

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Fairlane Senior Care and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  15750 Joy Detroit, MI 48228	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50634</p> <p>Based on interview and record review the facility failed to ensure aPreadmission Screening and Resident Review, (PASARR) II was completed for one R114 of three residents reviewed for PASARR's resulting in the potential for unmet mental health needs.</p> <p>Findings include:</p> <p>Record review of the electronic medical record (EMR) revealed R114 admitted in to the facility on [DATE] with pertinent diagnosis of bipolar disorder. A care plan dated 9/11/2024 noted R114 was on antidepressant medications. Review of the Medication Administration Record (MAR) noted R114 was administered duloxetine (antidepressant) for bipolar disorder. The resident had an initial, PASARR dated 11/6/2023 on file which stated R114 did not have mental illness. According to the quarterly Minimum Data Set, (MDS), dated [DATE], revealed R114's Brief Interview for Mental Status, (BIMS) of 11/15 (moderately impaired cognition.)</p> <p>09/11/24 01:12 PM, the Social Work Tech (SWT) A was asked if R114 should have a PASSAR II and said they would check and see if resident should have a PASSAR II.</p> <p>09/11/24 01:32 PM, the Acting Director of Nursing (ADON) was interviewed regarding the missing PASSAR II for R114. The ADON explained, at this time the facility does not have a Social Worker, and this is possibly why the PASSAR II was not obtained. The ADON added the Inter Disciplinary Team (IDT) should have caught this discrepancy. The ADON said there should have been a PASSAR done.</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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34851</p> <p>Based on observation, interview, and record review, the facility failed to honor food allergies for one resident (R240) of 28 reviewed for dining.</p> <p>Findings include:</p> <p>On 9/10/24 at 10:51 AM, R240 was asked about the food at the facility. R240 reported, Yesterday they had shrimp on my plate and I'm allergic to that (shrimp).</p> <p>A review of R240 Electronic Medical Record (EMR) profile noted, Allergies: Iodine, Shell Fish, diagnostic x-ray materials.</p> <p>Further review of R240's EMR noted, R240 was admitted to the facility on [DATE] with diagnosis of Acute and Chronic Respiratory Failure. A review of R240's admission Minimum Data Set assessment dated [DATE], noted R240 with an intact cognition. Care plan reviewed and allergies are noted on the care plan Iodine, Shell Fish, diagnostic x-ray materials.</p> <p>A review of the facility's dinner menu titled, Spring Summer 2024 Dinner: Monday Shrimp &amp; grits, Collard Greens, Cornbread, Peach Cobbler.</p> <p>A review of R240's meal ticket dated 9/9/24 noted, Meal Period: Week 2 Monday Dinner, Cold Items, 1. Lemonade. Hot Items: 1. Collard [NAME] (4 oz spoodle), Cornbread, Grilled Chicken Breast (3 oz). Expo Items: 1. Fresh Fruit Cup (4oz spoodle) 1. Italian Dressing, Mrs. Dash (2 packet), 1. Garden Salad (1 cup), 1. Peach Cobbler. In a highlighted RED box revealed, ALLERGIES: SHELL FISH</p> <p>On 9/12/24 at 3:21 PM, the Dietary Manager (DM) was asked about R240's meal tray and allergies. The DM explained, the kitchen staff uses the meal ticket with three staff to make sure the food items are correct and the last person to give the final check before served. The Dietary Manager was asked about the shrimp that was served on R240's tray. The DM explained, R240 having shrimp served was an error. The Dietary Manager continued and stated, I looked on [R240's] menu for that day and [R240] should have gotten grilled chicken breast.</p> <p>A review of R240's care plan noted, Interventions: Diet order: regular diet w/ low sodium modifications Allergies: Shellfish. Date Initiated: 09/03/2024. Honor food preferences as feasible. Date Initiated: 08/31/2024.</p> <p>On 9/12/24 at 3:37 PM, the Nursing Home Administrator (NHA) was asked their exceptions for meal services. The NHA explained for the kitchen staff to be accurate according to the tray card.</p> <p>A review of the facility's policy titled, ALLERGIES dated, July 1, 2009 revealed, PURPOSE: 1. To prevent anaphylaxis. 2. To prevent all allergic reactions. EQUIPMENT:</p> <p>1. Resident ' s admission record indicating drug and food sensitivities. 2. Adverse reaction (allergy) labels. PROCEDURE: . 5. Notify dietary department if allergic to certain foods .</p>		

