

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235322	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Oakridge Manor Nursing & Rehab Center LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3161 Hilton Rd Ferndale, MI 48220	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>This citation pertains to Intake Number MI00145339</p> <p>Based on interview, and record review, the facility failed to complete a comprehensive admission assessment for one resident (R701) of three residents reviewed for assessments. Findings include:</p> <p>A review of a complaint submitted to the State Agency revealed an allegation that noted R701 doesn't know when he needs to use the bathroom and can't control it because he's incontinent. Staff want to accompany him to the bathroom every few hours to see if he needs to go but he doesn't want to do that. He would rather use the brief and then alert staff when it needs to be changed .</p> <p>A review of R701's clinical record revealed R701 was admitted into the facility on [DATE] with diagnoses that included: type 2 diabetes mellitus. A review of R701's Minimum Data Set (MDS) assessments revealed he was not yet fully assessed. The MDS was noted to be in progress with a due date of 7/4/24 (14 days after admission). Some sections were complete, but others were not, including the assessment for bowel and bladder continence.</p> <p>On 7/16/24 at approximately 9:35 AM, an interview was conducted with the DON (Director of Nursing). The DON reported they were not aware R701's comprehensive MDS assessment not being completed. The DON reported the MDS coordinator was not at the facility and reported they would follow up with any additional information. No additional information was provided prior to the end of the survey.</p> <p>A review of a facility policy titled, Assessment Frequency/Timeliness, revised on 2/23/24, revealed, in part, the following, .The comprehensive admission assessment will be completed within 14 days after admission .</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>This citation pertains to Intake Number MI00145339</p> <p>Based on observation, interview, and record review, the facility failed to complete an assessment for incontinence for one (R701) of three residents reviewed for incontinence care. Findings include:</p> <p>A review of a complaint submitted to the State Agency revealed an allegation that noted R701 doesn't know when he needs to use the bathroom and can't control it because he's incontinent. Staff want to accompany him to the bathroom every few hours to see if he needs to go but he doesn't want to do that. He would rather use the brief and then alert staff when it needs to be changed .</p> <p>On 7/17/24 at 9:20 AM, 9:48 AM, and 10:30 AM, R701 was observed sleeping. R701 did not wake up when spoken to.</p> <p>A review of R701's clinical record revealed R701 was admitted into the facility on [DATE] with diagnoses that included: type 2 diabetes mellitus. A review of R701's Minimum Data Set (MDS) assessments revealed he was not yet fully assessed. The MDS was in progress and noted R701 had intact cognition, but was not assessed for urinary continence.</p> <p>A review of R701's assessments revealed no admission nursing assessment or assessment for incontinence.</p> <p>A review of R701's progress notes revealed the following:</p> <p>On 6/28/24, it was documented in a Nursing progress note that upon admission R701 had a saturated brief and R701 said he was incontinent of urine.</p> <p>On 6/28/24, it was documented in a Physician history and physical note that R701 had intermittent incontinence and noted, Briefs as needed, prior urinary retention, continue flomax (a medication used for enlarged prostate), urology f/u (follow up) as needed.</p> <p>On 7/5/24, it was documented in a Social Work note that R701 had a complaint about going to the bathroom every hour, resident stated he would rather only get hanged laying down or bedside .states he cannot control when he has to use the bathroom .</p> <p>On 7/14/24, it was documented in a Nursing progress note that R701 refused to use the rest room and said he was not capable. It was documented that he preferred to be changed in bed.</p> <p>On 7/16/24, it was documented in a Nursing progress note by the Director of Nursing (DON) that she spoke with R701 about his toileting concerns. It was documented that R701 explained at another facility he was told that he would not qualify to stay in a nursing home if he did not need help.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/16/24 at approximately 9:35 AM, an interview was conducted with the DON and Social Worker 'A'. When queried about how residents were assessed for urinary continence, the DON reported they were assessed using an assessment tool and also through the MDS assessment upon admission, quarterly, and as needed. When queried about why R701 was not assessed, the DON reported she was not aware he was not. The DON acknowledged that in order to determine the resident's continence he had to be assessed.</p> <p>A review of a facility policy titled, Incontinence, implemented 11/1/22, revealed, in part, the following, Based on the resident's comprehensive assessment, all residents that are incontinent will receive appropriate treatment and services .The facility must ensure that residents who are continent of bladder and bowel upon admission receive appropriate treatment, services, and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain .Residents that are incontinent of bladder or bowel will receive appropriate treatment to prevent infections and to restore continence to the extent possible .</p>