STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235279	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Holt Senior Care and Rehab Center, L L C	5091 Willoughby Road Holt, MI 48842

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 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, quality laboratory services/tests to meet the needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34705 This citation pertains to intake MI00146126: Based on observation, interview and record review the facility failed to meet the needs of residents with regard to the timeliness of providing laboratory services and reporting laboratory results for one residents(R104) of three residents reviewed for medications, resulting in delayed treatment and intervention related to lab results, and impaired coordination of care. Findings include: Resident #104(R104) Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE], reflected R104 was a [AGE] year old female admitted to the facility on [DATE], with diagnoses that included history of deep vein thrombosis/pulmonary embolysis(blood clot), hypertension (high blood pressure), pelvic fracture, dementia, chronic kidney disease, anxiety and depression, The MDS reflected R104 had a BIM (assessment tool) score of 7 which indicated her ability to make daily decisions was severely impaired, and she required maximal physical assist with toileting, bathing, dressing, and moderate assist with hygiene and dependant on staff for bed mobility. During an observation and interview on 8/20/24 at 1:18 p.m. this surveyor entered facility with signs posted on front entry that reflected positive Covid cases starting 8/16/24 with all staff wearing facial masks. Nursing Home Administrator A reported the current census was 91 residents. During an observation and interview on 8/20/21 at 2:05 p.m., during the facility initial tour, this surveyor entered R104 room after permission was granted by R104 and family. R104 was sitting up in wheelchair with her husband at the bedside. R104 appeared pleasantly confused with poor memory recall with simple questions. R104 husband F reported R104 was at the facility for rehabilitation after accident with broken pelvic bone. R104 husband F reported was upset with care at facility because he had spoken with physician over two weeks ago and had reported concerns with R104 swelling in both feet, symptoms of urinary tract infection(UTI) and concerns about not being able to regulate Coumadin dosing. (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

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R104's husband F reported physician assured family concerns would be addressed but nothing happened until physician returned yesterday and family was again upset about continued concerns. R104's husband F reported compression socks were then applied and informed medications could cause changes in Coumadin dosing and reported medication had not changed until yesterday when antibiotic was started for UTI. R104's husband F reported routinely visited facility twice daily. Review of R104 complete Medical Record, dated 7/18/24 through 8/22/24, reflected no evidence of prothrombin time/international normalized ratio (PT/INR)(measures how long it takes blood to clot) flowsheet. Review of R104 Physician Progress Note, dated 8/22/24 at 7:59 a.m., reflected, LABORATORY . INRs 7/29/24 INR 4.1 - Coumadin 5 mg daily put on Hold 7/30/24 INR 3.45 7/31/24 INR 2.8 - Start Coumadin 3 mg daily 8/02/24 INR 2.1 - Continue Coumadin 3mg daily 8/05/24 INR 1.73 - Increase Coumadin to 4 mg daily 8/12/24 INR Not drawn 8/14/24 INR 2.57 8/15/15 INR 3.50 Hold Coumadin x 1dose (16th) Given 17th, 18th. 8/19/24 INR not drawn. Coumadin given on 19th, then held. 8/21/24 INR 1.44 Start Coumadin 4 mgMWF 3 mg STTHSat. Repeat 7/26[8/26/24]. Discussed with Nurse and Nurse Manager. Review of R104's Medication Administration Record(MAR), dated 7/18/24 through 7/31/24, reflected R104 received Coumadin (blood thinner) dosing as noted below as indicated by staff initials: Dates of 7/18/24 through 7/29/24(including 7/29/24)-Coumadin 5 mg 1 tablet daily at 5:00 p.m. On 7/30/24-Coumadin dose was on HOLD(not given) On 7/31/24-Coumadin 3mg daily started (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the MAR, dated 8/1/24 through 8/22/24, reflected R104 received Coumadin dosing as noted below as indicated by staff initials: 8/1/24 through 8/5/24 Coumadin 3 mg daily 8/6/24 through 8/15/24(including 8/15/24) Coumadin 4mg daily 8/16/24 Coumadin dose was on HOLD 8/17/24 and 8/18/24 Coumadin 4mg daily 8/19/24 through 8/20/24 Coumadin dose on HOLD 8/21/24 No Coumadin given(hole on MAR) 8/22/24 Coumadin 4mg one time dose given at 11:54 a.m., Coumadin 3mg dose given at 5:00 p.m.