informed the Administrator someone had wrote on the board with the wrong kind of ink /marker and the information previously could not be changed or updated. Supervisor O acknowledged the nursing staff information had not been updated from the weekend but had failed to inform the Administrator or Director of Nursing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 22349 Based upon interview and record review, the facility failed to act upon Pharmacy Recommendations in a timelly manner regarding discontinuing blood sugar checks four times a day for one (R92) of five residents reviewed for unnecessary medication regimen reviews, resulting in unnecesary monitoring and the potential for R92 to experience discomfort during multiple finger sticks. Findings include: According to R92's Electronic Health Record (EHR) the resident had multiple diagnoses that included type 2 diabetes (adult onset diabetes) without complications. On 4/11/24 the physician prescribed the following insulin orders: Novolog (fast acting insulin) injection per sliding scale (varies the dose of insulin injection based on the blood sugar level) before meals and at bedtime (4 times a day) as follows; for blood sugar reading; 0-200 = zero units of insulin, 201-250 = 1 unit of insulin, 251-300 = 2 units of insulin, 301-350 = 3 units of insulin, 351-400 = 5 units of insulin, and 401- 450 = 5 units of insulin, if over 450 call the physician. The Pharmacy Recommendation for R92 dated 4/22/24 read, This resident has an order for Novolog per sliding scale four times daily. There are currently no orders for scheduled long acting or meal time insulin, nor are there any oral medications for diabetes. Most recent A1C results from April was 4.9 (normal range is below 5.7) and blood sugars for the past 10 days ranged from 94 to 169. No units of sliding scale insulin were used over the past 10 days. Please consider discontinuing the Novolog sliding scale order, as high rates of finger sticks and insulin injections may add to patient discomfort and nursing time expenditures without significant long-term benefit in patient outcomes. On 6/13/24 at 8:30 AM review of R92's EHR did not reveal any documented follow-up from the physician for the Pharmacy Recommendation on 4/22/24. There were no physician or nursing progress notes regarding the resident's blood sugar readings or lack of sliding scale coverage. R92 continued to have blood sugars checked 4 times a day for 51 consecutive days after the Pharmacist's recommendation. A review of R92's Medication Administration Records (MARs) from 4/12/24 - 6/12/24 revealed that all the resident's blood sugar readings were below 200 and no insulin had been administered. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 6/13/24 at 9:19 AM, the Clinical Corporate Registered Nurse (RN) L was asked to review R92's Pharmacy Recommendation dated 4/22/24 and provide documentation the physician had been made aware of the recommendation. RN L confirmed that the facility had not followed up with the resident's physician regarding the recommendation. At this time RN L contacted R92's physician by phone and informed him of the Pharmacy Recommendations from 4/22/24 (51 days earlier). RN L said, There is no need to check the resident's blood sugar four times a day. The Physician is changing the order. According to the facility's Consultant Pharmacist Reports Policy dated 9/1/23 in part; The consultant pharmacist works with the facility to establish a system whereby the consultant pharmacist observations and recommendations regarding residents' medication therapies are communicated to those with authority and/or responsibility to implement the recommendations, and are responded to in an appropriate and timely fashion . A. A record of the consultant pharmacist's observations and recommendations is made available in an easily retrievable form to nurses, prescribers, and the care planning team. This should include: 1. Documentation of the date each medication regimen review is completed and notation of the findings in the medical record or other designated manner . C. Recommendations are acted upon and documented by the facility staff and/or the prescriber. If the prescriber does not respond to recommendation directed to him/her within 30 days, the Director of Nursing and/or the consultant pharmacist may contact the Medical Director. 1. If the prescriber that does not respond is also the Medical Director, the Director of Nursing and the Administrator will address the requirements with the Medical Director and/or pursue more formal actions if necessary to facilitate compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. 