

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Cherry Hill for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 38410 Cherry Hill Rd Westland, MI 48185	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32220</p> <p>This citation pertains to MI00142238, MI00141119, MI00140817, MI00140327.</p> <p>Based on observation, interview and record review, the facility failed to ensure four residents (R904, R905, R906, R909) of four reviewed for adaptive equipment were allowed to have reachers (device about two feet long with a trigger/grip at one end that activates a jaw at the opposite end which can be used to grip and pick up items), resulting in feelings of lost independence, decreased self esteem, and fear of falls. Findings include:</p> <p>A review of four complaints called into the State Agency revealed;</p> <ul style="list-style-type: none"> - .the removal of reachers from all residents poses an increased risk of falls and injuries. This decision, stemming from an isolated incident, has received numerous complaints from residents and their families, highlighting the need for a reconsideration of this policy . - .Residents report concerns that the nursing home has taken reachers away from residents. Residents report this affects their ability to be self-sufficient as possible. The lack of reachers for the residents infringes on their rights and dignity, autonomy, and their rights to be as self-sufficient as possible. Residents report that when staff took reachers away from residents, staff told residents that if they needed anything to be picked up and or anything to be put in arms reach to use the call light and staff will assist. Residents report that only lasted four days and now staff does not answer call lights and or assist when items are dropped and or not within reach . - .Resident reports that the incident on 09/29/2023 where a resident hit another resident and used their reacher as a weapon which resulted in the reachers being taken away. The resident also reports that due to reachers being taken away there have been numerous falls .The administrator thought it would be acceptable to take reachers away from residents who use them as a tool to assist them and to assist them being as independent as possible. That is not acceptable and the home is taking away resident's independence, autonomy, and their rights to be as independent as possible . -Complainant states there was a recent incident where a resident hit a staff person with a grabber. As a result, all of them were taken away from the residents .The resident was told to use their call light if they need anything. When they use their call light it's 1-2 hrs. before it's answered. <p>On 05/15/24 at 9:25 AM, a resident who requested to remain anonymous commented a reacher was discussed as something that could be provided once they return home.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/15/24 at 12:02 PM, the ombudsman reported the taking away of the reachers was an ongoing concern verbalized by residents at the resident council meeting held on 05/14/24.</p> <p>R904</p> <p>On 5/15/2024 at 1:16 PM, an interview with R904 revealed that since October, when reachers were removed, a fall was experienced by them while trying to reach something dropped on the floor. It took two persons to get me up. Since the loss of the reacher, if anything falls on the floor, I put the light on or leave it where it falls until someone comes in to get it. R904 revealed, it is very frustrating. If I put the light on for something I need, it takes forever for the light to be answered, 45 minutes to an hour .I should not be punished.</p> <p>A review of the record revealed R904 was admitted in the facility on 12/19/23. Diagnoses included Paralysis of one side, Heart Failure and Foot Drop. A review of the active care plan documented, .Resident is at risk for falls (related to) gait/balance problems .resident has an (activities of daily living) ADL self care performance deficit (revised 04/10/24) .anticipate needs not verbalized as resident does not always make needs clearly known. Keep call bell in reach, encourage to use, answer promptly.</p> <p>R905</p> <p>On 05/15/24 at 3:20 PM, R905 reported they had their own reacher before admission into the facility and had been at the facility about three years. R905 reported there was an incident between two residents and they should not be punished because of them. R905 reported, I am bedridden and if something falls I don't have to turn on the light. I can use my grabber to pick it up. I can also pull my blankets up. It is an inconvenience when I have to call an aide for something I can do myself. I can use the reacher as guide to see where to drop the trash. I feel bad enough about myself and they have taken away my independence. I like to be able to do for myself what can I can do for myself.