STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235232	A. Building B. Wing	06/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Seacrest Rehabilitation and Nursing Center	1215 N Telegraph Rd Monroe, MI 48162

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49103 Based on interview, and record review the facility failed to ensure R250 a resident with a known history of PICA (an eating disorder that involves eating or craving nonfood items) from access to an object that could be swallowed and choked on resulting in the swallowing of gauze requiring an emergency procedure. Findings include: On 6/14/24 at 1:15 PM, R250 was observed resting in a specially designed reclining wheelchair in the main dining and television area. Resident with eyes open, a wandering gaze, and with a relaxed facial expression. Resident was nonverbal. Upon record review, R250 had an initial admitted [DATE] and a recent admitted [DATE]. R50 had the following pertinent diagnoses: Cerebral Palsy (a group of conditions that affect movement and posture caused by brain damage before birth), Antiphospholipid Syndrome (a condition that causes the immune system to attack tissues and form blood clots), Other Specified Eating Disorder, Metabolic Encephalopathy (a brain disfunction also affecting the metabolism), Cerebral Infarction (a condition in which poor blood flow to the brain causes cell death), Dysphagia, Oropharyngeal Phase (a swallowing dysfunction), Gastrostomy Status (an insertion site surgically created for a feeding tube), and Adjustment Disorder with Mixed Disturbance of Emotions and Conduct. According to Minimum Data Set (MDS) documentation entered on 6/5/24 in the electronic medical record (EMR) a cognitive assessment was not performed and included a notation that resident was severely impaired. On 6/3/24 R250 was transferred to an emergency room due to aspiration which was noted in the facility EMR. emergency room notes stated that resident was seen for evaluation of respiratory problem, and further stated: . EMS state patient bit PEG tube off 1 hour ago. Prior to EMS arrival, staff suctioned airway and noted crackles in the lungs and discoloration in the feet and hands. Further record review revealed primary diagnoses at the hospital listed as Impacted foreign body in esophagus, initial encounter. Aspiration into respiratory tract, initial encounter. PEG tube malfunction. (continued on next page)

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

Printed: 09/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/14/24 at 3:10 PM, during interview with the Director of Nursing (DON) the 6/3/24 hospitalization was discussed: DON explained that R250 had aspirated on gauze (the gauze that had been around the PEG tube insertion site) which was found in R250's esophagus at the hospital and removed by esophagogastroduodenoscopy (EGD). The staff took precautions by keeping resident in areas where resident could be easily observed. The DON said that the potential of resident swallowing the gauze had not been considered. On 6/14/24 at 4:15 PM, care plan review revealed that the facility failed to identify interventions to prevent R250 from coming into contact with nonfood items.