22349 Based on observation, interview, and record review, the facility failed to ensure a medication error rate of less than five percent when two medication errors out of 26 opportunities for error were observed for two (R18 and R68) out of five residents reviewed during the medication administration observation, resulting in a 7.69% error rate. Findings include: Resident 18 On 6/12/24 at 9:38 AM, Registered Nurse (RN) H was observed to administer medications to R18 during the AM dose. RN H was observed to deliver two puffs of the following inhaler; Breo-Ellipta Aerosol Powder Breath Activated 200-25 micrograms (mcg) ACT. According to R18's physician's order dated 4/24/24 and the Medication Administration Record (MAR) for June 2024, R18 was prescribed Breo-Ellipta Inhalation Aerosol Powder Breath Activated 200-25 mcg ACT one puff inhale orally in the morning. Resident 68 On 6/12/24 at 10:15 AM Licensed Practical Nurse (LPN) J along with LPN I was observed to administer medications to R68 during the AM dose. LPN J said she was in orientation and LPN I was training her. During medication preparation for R68, LPN J obtained one Ativan 0.5 milligram (mg) pill from the locked narcotic box inside the medication cart. LPN J obtained the Controlled Substance Proof-of-Use Record for R68 and signed out one Ativan 0.5 mg pill on the record for R68 and proceeded to crush the medication. Prior to administering the medication to the resident, LPN J and LPN I were asked to review the prescribed dosage of Ativan for R68's AM dose by the surveyor. According to R68's physician's order dated 5/31/24 and the Medication Administration Record (MAR) for June 2024, R68 was prescribed Ativan 1.0 mg by mouth two times a day at 9:00 AM and 9:00 PM. At this time LPN J confirmed that R68's Ativan dosage should be two Ativan 0.5 mg pills and re-opened the narcotic box inside the medication cart and obtained a second Ativan 0.5 mg pill. LPN J retrieved R68's Controlled Substance Proof-of-Use Record for Ativan 0.5 mg and wrote over the initial documentation of 'one' pill being removed to 'two' pills being removed. Further inspection of the R68's Controlled Substance Proof-of-Use Record for Ativan 0.5 mg revealed that only one Ativan 0.5 mg pill (half the resident's prescribed dose) had been administered to the resident for 4 consecutive doses, since 6/10/24's AM dose. According to the facility's Medication Administration General Guidelines Policy, dated 1/2021, read in part; (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Medication Preparation: 3. Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record. Compare the medication and dosage schedule on the resident's MAR with the medication label. If the label and MAR are different, and the container is not flagged indicating a change in directions, or if there is any other reason to question the dosage or directions, the prescriber's orders are checked for the correct dosage schedule. Apply a direction change sticker to label if directions have changed from the current label Medication Administration: 1. Medications are administered in accordance with written orders of the prescriber

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22349 Based on observation, interview, and record review the facility failed to ensure that one resident (R68) was free from significant medication errors out of five residents reviewed for medication errors resulting in R68 only receiving half the prescribed dose of anti-anxiety medications for 4 consecutive doses. Findings include: According to R68's Electronic Health Record the resident had multiple diagnoses that included malignant neoplasm of the brain, generalized anxiety disorder, and major depressive disorder. On 5/21/24 the resident was admitted to Hospice care. R68's Minimum Data Set, dated dated dated [DATE] indicated that R68 had intact cognition with a brief interview for mental status (BIMS) score of 14/15. According to R68's physician's order dated 5/31/24 and Medication Administration Record (MAR) for June 2024, R68 was prescribed Ativan 1.0 milligram (mg) by mouth two times a day at 9:00 AM and 9:00 PM. On 6/12/24 at 10:15 AM, Licensed Practical Nurse (LPN) J along with LPN I was observed to administer medications to R68 during the AM dose. LPN J said she was in orientation and LPN I was training her. During medication preparation for R68, LPN J obtained one Ativan 0.5 milligram (mg) tablet from the locked narcotic box inside the medication cart. LPN J obtained the Controlled Substance Proof-of-Use Record for R68 and signed out one Ativan 0.5 mg tablet on the record for R68 and proceeded to crush the medication. Prior to administering the medication to the resident, LPN J and LPN I were asked to review the prescribed dosage of Ativan for R68's AM dose by the surveyor. At this time LPN J confirmed that R68's Ativan dosage should be two Ativan 0.5 mg tablets and re-opened the narcotic box inside the medication cart and obtained a second Ativan 0.5 mg tablet. LPN J retrieved R68's Controlled Substance Proof-of-Use Record for Ativan 0.5 mg and wrote over the initial documentation of 'one' tablet being removed to 'two' tablets being removed. Further inspection of the R68's Controlled Substance Proof-of-Use Record for Ativan 0.5 mg revealed that only one Ativan 0.5 mg tablet (half the resident's prescribe dose) had been administered to the resident for 4 consecutive doses, 6/10/24 at 9:00 AM, 6/10/24 at 9:00 PM, 6/11/24 at 9:00 AM, and 6/11/24 at 9:00 PM. On 6/13/24 at approximately 11:15 AM, Clinical Corporate Director RN L was asked