</p> <p>A review of the record revealed R905 was admitted into the facility on [DATE]. Diagnoses included Multiple Sclerosis, Contracture of the left and right knee, and Diabetes.</p> <p>A review of the active care plan documented, .Patient prefers to stay in bed .has an (activities of daily living) ADL self care performance deficit .one person assist to reposition and turn in bed .one person assist with personal hygiene .Set up and clean up assist to eat .I need to be evaluated for and supplied appropriate adaptive equipment or devices as needed, date initiated 11/30/2020 .</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] indicated intact cognition with a 15/15 Brief Interview for Mental Status score and the need for substantial assistance to roll left and right and personal hygiene and dependent for toilet hygiene, bathing, transfer, and upper and lower body dressing. A review of an occupational therapy (OT) note dated 09/20/23 documented, .skilled interventions to facilitate safety and independence with hygiene/grooming .patient instruction in use of (adaptive equipment) AE reacher/towel to facilitate washing feet .</p> <p>R906</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/15/24 at 9:31 AM, R906 was observed to be laying in bed on their left side. R906 reported they could not get out of bed on their own and staff do not check on them unless they call them and then it can be ten minutes or more before they receive help. R906 commented the facility also took away their reacher and it should not be that way when someone get theirs taken away, everybody should not have to pay.</p> <p>On 5/15/2024 at 12:02 PM, an interview with R906's family member said that R906 began being bedridden many months ago. R906's family member reported (R906) used the reacher a lot for retrieving things out of their drawer, off the floor, and sometimes from the end of the bed. R906's family member indicated that R906 has managed without the reacher but that it has impacted R906's life, decreased their quality of life, increasing debility and dependence and some increasing depression.</p> <p>On 5/15/2024 at 10:03 am, R906 was interviewed regarding a reacher as an adaptive piece of equipment. R906 stated, I cannot sit up very high, the reacher helps me to reach things I drop, things at the end of the bed out of reach, or from my bedside drawer.</p> <p>A review of the record revealed R906 was admitted into the facility 09/28/21. Diagnoses included Depression, Anxiety and Muscle Contracture of the the right and left lower legs. The Minimum Data Set (MDS) assessment dated 03/01/24 indicated intact cognition with 13/15 Brief Interview for Mental Status (BIMS) score. The active care plan documented, .has potential for pressure ulcer development related to immobility . has Activities of Daily Living self performance deficit .and was dependent on staff for bed mobility, personal hygiene and dressing.</p> <p>R909</p> <p>On 05/16/24 at 11:36 AM, R909 was observed to be in bed. A wheelchair was at the side of the bed. R909 reported they had a right lower leg amputation and required assistance to get out of bed. R909 commented they had a reacher they brought into the facility with them and when they had gone out to smoke one day the staff had removed the reacher. R909 noted they used their reacher to pick up the foot rest on their power wheelchair and pick up items around their bed. R909 commented the reacher made them more independent and helped them feel better about themselves as at times one can wait hour and half or two hours for help.</p> <p>A review of the record for R909 revealed, R909 was admitted into the facility on [DATE]. Diagnoses included Absence of right leg below knee, Diabetes and Heart Attack. The Minimum Data Set (MDS) assessment dated [DATE] indicated intact cognition with a 15/15 Brief Interview for Mental Status score and the need for partial/moderate assistance for lower body dressing, putting on footwear and bathing, independent for sitting to lying and lying to sitting and substantial to maximal assist for chair to bed and bed to chair transfer.</p> <p>On 05/15/24 at 2:15 PM, the Director of Nursing (DON) reported they felt the reachers were more important for the resident to have them at night and did not know how important the reachers were until they were taken. The DON reported they had multiple meetings about the reachers and did not indicate the residents were involved in the decision to remove all the reachers from residents. The DON said that the removal of the reachers was a safety issue.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/15/24 at 3:48 PM, Occupational Therapist (OT) C reported that therapy was asked to no longer provide reachers for residents and taking away the reachers removes the residents independence to reach items. OT C revealed that for the last number of months, after the incident, administration told OT not to issue reachers. OT C further revealed residents are not assessed for reachers at this time.