

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor Nursing and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9500 Grand River Ave Detroit, MI 48204	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38208</p> <p>This citation pertains to intake MI00144280.</p> <p>Based on observation, interview, and record review the facility failed to implement interventions to obtain resident weights for two residents who refused to be weighed (R902 and R903) out of three residents reviewed for nutrition, resulting in significant weight changes to go undetected.</p> <p>Findings include:</p> <p>R902</p> <p>During an interview on 5/15/24 at 9:40 AM with Concerned Family Member (CFM) A, it was reported that R902 was observed during a recent visit to have lost weight. It was believed the facility was not watching the resident's diet.</p> <p>During an observation on 5/15/24 at 11:22 AM, R902 was observed lying in bed and declined to answer any questions.</p> <p>Record review of R902's electronic medical record (EMR) revealed R902 was admitted into the facility on [DATE] with pertinent diagnosis of Alzheimer's disease. According to the Minimum Data Set (MDS) dated [DATE] revealed a brief interview of mental status (BIMS) score of 3/15 and resident required substantial/maximal assistance with most Activities of Daily Living (ADLS).</p> <p>A record review of R902's Vitals Report- Weights for the last six months revealed a last recorded weight on 3/6/24 at 9:43 PM of 182.5 lbs. No further weights were documented after that date.</p> <p>An observation on 5/15/24 at 2:30PM, R902 was observed being weighed by staff members. Residents weight was documented as 152.8 lbs. (29.7 lbs. weight loss). R902 had a 16.3% significant weight loss in a two-month period.</p> <p>Record review of Dietary Progress Notes revealed no nutritional documentation from 1/2024 to 5/14/24.</p> <p>Record review of EMR related to dietary revealed a Nutrition Assessment was last completed on 8/3/23. Further review revealed no other Nutrition Assessment had been completed since 8/3/23.</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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of dietary care plans revealed the following: First care plan documented Problem Start Date:2/20/23- Category: Nutritional Status- Resident is at risk for weight loss related to decreased appetite. Long Term Goal Target Date: 5/20/23. Resident will not exhibit signs of malnutrition or dehydration. Further review revealed this care plan had not been revised or new approaches implemented. It was last reviewed/revised on 2/2/23. Second care plan documented: Problem start date:7/2/2022- Category: Nutritional risk aeb (as evidenced by) Diagnosis of Rhabdomyolysis (damaged skeletal muscle breakdown) . Further review of this care plan revealed was not revised or had any nutritional interventions since 12/12 (no year given). No other dietary care plans were implemented in EMR.</p> <p>R903</p> <p>During an observation and interview 5/15/24 at 11:32 AM, R903 was observed in a wheelchair and was morbidly obese. Resident reported that he was a dialysis patient and went twice a week. It was further reported that a weight is obtained before and after each session.</p> <p>Record review of R903's EMR revealed an original admission into the facility on [DATE] with a pertinent diagnosis of morbid (severe) obesity. According to the MDS dated [DATE], R903 had intact cognition with a BIMS score of 15/15 and required partial/maximal assist with ADLS.</p> <p>Record review of R903's Vitals Report- Weights for the last six months documented weight of 266.1 lbs. on 2/17/24 at 1:27 PM. On 3/28/24 and 4/10/24, Registered Dietician (RD) B documented not taken: Refused.</p> <p>During an interview on 5/15/24 at 1:35 PM with Director of Nursing (DON), It was reported that each time R903 went to dialysis a communication form was completed and returned to the facility. R903's weight is documented on that form. It was further explained that resident goes to hospital for dialysis.</p> <p>Record review of ED (Emergency Department) After Care Visit Summary dated 5/13/2024 at 3:24 PM. R903's weight was documented as 305 lbs. (38.9 lbs. weight gain). R903 had a 14.6% weight gain since 2/17/24.</p> <p>Record review of R903's Dietary Progress Notes electronically signed by RD B documented the following:</p> <p>2/11/24 at 3:24 PM- . Weights as follows: 2/17 266.1#(lbs.), 11/10 ref(refused) x 2, 11/10 ref x 2</p> <p>2/26/24 at 3:56 PM- . 2/28: ref wt. (weight)x 2.</p> <p>3/31/24 at 3:56 PM . weights are as follows: 3/10 ref wt. x 3, 2/17: 266.1# .</p> <p>4/23/24 at 7:49 PM . Residents is weights are as follows: 4/10 ref wt. x 2, 3/28: ref wt. x2, 3/10ref wt. x3 .</p> <p>(continued on next page)</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of R903's EMR revealed several Nutrition Assessments completed by RD B. First Nutritional Assessment completed 5/9/24 revealed the following areas of the assessment were not addressed: current weight, BMI (body mass index), weight status, and appetite. Second Nutritional Assessment completed 3/31/24 revealed the following areas were not addressed: current weight, BMI, weight status. Third Nutritional Assessment completed 2/28/24 revealed the following areas not addressed BMI and weight status. Under current weight it was documented 2/28- refused weight.</p> <p>Record review of nutritional care plans revealed no revision or review since 2/28/24 by RD B.</p> <p>During a phone interview on 5/15/24 at 2:18 PM with RD B, during this conversation RD B was not able to answer questions with clarity and was asked to review R902 and R903's EMR, and a follow-up interview would be done. No return call was received by 4:18 PM, Surveyor received a call from Corporate Registered Dietician (CRD) C.</p> <p>During an interview via phone on 5/15/24 at 4:20 PM with CRD C, it was reported that resident's weight should be monitored at least monthly. When residents refuse to have weights done a Nutritional Focused Physical Examination should be completed. This examination would assess if the resident had gained or loss weight. CRD C acknowledged that R902 had a significant weight loss over the last two months of 16% and R903 had a significant weight gain of 14% over the last 3 months. CRD C reported that it was acceptable to use resident's weights recorded at dialysis center and RD B should have used this information to assess and monitor R903's weight. CRDC reported that a nutritional assessment should be completed on admission, quarterly and with a significant change. CRD C acknowledged that a nutrition assessment had not been completed for R902 since 8/3/23, it was also confirmed that no documentation had been completed since 1/2024 related to R902's nutritional needs and that care plans had not been reviewed or revised. CRD C confirmed when completing a nutritional assessment all areas should be addressed. When asked if the physician should be made aware when a resident refuses to be weighed after several attempts, CRD C stated, Yes.</p> <p>During an interview on 5/15/24 at 5:23 PM with RD B, it was reported that physicians were not made aware of R902 and R903 refusal for weights and it had not been documented for R902. RD B confirmed that R902 had a significant weight loss and R903 had a significant weight gain. When asked if any other assessment tools were used to assess these residents, RD B responded, No. When asked how often nutritional assessments were to be completed, RD B responded on admission, quarterly and with a significant change. RD B acknowledged that R902 should have had additional nutritional assessments completed. When asked when completing a nutritional assessment is a resident's weight important to include, RD B responded, Yes. When asked if R903's weights acquired at dialysis could be used for assessments, RD B stated, Yes.</p> <p>During an interview on 5/15/24 at 5:50 PM with Nursing Home Administrator (NHA), after reviewing the information above regarding resident's weights, NHA was asked what the expectation was to assess and monitor residents. NHA, reported resident's weights should be monitored at least monthly. When a resident refuses; the physician and the interdisciplinary team should be made aware so interventions can be implemented to reduce resident's from having significant weight changes.</p> <p>Record review of policy Nutritional Management last revised on 5/2024 documented: The facility provides care and services to each resident to ensure the resident maintains acceptable perimeters of nutritional status in the context of his or her overall condition.</p>		