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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235434 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/16/2024 |
| NAME OF PROVIDER OR SUPPLIER Bronson Commons | | STREET ADDRESS, CITY, STATE, ZIP CODE 23332 Red Arrow Highway Mattawan, MI 49071 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</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 provide a written notice of transfer for 1 of 3 residents (Resident #65) reviewed for hospitalization s, resulting in the potential of residents and/or resident representatives being uninformed of the reason for transfer and their rights.</p> <p>Findings include:</p> <p>Resident #65(R65)</p> <p>Review of the Face Sheet and Minimum Data Set (MDS) dated [DATE] revealed R65's admitted was 1/17/2024. Brief Interview for Mental Status (BIMS) score was a 12 which indicated her cognition was moderately impaired (8-12 moderately impaired). Resident had several discharges to the emergency roiaognom on [DATE] and 2/18/2024 and a hospital admission from 1/28 to 2/6/2024.</p> <p>During an interview on 5/14/2024 at 10:30 AM, R65 said that she couldn't remember if she received a written transfer notice each time she went to the hospital.</p> <p>Review of R65's chart revealed no evidence that R65 received a written notice of transfer each time she went to the hospital and which included the following information:</p> <p>(i) The reason for transfer or discharge;</p> <p>(ii) The effective date of transfer or discharge;</p> <p>(iii) The location to which the resident is transferred or discharged ;</p> <p>(iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>(vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and [NAME] of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and</p> <p>(vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>During an interview on 5/16/2024 at 10:32 AM, Registered Nurse (RN) S presented paperwork that is sent with a resident whenever they leave the facility. It was observed that a transfer/discharge notice was not included in the paperwork. RN S wasn't sure what the transfer/discharge notice was.</p> <p>During an interview on 5/16/2024 at 10:51 AM, Executive Director (ED) A was asked about the transfer/discharge notice and she stated that they haven't been sending a transfer/discharge notice out with residents.</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47955</p> <p>Based on observation, interview, and record review the facility failed to provide oxygen services per the professional standards of practice when storing CPAP (continuous positive airway pressure) masks in 3 (Resident #8, Resident #13, Resident #59) of 3 residents reviewed for infection control practices when storing CPAP masks resulting in the potential for the development of a respiratory infection.</p> <p>Findings include:</p> <p>Resident #8</p> <p>Review of a Facesheet revealed Resident #8 had pertinent diagnosis which included: obstructive sleep apnea (starting and stopping breathing while sleeping due to partial blockage of the airway).</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #8, with a reference date of 3/14/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #8 was cognitively intact.</p> <p>During an observation on 5/14/24 at 11:08 PM., Resident #8's CPAP mask was laying uncovered, without a barrier, on top of the CPAP machine, on the nightstand beside the bed in Resident #8's room.</p> <p>Review of Resident #8 Physician Orders revealed .CPAP/BiPAP home unit to be used at night to keep oxygen levels above 92% .</p> <p>During an observation and interview on 5/14/24 at 3:24 PM., Resident #8's CPAP mask was laying uncovered on top of the CPAP machine on the nightstand beside the bed in Resident #8's room. Resident #8 reported that he has used a CPAP machine while sleeping for years, he can remove the mask himself, and the staff assists with storage of the mask when not in use.</p> <p>During an observation on 5/15/24 at 9:01 AM., Resident #8's CPAP mask was laying uncovered, without a barrier, on top of the CPAP machine, on the nightstand beside the bed in Resident #8's room.</p> <p>During an observation on 5/16/24 at 8:45 AM., Resident #8's CPAP mask was laying uncovered, without a barrier, on top of the CPAP machine, on the nightstand beside the bed in Resident #8's room.</p> <p>Resident #13</p> <p>Review of a Facesheet revealed Resident #13 had pertinent diagnoses which included: dysphagia (difficulty swallowing) and hypoxemia (low oxygen levels in the blood).</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #13, with a reference date of 3/8/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #13 was cognitively intact.</p> <p>(continued on next page)</p> | | |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During an observation on 5/14/24 at 9:00 AM., Resident #13's CPAP mask was laying uncovered, without a barrier, on top of the CPAP machine, on the nightstand beside the bed in Resident #13's room.</p> <p>Review of Resident #13 Physician Orders revealed .CPAP/BiPAP home unit to be used at night to keep oxygen levels above 92% .</p> <p>During an observation on 5/14/24 at 3:27 PM., Resident #13's CPAP mask was laying uncovered, without a barrier, on top of the CPAP machine, on the nightstand beside the bed in Resident #13's room.</p> <p>During an observation on 5/15/24 at 7:59 AM., Resident #13's CPAP mask was laying on top of a plastic bag inside of the top drawer of the nightstand beside the bed in Resident #13's room.</p> <p>During an observation and interview on 5/16/24 at 8:00 AM., Resident #13's CPAP mask was laying uncovered, without a barrier, on top of the CPAP machine, on the nightstand beside the bed in Resident #13's room. Resident #13 reported that she can take her CPAP mask off herself, but staff will store it for her. Resident #13 reported that staff had been in, and her CPAP mask was already taken care of today.</p> <p>Resident #59</p> <p>Review of a Face sheet revealed Resident #59 had pertinent diagnoses which included: parkinson's disease and dementia.</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #59, with a reference date of 3/18/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #59 was cognitively intact.