</p> <p>On 05/15/24 at 4:01 PM, the Rehab Manager (RM D) noted they recalled around 15 residents who had reachers some of which were bedridden but all would benefit from the use of a reacher. RM D revealed they're understanding was, corporate told us to retrieve all reachers and not to give any out. RM D revealed close to 20 reachers were removed from residents. When queried about what interventions were put in place to substitute for the use of a reacher, RM D revealed, staff.</p> <p>On 05/16/27 at 3:24 PM, the identified concerns with person centered care and the reachers were reviewed with the DON and the Administrator. The Administrator state person centered care and examples of different devices (like reachers) used by residents were looked at as a safety issue and not considered a necessary device,like a urinal.</p> <p>A review of the Emergency Resident Council Meeting dated 09/29/23 revealed, .A policy of zero tolerance for any type of abuse was reinforced. The residents were told they should act responsibly and respectfully toward each other and staff. They deserve a good safe quality of life. Personality conflicts will arise, your roommates were not chosen without thought. Please take any conflicts to one of the administrators where matters will be discussed. Do not take matters into your own hands. Report to the (Director of Nursing) DON or administrator. There will be no assaulting each other, no cursing at each other or name calling. If you do take any negative action against another resident the police will be called and you will be served a 30 day notice to move out. If you are unhappy here, see the social worker and request a transfer to a different nursing home. There will be no longer any grabber/reachers allowed at (name of nursing facility) nursing home due to inappropriate use. All incidents/concerns will be reviewed and investigated. We need to treat each other better. There are complaint and suggestion boxes located in the front lobby. Please use them. The minutes noted 36 of 108 residents and 12 management staff were in attendance at the meeting. The minutes did not provide individual resident comment, discussion or resident concerns about the reachers.</p> <p>The Resident Council minutes for the last four months were requested on 05/15/24 at 11:13 AM and were not provided.</p> <p>49699</p> <p>A review of the facility policy titled, Personal Property revised September 2012 revealed .Residents are permitted to retain and use personal possessions and appropriate clothing, as space permits . 5. The resident ' s personal belongings and clothing shall be inventoried and documented upon admission and as such items are replenished. 6. The facility will promptly investigate any complaints of misappropriation or mistreatment of resident property .</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility policy titled, Care Plans, Comprehensive Person-Centered revised December 2016, revealed, A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident. The services provided or arranged by the facility, as per the comprehensive care plan, must be culturally-competent and trauma-informed . 4. Each resident ' s comprehensive person-centered care plan will be consistent with the resident ' s rights to participate in the development and implementation of his or her plan of care, including the right to: a. Participate in the planning process; b. Identify individuals or roles to be included; c. Request meetings; d. Request revisions to the plan of care; e. Participate in establishing the expected goals and outcomes of care; f. Participate in determining the type, amount, frequency and duration of care; g. Receive the services and/or items included in the plan of care .</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699</p> <p>This citation pertains to Intake MI00141238.</p> <p>Based on observation, interview, and record review the facility failed to provide safe storage of medication for three residents (R903, R907, and R908) of three residents reviewed for storage of biologicals. Findings include:</p> <p>R903</p> <p>On 5/16/2024 at 10:00 AM, R903 was observed in their bed with the head of the bed elevated to 45-60 degrees, leaning to the right. The bedside table was in front of the resident with many items on the table and a medicine cup with a blue and white small capsule, an orange coated tablet, a large white oval tablet, and a small white tablet. R903 was not attempting to consume the tablets. When queried if they knew what the medications were and how did they get there, the response was, I'd rather not answer that.