to review R68's Controlled Substance Proof-of-Use Record for Ativan 0.5 mg. RN L confirmed that R68 had only received half (0.5 mg) of the prescribed dosage (1.0 mg) of Ativan for the last four consecutive administrations; 6/10/24 at 9:00 AM, 6/10/24 at 9:00 PM, 6/11/24 at 9:00 AM, and 6/11/24 at 9:00 PM. RN L acknowledged that is it the nurse's responsibility to administer the correct dosage of the prescribed medications and that two Ativan 0.5 mg tablets should have been administered to equal the prescribed dosage of Ativan 1.0 mg. According to the facility's Medication Administration General Guidelines Policy dated 1/2021 reads in part; Medication Preparation: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Prior to administration, review and confirm medication orders for each individual resident on the Medication Administration Record. Compare the medication and dosage schedule on the resident's MAR with the medication label. If the label and MAR are different, and the container is not flagged indicating a change in directions, or if there is any other reason to question the dosage or directions, the prescriber's orders are checked for the correct dosage schedule. Apply a direction change sticker to label if directions have changed from the current label Medication Administration: 1. Medications are administered in accordance with written orders of the prescriber

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39958 Based on observation, interview, and record review the facility failed to follow the standards of infection control for proper glove use and hand hygiene, for two residents (R2 and R308) out of 20 sampled residents reviewed for infection control, resulting in the potential for increased cross-contamination of diseases which place a vulnerable population at high risk for infections. Findings include: R2 Review of an Admission Record revealed, R2 originally admitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnosis which included Dementia and Type II Diabetes. Review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R2 had no cognitive impairment with a Brief interview for Mental Status (BIMS) score of 12 out of 15. R308 Review of an Admission Record revealed, R308 originally admitted to the facility on [DATE] and readmitted on [DATE] with pertinent diagnosis which included Type II Diabetes, Chronic Obstructive Pulmonary Disease (COPD), and Malignant Neoplasm (cancer) of Prostate. Review of a MDS assessment dated [DATE] revealed R308 had cognitive impairment with a BIMS score of 9 out of 15 and required an indwelling catheter. In observation on 6/11/24 at 10:08 a.m., Environmental Services Aide C cleaned R2 and R308's room with gloved hands. R2 and R308's room had an Enhanced Barrier Precautions (an infection control measure that uses personal protective equipment to reduce the spread of multidrug resistant organisms between residents) sign on the door. Environmental Services Aide C exited the room, removed gloves, and did not perform hand hygiene. In an observation on 6/11/24 at 10:09 a.m., Environmental Services Aide C put on a pair of gloves without performing hand hygiene. Environmental Services Aide C then entered another resident's room. In an observation on 6/11/24 at 10:10 a.m., Environmental Services Aide C exited the room and with the same pair of gloves took a spray bottle from the cart in the hallway. Environmental Services Aide C then entered the bathroom of the resident's room, exited the room, and leaned against the cart's trash can. In an interview on 6/11/24 at 10:11 a.m., Environmental Services Aide C reported gloves can be worn in the hall. Environmental Services Aide C was asked if hand hygiene should be performed after gloves are removed and stated, Not that I'm aware of. Environmental Services Aide C then reentered the room wearing the same gloves. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235207	A. Building B. Wing	06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakpointe Senior Care and Rehab Center	18901 Meyers Rd Detroit, MI 48235

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an observation on 6/11/24 at 10:13 a.m., Environmental Services Aide C removed gloves, put on new gloves with no hand hygiene before application and reentered the room. In an observation on 6/11/24 at 11:05 a.m., Environmental Services Aide C removed gloves in hallway and did not perform hand hygiene. In an interview on 6/13/24 at 11:03 a.m., Infection Preventionist B reported the environmental services staff is educated on hand hygiene and glove use. Infection Preventionist B reported hand Hygiene should be performed after glove use and gloves should not be worn in the hall. Review of a Handwashing and Hand Hygiene policy revised 4/29/20 documented, . To protect our residents, visitors, and staff, each facility will promote hand hygiene practices during all care activities and working in locations within the facility. Conditions which may require hand hygiene include but not limited to: Before and After applying gloves, after using restroom, after contact/potential contact with blood or body fluids .