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<p>F 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>50634</p> <p>Based on interview and record review the facility failed to provide a qualified social worker to meet resident psychosocial, mental and behavioral health needs. This has the potential to affect all residents who reside in the nursing facility.</p> <p>Findings include:</p> <p>09/11/24 01:12 PM, Social Work Tech (SWT) A was interview regarding her current position. Social Work Tech (A) said she was the Activities Assistant prior to her current position. SWT A reported they had been a Social Work Tech since April of 2024.</p> <p>09/11/24 at 01:32 PM, the Acting Director of Nursing (ADON) was interviewed regarding the facility employing a qualified Social Worker and explained at this time they (facility) do not have a social worker. The ADON said nor do they have a Corporate Social Worker at this time.</p> <p>09/11/24 at 04:10 PM, an interview with Social Work Tech B revealed they have worked at the facility since February of 2024. Social Work Tech B said she does not have a bachelor's degree. Hence, Social Work Tech B does not meet the minimum qualifications.</p> <p>On 9/12/24 at 09:45 AM, an interview with the Nursing Home Administrator (NHA) revealed the facility had made several attempts to hire a qualified Social Worker. The NHA stated for a few months they had the Social Worker from another facility come over to train Social Worker Techs (A and B) twice a week.</p> <p>On 9/12/24 at approximately at 3:45 P.M., the Medical Director was interviewed and indicated being aware that the facility did not have a qualified Social Worker.</p> <p>Record review showed the last staffed Social Worker at the facility was in February 2024.</p> <p>The facility's job description for Social Worker was reviewed and noted the qualification for the Social Worker is a bachelor's degree in social work or related human service field.</p> <p>To date the position has not been filled.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>34901</p> <p>Based on interview and record review, the facility failed to ensure adequate temperature monitoring of the facility's hot water holding tanks, resulting in the potential for inadequate water temperatures to go undetected that could cause the growth and spread of waterborne pathogens.</p> <p>Findings include:</p> <p>On 9/11/24 beginning at 3:22 PM, an interview and record review were conducted with Maintenance Director C and the Nursing Home Administrator (NHA) regarding the monitoring of the facility's hot water holding tanks. Maintenance Director C said the facility had three hot water holding tanks that were monitored weekly. Two tanks were located in the [NAME] boiler room and one tank was located in the East boiler room. The hot water holding tank temperature logs for April 2024, May 2024, and June 2024 were reviewed and only documented the water temperature of the East boiler room tank. The Maintenance Director did not provide documentation of the temperature readings for the two tanks located in the [NAME] boiler room.</p> <p>The NHA said the temperatures of all three boilers should have been obtained and documented individually to ensure the water was at an adequate temperature to prevent bacterial growth.</p> <p>A facility document provided during the survey titled, Identification of Areas Where Legionella Could Grow and Spread, documented in part the following:</p> <ul style="list-style-type: none"> <li>- The hot water holding tanks were identified as potential areas for Legionella growth.</li> <li>- The domestic tank that supplies water directly to sinks/showers and water fountains has a thermometer and temperature is monitored and recorded weekly and maintained between 105-120 degrees Fahrenheit.</li> <li>- Temperatures of the two holding tanks that supply water to kitchen are also monitored and recorded weekly. The temperatures of these holding tanks are higher with a maximum of 140 degrees Fahrenheit.</li> <li>- All temperatures are logged into TELS by the facility Maintenance Director.</li> </ul>

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>15194</p> <p>Based on observation, interview, and record review, the facility failed to provide 80 square feet per resident, in multiple resident rooms in 57 of 109 resident rooms (#s 20, 21, 23, 24, 26, 28, 29, 30, 31, 33, 34, 35, 36, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 49, 50, 51, 52, 61, 62, 64, 65, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 80, 83, 84, 87, 91, 92, 100, 102, 104, 107, 109, 112, 115, 116, and 117), resulting in the potential for inadequate living space.</p> <p>Findings include:</p> <p>Review of the Room Waiver sheet, dated 1/9/20, revealed the following Medicare/Medicaid rooms that did not provide adequate square footage for residents:</p> <p>ROOM # SQUARE FT. BEDS</p> <p>20 154 2</p> <p>21 154 2</p> <p>23 147 2</p> <p>24 147 2</p> <p>26 147 2</p> <p>28 147 2</p> <p>29 147 2</p> <p>30 153 2</p> <p>31 153 2</p> <p>33 147 2</p> <p>34 147 2</p> <p>35 147 2</p> <p>36 147 2</p> <p>38 147 2</p> <p>39 147 2</p> <p>(continued on next page)</p>

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F 0912	40 147 2
Level of Harm - Potential for minimal harm	41 147 2
Residents Affected - Some	42 147 2
	43 147 2
	44 147 2
	45 147 2
	46 147 2
	47 153 2
	49 153 2
	50 147 2
	51 147 2
	52 147 2
	61 153 2
	62 153 2
	64 147 2
	65 147 2
	67 148 2
	68 148 2
	69 148 2
	70 147 2
	71 147 2
	72 147 2
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F 0912	75 147 2
Level of Harm - Potential for minimal harm	76 147 2
Residents Affected - Some	77 147 2
	78 142 2
	80 144 2
	83 142 2
	84 143 2
	87 142 2
	91 144 2
	92 142 2
	100 142 2
	102 142 2
	104 142 2
	107 144 2
	109 141 2
	112 141 2
	115 141 2
	116 141 2
	117 141 2
	Observations and interviews with various residents revealed no complaints, and no health and safety concerns.