

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 09/25/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>Based on observation, interview, and record review, the facility failed to review or revise the care plan following falls for two residents (R701 and R704) out of three reviewed for fall care plan interventions.</p> <p>Findings include:</p> <p>R701</p> <p>A review of the medical record revealed that R701 admitted into the facility on [DATE] with the following diagnoses, Fracture of lower end of Right Tibia and Pressure Ulcer of Left Heel. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 6/15 indicating an impaired cognition. R701 also required assistance with bed mobility and transfers.</p> <p>Further review of Incident and Accident reports for R701 revealed that R701 had falls in the following days: 12/11/2023, 12/30/2023, 1/11/2024, and 4/11/2024.</p> <p>A review of the fall care plan revealed that the interventions had not been updated since 11/8/2023.</p> <p>R704</p> <p>A review of the medical record revealed that R704 admitted into the facility with the following medical diagnoses, Cerebral Infarction and Epilepsy. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental status score of 3/15 indicating an impaired cognition. R704 also required assistance with bed mobility and transfers.</p> <p>Further review of the Incident and Accident reports for R704 revealed that R704 had a fall on 8/28/2024.</p> <p>A review of the fall care plan revealed that R704 had two fall care plans in place. One fall care plan revealed that the interventions had not been updated since 7/13/2021 and the other fall care plan did not have interventions in place to minimize the risk of additional falls.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/25/2024 at 12:37 PM, an interview was conducted with the Director of Nursing (DON). The DON stated when a fall occurs the care plan should be updated with an intervention.</p> <p>A review of a facility policy titled, Fall Prevention Program noted the following, 8. When any resident experiences a fall, the facility will: .Review the resident's care plan and update as indicated.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</p> <p>Based on observation, interview, and record review, the facility failed to implement an intervention from the care plan for one resident (R702) out of three reviewed for fall care plans.</p> <p>Findings include:</p> <p>On 9/25/2024 at 9:52 AM, R702 was observed in their room sitting in their wheelchair. R702 was in the room alone and a fall mat was observed on the floor beside the bed.</p> <p>A review of the medical record revealed tat R702 admitted into the facility on [DATE] with the following medical diagnoses, Dysphagia and Disorder of Brain. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 2/15 indicating an impaired cognition. R702 also required assistance with bed mobility and transfers.</p> <p>Further review of the fall care plan revealed the following intervention, Start Date: 6/10/2024. Approach: Concave Mattress.</p> <p>On 9/25/2024 at 10:25 AM, the Director of Nursing (DON) was shown R702's mattress and was queried if it was a concave mattress. The DON stated R702's mattress was a regular mattress, not a concave one. The DON stated they were unsure why R702 did not have a concave mattress although it was on the care plan being that they were fairly new in the role. The DON stated they were going to have the mattress replaced with a concave per the fall care plan.</p> <p>A review of a facility policy titled, Fall Prevention Program noted the following, .h. Implement interventions from Moderate/High Risk Protocols.</p>		