

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2024
NAME OF PROVIDER OR SUPPLIER  Hamilton Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  590 E Grand Blvd Detroit, MI 48207	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47964</p> <p>This citation pertains to intake MI00146554.</p> <p>Based on interview, and record review the facility failed to revise a care plan in a timely manner for one resident (R401) out of four residents reviewed for care planning.</p> <p>Findings include:</p> <p>Record review of electronic medical records revealed R401 admitted into the facility on [DATE] with pertinent diagnosis of dementia, psychoactive substance abuse, and neurocognitive disorder. Review of a Minimum Data Set (MDS) assessment for Resident R401, with a reference date of 6/13/2024 revealed a Brief Interview for Mental Status (BIMS) score of 9/15 which indicated moderately impaired cognition.</p> <p>Record review of 401's Nursing Evaluation Quarterly dated 6/14/23, documented the following: . Low Wander Risk.</p> <p>Record review of R401's active care plans revealed the following: Focus: R401 is an elopement risk/wanderer stating he don't want to be here. Further review revealed this care plan was initiated on 3/8/23 and cancelled on 8/28/24. Interventions for the care plan were to be ongoing with target date of 12/14/24.</p> <p>On 9/5/24 at 1:20 PM Social Worker B was interviewed and said R401's care plan should have been updated on 6/14/24 to reflect a low risk for elopement.</p> <p>On 9/5/24 at 1:30 PM the Nursing Home Administrator was interviewed and agreed R401's care plan was not updated to reflect a change into low-risk elopement. The care plan should have been updated on 6/14/24.</p> <p>Review of the facility's policy titled Care Plans, Comprehensive Person Centered revised 9/22 revealed in part: Assessments of residents are ongoing and care plans are revised as information about the resident and the resident's condition change.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47964</p> <p>This citation pertains to intake MI00146554.</p> <p>Based on interview and record review the facility failed to provide adequate supervision for one resident (R401) out of four residents reviewed for elopement, resulting in R401 eloping from the facility.</p> <p>Findings include:</p> <p>Record review of facility's Investigation Report (no date), revealed R401 was reported to the Nursing Home Administrator (NHA) not in the facility on 8/14/24 at approximately 11:22 PM. R401 was last seen by staff in the facility at approximately 5:00 PM. There was no guardian authorized leave of absence.</p> <p>Record review of electronic medical records revealed admission into the facility on [DATE] with pertinent diagnosis of dementia, psychoactive substance abuse, and neurocognitive disorder. Review of a Minimum Data Set (MDS) assessment for Resident R401, with a reference date of 6/13/2024 revealed a Brief Interview for Mental Status (BIMS) score of 9/15 which indicated moderately impaired cognition. R401 had a guardian under a guardian agency.</p> <p>On 9/5/24 at 10:20 AM R401 was interviewed by phone and stated I went out the front door, I used the code. I don't need to be there and won't go back or any other nursing home. R401 did not explain how he learned the front door code.</p> <p>On 9/5/24 at 10:30 AM Family Member C was interviewed by phone and stated R401 learned the code to the front door and just left the building. Family Member C further said R401 was staying with them.</p> <p>On 9/5/24 at 12:40 PM the NHA was interviewed and said the facility investigation revealed that there were no staff watching the front door during dinner time at approximately 5:00 PM on 8/14/24. The NHA acknowledged that R401 most likely learned the front door code by watching staff leave the building. Staff should be aware of any residents near the front door when imputing the door code to exit the building so that residents do not learn the code and elope.</p> <p>Record review of facility policy Elopement revised 6/23 revealed in part .It is the policy of this facility to provide a safe and secure environment for our residents and to be proactive in preventing resident elopement. Residents with a history of substance abuse use disorder may be at increased risk for leaving the facility without notification and should be assessed and have care planning interventions.</p>		