(total 7mg Coumadin) Review of the Laboratory Report, dated 7/31/24, reflected R104 had PT/INR collected with results of 2.8. The report included Physician hand written note that included, Coumadin 3mg daily INR on Friday[8/2/24]. No Physician Order was located in R104 Medical Record. Review of the Physician Orders, dated 8/3/24, reflected R104 had an order for PT/INR to be drawn on 8/5/24. Review of the Contracted Laboratory Report, collected on 8/5/24 at 12:14 p.m., reflected R104 PT/INR results were 1.73 (oral anticoagulant therapeutic range 2.00-3.00 according to report). The report included Physician had written undated note that included, Increase Coumadin to 4mg daily .INR 1 week R104 did not receive increased Coumadin dose until 8/6/24 evening. Review of the Physician order, created on 8/6/24, reflected R104 had an order for PT/INR to be drawn 8/12/24. Review of R104 Complete Medical Record reflected no evidence of Physician ordered PT/INR on 8/12/24 had been completed. No evidence Physician had been notified was located. Review of the Contracted Laboratory Report, collected 8/14/24, received 8/15/24, reflected R104 PT/INR was 2.57. No physician order was located for 8/14/24 lab draw that was three days after physician ordered request. Review of the Contracted Laboratory Report, collected 8/15/24, received 8/15/24, reflected R104 PT/INR was 3.50. R104 had labs drawn both 8/14/24 and 8/15/24 that were both received to the lab and reported to the facility on [DATE]. The 8/15/24 report included the Physician hand written note that included, 8/14/24 INR 2.57 INR not drawn today put Coumadin on hold . No physician order was located for 8/15/24 lab draw that was three days after physician ordered request. (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of R104 Nursing Progress Note, dated 8/15/24 at 2:49 p.m., reflected, INR-2.57. Call placed to [named provider] and orders received to continue Warfarin 4mg QD. Recheck INR on 8/19/24. The rest of the labs faxed per provider request. Review of R104 Physician Progress Note, dated 8/15/24 at 3:22 p.m., reflected, Reviewed resident's labs. INR was 2.57. Continue current Coumadin dose and recheck level on Monday [8/19/24] Review of the Physician orders reflected no evidence of repeat PT/INR for R104 on 8/19/24 was created. Review of R104 Physician Progress Note, dated 8/16/24, reflected, Labs were drawn again today and reviewed. Sodium is improve at 146 from 148. Other labs are stable. PT/INR was 36.0 and 3.50. Instructed the nurse to hold tonight's dose. The resident is discharging tomorrow, so redraw can not be done on Monday. Nurse is to give the most recent INR level to SW to fax to PCP. Resident should follow-up with PCP. Review of R104 Physician Progress Note, dated 8/19/24 at 5:22 p.m., reflected, Follow up: Seen at daughters request re: confusion and increased edema .ASSESSMENT & PLAN .R/O UTI: She has confusion, some lower abdominal discomfort, and very cloudy urine. UA C&S ordered. Foley is for urinary retention .Hx DVT: Hx reviewed. Hx left DVT after hip surgery in 2015. Hx right DVT about 1-2 years ago. On one of these occasions, she had pulmonary emboli. INR late last week 2.57-3.5 and one dose of Coumadin held. INR not drawn today as ordered - believe it best to hold Coumadin and repeat INR on Wednesday. Husband had questions about why INR was so variable .Daughter [named] left before I had the opportunity to answer my questions. She expressed a lot of dissatisfaction about care . Review R104 Physician Progress Note, dated 8/21/2024 at 12:28 p.m., reflected Brief follow up at request of nurse/husband .UA obtained on 8/19 as ordered. I started Cipro at that time because in my opinion benefits outweighed risks. Symptoms improved. Unfortunately, due to lab issue, UA was not picked up and had to be discarded. Repeat UA was obtained today, but she has been on antibiotics so results will not likely be helpful for decision making. Complete Cipro . During an interview on 8/22/24 at 1:20 p.m. Registered Nurse (RN) G reported facility was no longer able to use local hospital lab related to cost and reported changes were made about one month ago. RN G reported facility was only allowed to use lab company American Health Associates(AHA) based out of Florida that only comes to facility every Monday, Wednesday and Thursday. During an observation and record review on 8/22/24 at 2:02 p.m., observed Oak Hall Lab binder located at the nurse station. Review of the binder reflected R104 had a printed order for PT/INR on 8/12/24(Monday) with R104 listed on the, iPowerDoc Daily Log, for labs 8/9/24 