</p> <p>A record review of R903 revealed an admitted [DATE] with diagnoses that included: Hemiplegia and Hemiparesis following Cerebral Infarction affecting left non-dominant side; Diabetes Mellitus, Type Two; Chronic Kidney Disease; Diabetic Neuropathy; History of Transient Ischemic Attack and Cerebral Infarction; Iron Deficiency Anemia; Depression; Glaucoma; Essential Hypertension; Hyperlipidemia Cognitive Communication Deficit. R903's Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) revealed a score of 12/15 indicating moderate cognitive impairment.</p> <p>A review of R903's care plan on 05/15/24 failed to reveal a care plan indicating the resident had been assessed to self-administer medications.</p> <p>R907</p> <p>On 05/16/2024 at 10:15 AM, R907 was observed sitting on the side of their bed with two medication tablets in a small plastic medicine cup, a cup of light-yellow liquid, and a 20-ounce cup with straw on the overbed table. When R907 was approached R907 was consuming one pill. One tablet was left in the medicine cup as well as the light-yellow liquid. Upon inquiry, R907 revealed the last pill was their Xanax. The light-yellow liquid was for the bowels. R907 proceeded to take the tablet with a sip of liquid from the cup. When queried about medications at bedside without nurse observation, R907 responded, The nurse knows I will take them.</p> <p>A record review of R907 revealed an admitted [DATE] with diagnoses that included: Generalized Muscle Weakness, Intervertebral Disc Degeneration, Lumbar Region, Low Back Pain, Intra-Abdominal and Pelvic Swelling, Mass and Lump, Abnormalities of Gait and Mobility, Anxiety Disorder, Wedge Compression Fracture of Lumbar Vertebra. R907s Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) revealed a cognitive score of 15/15 indicating intact cognition.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/15/2024 a review of R907's care plan failed to reveal a care plan indicating the resident had been assessed to self-administer medications.</p> <p>R908</p> <p>On 05/15/2024 AM was observed with an empty medicine cup on her overbed table. R908 was queried and said, their medication is usually handed to them in the medication cup and the nurse leaves the room while R908 takes it.</p> <p>A record review on 05/15/2024 revealed that R908 was admitted with the following diagnoses: Atherosclerosis of native arteries with ulceration, Chronic Congestive heart failure, Asthma, Essential Hypertension, Chronic Kidney Disease, Stage 4; Acquired Absence of Right Leg Below the Knee; Peripheral Vascular Disease; Anemia; Gastro-esophageal Reflux Disease; Depression; Adjustment Disorder with Anxiety; Diabetes Mellitus-Type Two; Morbid Obesity; Hyperlipidemia; Muscle Weakness. R908's Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) revealed a cognitive score of 15/15 indicating intact cognition.</p> <p>On 05/15/2024 a review of R908's care plan failed to reveal a care plan indicating the resident had been assessed to self-administer medications.</p> <p>On 05/15/2024, Registered Nurse (RN) A was queried about leaving medication for R903 at the bedside to take when they leave the room. They responded, (R903) won't take it when standing there looking at (them).</p> <p>On 05/15/2024, RN A was further queried regarding medication administration. RN A responded, I will only leave them for the residents I know will take them and not leave them sitting there.</p> <p>On 05/15/2024 at 11:16 AM contact was made with the complainant via telephone. An introduction and query were presented. The line was disconnected in 32 seconds after being told a return call would be made. That call was not returned.</p> <p>On 05/15/2024 the Director of Nursing (DON) was queried regarding expectations during regarding leaving medication at bedside for resident to take without supervision/observation. The DON replied, the nurse should observe the resident taking their medication, if the resident does not want to take in front of the nurse, then the medication should be removed from the bedside. The DON revealed any resident assessed to self-administer medication would have a care plan.</p> <p>A review of the policy titled, Bedside Medication Storage (not dated), revealed, Bedside medication storage is permitted for residents who are able to self-administer medications, upon the written order of the prescriber and when it is deemed a ppropriate in the judgment of the facility ' s interdisciplinary resident assessment team .A written order for the bedside [NAME] ge of [NAME] tion is present in the resident ' s [NAME] l record .All nurses and aides are required to report to the charge nurse on duty any medications found at the bedside not authorized for bedside storage and to give unauthorized medications to the charge nurse .</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the policy titled, Administering Medications revised December 2012, revealed, Medications shall be administered in a safe and timely manner, and as prescribed .Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely .</p>