

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Chalet of Niles, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 911 S 3rd St Niles, MI 49120	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48637</p> <p>Based on interview and record review, the facility failed to develop and implement a baseline care plan related to skin integrity for one resident (Resident #1) of three residents reviewed for admission, transfer, and discharges resulting in ineffective skin care to be provided to the resident.</p> <p>Findings include:</p> <p>Resident #1(R1)</p> <p>R1 was admitted to the facility on [DATE] under Hospice care for a 5-day respite stay with diagnoses of heart failure, dementia, and depression. She was discharged back to her daughter's residence on 6/25/2024.</p> <p>Review of the Admission/Re-Admission Screener dated 6/20/2024 revealed that R1 had a rash under her right breast. The screener also indicated that R1 had a history of skin integrity issues prior to admission.</p> <p>Review of the Baseline Care Plan assessment dated [DATE] on page 6 revealed that the section for skin risk which included current skin integrity issues and history of skin integrity issues was left blank.</p> <p>Review of R1's Care Plan which was initiated on 6/21/2024 revealed that there wasn't a care plan for skin integrity.</p> <p>During an interview on 7/3/2024 at 10:35, DON B verified that R1's baseline care plan assessment did not address her skin risk and area under her right breast. DON B also acknowledged that skin integrity wasn't listed as a problem in the initial care plan.</p> <p>Review of the Baseline Care Plan Assessment/Comprehensive Care Plans Policy with a revision date of 3/23/2021 revealed, The Baseline Care Plan will continue to be updated with changes in risk factors, goals and interventions until the Comprehensive Care Plan is completed. Procedure 1. Upon admission to the facility, the admitting nurse will initiate the Baseline Care Plan Assessment to establish an initial plan of care to identify potential problems and to initiate appropriate goals and interventions. The Baseline Care Plan Assessment will be completed within 48 hours of admission and will address areas of imminent concern.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48637</p> <p>Based on interview and record review, the facility failed to conduct a thorough assessment upon admission, follow-up on a skin concern and communicate findings to Hospice for one resident (Resident #1) of three residents reviewed for admission, transfer, and discharges, resulting in a rash under the breast not being treated for 4 days, worsening to occur and a lapse in the continuity of care.</p> <p>Findings include:</p> <p>Resident #1(R1)</p> <p>R1 was admitted to the facility on [DATE] under Hospice care for a 5-day respite stay with diagnoses of heart failure, dementia, and depression. She was discharged back to her daughter's residence on 6/25/2024.</p> <p>During an interview on 7/2/2024 at 9:48 AM, Family Member (FM) C stated that the Hospice Nurse found an area under R1's breast on 6/24/2024 that wasn't there upon admission. FM C said that she could smell the yeast from the infection when she visited her.</p> <p>During an interview on 7/2/2024 at 12:30 PM, Hospice Social Worker (HSW) E stated that R1 developed a yeast infection under her breast within a couple of days of her admission.</p> <p>During an interview on 7/2/2024 at 12:49 PM, Hospice Licensed Practical Nurse (LPN) F stated that when she gave R1 a bed bath on 6/24/2024, she noticed that R1 had a lot of yeast under one of her breasts that she didn't have upon admission. LPN F stated that it was pretty bad so she ordered nystatin powder (medicated cream or ointment that treats fungal or yeast infections on skin) that day.</p> <p>During an interview on 7/3/2024 at 12:45, Hospice Clinical Manager (HCM) D explained that Hospice doesn't see R1 everyday or do a full body assessment at each visit so it's up to the facility to communicate concerns to them since they may not be aware of it.</p> <p>During an interview on 7/2/2024 at 2:05 PM, Licensed Practical Nurse (LPN) G stated that upon admission R1 had a red area where her brief was but he was unaware of a red area or yeast under her breast.</p> <p>Review of the Admission/Re-Admission Screener dated 6/20/2024 revealed that R1 had a rash under her right breast. The screener also indicated that R1 had a history of skin integrity issues prior to admission. The assessment was created by LPN G and was revised by Director of Nursing (DON) B.</p> <p>Review of the Documentation Survey Report for June 2024 revealed that R1 had a full bed bath on 6/20/2024 upon admission and a sponge bath on 6/21, 6/24 and 6/25. Review of R1's Shower Sheet dated 6/20/2024 revealed that resident had a bed bath and had a red area under her breast. The Shower sheet was signed by Certified Nursing Assistant (CNA) O and LPN G. No other shower/bath sheets for R1 were provided from the other days.</p> <p>Review of R1's progress notes revealed that the red area under R1's right breast wasn't addressed.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R1's Care Plan which was initiated on 6/21/2024 revealed that there wasn't a care plan for skin integrity.</p> <p>Review of R1's June 2024 Treatment record revealed that R1 didnt have any treatments for the red area under her breast.</p> <p>During an interview on 7/3/2024 at 10:35, DON 'B stated that R1 had a skin area near the brief area and it healed up before she left. DON B wasn't aware of the area under R1's right breast and acknowledged there weren't any orders for treatment to that area.</p> <p>During another interview on 7/3/2024 at 11:35 AM, DON B said that when a resident is admitted the nurse will open the screener assessment and another nurse may have to complete it. DON B' wasn't sure who completed the skin portion of the screener assessment upon R1's admission and acknowledged that her name is under revised by for the assessment.</p> <p>During another interview on 7/3/2024 at 11:15 AM, LPN F stated that the yeast area she discovered on 6/24/2024 covered the entire underside of her breast and the area where it was touching on her abdomen. LPN F stated that she had to educate FM C after discharge on how to take care of the area.</p> <p>During an interview on 7/3/2024 at 1:30 PM, Licensed Practical Nurse (LPN) N stated that she spoke with FM C to get more information about R1 and FM C told her that R1 sweats under her breast when she is nervous and has had areas there in the past. LPN N said that she changed R1 once but didn't look under her breast and didn't look under her breast after FM C told her about R1's skin history.</p> <p>During an interview on 7/3/2024 at 1:56 PM, CNA O stated that she found the rash under R1's right breast the day she was admitted when she was giving her a bed bath. She said it was red but not moist and there wasn't any yeast. CNA O said she filled out the shower sheet and gave it to LPN G to review and follow up on her findings.</p>