to 8/12/24, printed 8/9/24, with no documentation that phlebotomist has drawn ordered labs. The Log included 11 other residents with orders and no documentation that had been drawn that day. Continued review of the binder with log dated, 8/14/24, printed 8/13/24 at 1013 pm., reflected R104 had bmp, cbc, pt/inr drawn on 8/14/24 according to initials from phlebotomist. Continued review of the binder reflected R104 had an order entered on 8/19/24 at 6:40pm for STAT urinalysis with culture and sensitivity(UA with CS) lab company American Health Associates(AHA) out of Florida requested by facility staff. (No evidence of UA with CS located in R104 medical record). (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Continued review reflected R104 was on the 8/21/24 ipowerdoc daily log dated 8/21/24 printed 2:40 pm. signed by phlebotomist with comments picked up urine spec. Continued review of the Lab Binder reflected R104 had orders for repeat PT/INR for 8/19/24 that were not on the lab log that was printed 8/13/24 at 3:46 p.m.(Seven days prior to lab draw 8/19/24, and two days prior to R104 Physician order entry on 8/15/24 for PT/INR. Review of the Physician Order, dated 8/19/24, reflected R104 had an order for UA and CS. During an interview on 8/22/24 at 2:30 p.m., Clinical Care Coordinator(CCC) H reported was R104 CCC and was not present on 8/12/24 and reported was unsure if 8/12/24 labs were collected by contracted lab but appeared several residents had orders with no lab staff initials. CCC H reported contract lab comes to facility every Monday,Wednesday and Thursday only unless Physician orders STAT orders. CCC H reported if labs are not drawn the day the physician ordered the labs draws on the next scheduled day (Monday, Wednesday, Thursday). During an interview on 8/22/24 at 3:25 p.m., CCC H reported was unsure why R104 PT/INR was not draw on 8/19/24 as ordered but was later collected 8/21/24 on the next contracted lab scheduled day. During an interview on 8/22/24 at 3:40 p.m., R104 family I verified R104 Coumadin dose was stable at home prior to admission and facility has not been able to regulate and reported goes from sub-therapeutic to elevated with no medication changes until 8/19/24. During an interview and record review on 8/22/24 at 5:00 p.m., Nursing Home Administrator (NHA) A and Nurse Consultant(NC) K verified Director of Nursing (DON) B was out of facility that week. NHA A and NC K reported would expect labs to be completed as ordered. NC K verified contracted lab company obtains labs on Monday, Wednesday or Thursdays unless STAT labs ordered. NC K reported contracted lab company does not allow labs to drawn by staff and labs to be taken to other lab facilities. NC K verified facility had issues with contracted lab company related to staffing concerns with timeliness of labs and results. NC K verified facility did not use Coumadin Flow sheets, however, planned to implement moving forward. NC K reported R104 had an order for PT/INR on 8/12/24 that was not completed until 8/14/24 related to lab issues and scheduled days. NC K reported was unable to locate Physician order for 8/15/24 PT/INR and reported staff would enter order with contracted lab but not facility Physician order and would need to provided staff education to enter Physician order.NC K verified R104 had Physician order for PT/INR on 8/19/24 not completed until 8/21/24(two days later for blood thinning dose monitoring). NC K verified AHA (contracted lab) followed printed orders and log on day of lab draws that should be printed close to date. NC K verified labs for 8/19/24 were printed 8/13/24 (several days prior) and verified R104 was not listed on page (orders entered either 8/14 or 8/15). NC K provided documents that reflected R104's UA & CS ordered STAT on 8/19/24 at 6:31 p.m. was picked up by Lab on 8/20/24 at 9:57 a.m. and was dropped off at the lab 8/20/24 at 6:34 p.m.(24 hours later speciman was delivered to the lab). During an interview on 8/22/24 at 5:40 p.m., NC K reported lab was at the facility on 8/12/24 but was unable to obtain labs from a few residents and would provide evidence of communication. Surveyor did not receive evidence of missed Physician ordered labs prior to exit for R104 on 8/12/24. (continued on next page)

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F 0770 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 8/22/24 at 5:56 p.m., NHA A reported was responsible for the Quality Assurance and Performance Improvement meetings at the facility and the topic of labs challenges had been discussed that included no negative outcomes but there was not a performance improvement project started to date.