</p> <p>During an observation on 5/14/24 at 9:14 PM., Resident #59 was in bed, sleeping, with his CPAP mask in place on his face.</p> <p>Review of Resident #59 Physician Orders revealed .CPAP/BiPAP home unit to be used at night to keep oxygen levels above 92% .</p> <p>During an observation on 5/14/24 at 3:26 PM., Resident #59's CPAP mask was laying in the drawer of the bedside nightstand, uncovered and without a barrier, in Resident #59's room.</p> <p>In an observation and interview on 5/15/24 at 2:22 PM., Resident #59's CPAP mask was laying on top of the CPAP machine on the bedside table, exposed and without a barrier, in Resident #59's room. Resident #59 reported that he can take off his mask, but he cannot put it on. Resident #59 reported that staff help him with his CPAP mask. Family Member (FM) X reported that respiratory therapy comes in to clean the machine. FM X reported that she does not maintain the machine, she only ordered supplies when needed.</p> <p>In an interview on 5/15/24 at 2:34 PM., Licensed Practical Nurse (LPN) KK reported that CPAP masks should be stored in a plastic bag in the bedside table when not in use.</p> <p>In an interview on 5/16/24 at 8:06 AM., Certified Nursing Assistant (CNA) NN reported that CPAP masks should be placed into a bag and kept in the top bedside drawer when not in use.</p> <p>(continued on next page)</p> | | |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>47955</p> <p>Based on interview and record review the facility failed to ensure that (1) pre and post dialysis treatment assessment and monitoring communication between themselves (the facility) and the dialysis provider (Name Omitted) was maintained and (2) that an agreement between themselves (the facility) and the dialysis provider (Name Omitted) was established and maintained in 1 (Resident #54) of 1 resident reviewed for dialysis services resulting in the potential for unrecognized adverse reactions, and/or resident decline related to dialysis treatments and the potential for a disruption in the continuity of care.</p> <p>Findings include:</p> <p>Review of a Face sheet revealed Resident #54 had pertinent diagnoses which included: renal failure (failure of the kidneys) and dependence on renal dialysis (treatment to remove waste and excess water from the body when the kidneys are no longer able to do it).</p> <p>Review of a Minimum Data Set (MDS) assessment for Resident #54, with a reference date of 2/23/24 revealed a Brief Interview for Mental Status (BIMS) score of 15/15 which indicated Resident #54 was cognitively intact.</p> <p>On 5/14/24 Executive Director (ED) A reported during entrance conference that the facility has no contract/agreement for dialysis treatments with any dialysis provider.</p> <p>In an interview on 5/14/24 at 11:17 AM., Resident #54 reported that he has dialysis three times a week on Monday, Wednesday, and Friday.</p> <p>Review of Resident #54's medical record revealed no noted communications from the facility to the dialysis center prior to dialysis, nor communications from the dialysis center to the facility post dialysis treatment.</p> <p>Review of Resident #54's care plan revealed .Goal .I want to safely receive dialysis as ordered .interventions .patient often quits dialysis before completion/or refuses to go- .I have experienced significant weight gain due to increased snacking .I order many snacks and different foods from grocery stores for delivery .I require dialysis. Please communicate routinely with dialysis RD (registered dietitian) regarding nutritionally pertinent labs, weight goals, and plan of care .</p> <p>In an interview on 5/16/24 at 8:29 AM., Licensed Practical Nurse (LPN) KK reported that the facility provided information sent with Resident #54 to the dialysis treatment center (Name Omitted) did not include Resident #54's pre dialysis treatment assessment information. LPN KK reported that she did not recall communicated information from the dialysis center (Name Omitted) after Resident #54 received dialysis treatment. LPN KK reported that the dialysis center (Name Omitted) would call the facility or fax information regarding Resident #54's condition only if there was something abnormal.</p> <p>In an interview on 5/16/24 at 8:49 AM., Unit Coordinator (UC) L reported that there was no communication with the dialysis center (Name Omitted) on a regular basis, communication occurred only when something was abnormal for Resident #54.</p> <p>(continued on next page)</p> | | |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In an interview on 5/16/24 at 8:52 AM., Unit Clerk (UC) HH reported that the dialysis center (Name Omitted) faxed abnormal laboratory results last week. UC HH reported that she did not receive regular communications from the dialysis center (Name Omitted).</p> <p>In an interview on 5/16/24 at 9:00 AM., Director of Nursing (DON) B reported that there is no actual communication sent with Resident #54 for dialysis treatment. DON B reported that the facility has no contract/agreement with any dialysis center for treatment, including the dialysis center (Name Omitted) that provided Resident #54's treatment.</p> <p>In an interview on 5/16/24 at 9:04 AM., ED A reported that she was not aware of any contract/agreement for dialysis services with any outside provider.</p> <p>In an interview on 5/16/24 at 12:44 PM., ED A reported that the dialysis center (Name Omitted) uploaded post dialysis treatment information for Resident #54 to an electronic record program that was accessible by both the facility staff and the dialysis center. ED A reported that she could not guarantee that the facility staff caring for Resident #54 read the post dialysis treatment information provide to the electronic record program by the dialysis center (Name Omitted) after every treatment Resident #54 completed. ED A reported that she could not verify that the communication from the facility to the dialysis center (Name Omitted) occurred every time Resident #54 received dialysis treatment.</p> <p>The facility did not provide an agreement for dialysis treatment between themselves and any dialysis treatment center by the time of exit.</p> | | |