

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675</p> <p>Based on observation, interview, and record review, the facility failed to ensure call lights were easily accessible and within reach for three (R7, R8 and R333) of four residents reviewed for call light placement, resulting in the inability to summons help when needed.</p> <p>Findings include:</p> <p>According to the facility's policy titled, Call Light, Answering dated 12/19/2023:</p> <p>.When the resident is in bed or confined to a chair be sure the call lights is within easy reach of the resident .</p> <p>R8</p> <p>On 10/28/24 at 11:06 AM, R8 was observed laying in bed, pulling at the hospital gown they wore. The room was observed to be warmer in temperature and when asked if they were hot, R8 replied, Uh huh. The call light was observed out of reach, draped across the end of the footboard of the bed.</p> <p>On 10/29/24 at 7:42 AM, R8 was observed laying in bed on their back, asleep. The call light was tucked behind the wall and lower end of the bottom of the mattress completely out of reach near the footboard.</p> <p>Review of the clinical record revealed R8 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: muscle wasting and atrophy and Alzheimer's disease with late onset.</p> <p>According to the quarterly Minimum Data Set (MDS) assessment dated [DATE], R8 had severe cognitive impairment, had physical behavioral symptoms directed towards others which occurred one to three days during this assessment period of seven days, and was always incontinent of bowel and bladder.</p> <p>On 10/29/24 at 8:00 AM, an interview was conducted with the Director of Nursing (DON). When asked about the placement of the call lights, the DON reported the call lights should be within reach. They were informed of the multiple observations from 10/28/24 - 10/29/24, the DON reported they would have to follow-up with staff to re-educate.</p> <p>49272</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R7</p> <p>On 10/28/24 at approximately 12:00 PM, prior to entering R7's room it was noted to have a Droplet isolation sign located near the room number sign on the wall. Upon entering R7's room they were observed to be asleep in bed, on their back. R7's call light was observed to be on the floor, several feet from their bed, out of reach of R7. Based on its location it did not appear to have fallen from their bed.</p> <p>On 10/28/2024 at 12:08 PM, LPN (Licensed Practical Nurse) HH was observed entering R7's room. When queried where the call light was found, LPN HH confirmed it was on the floor upon entering the room and was placed within the residents reach upon exiting.</p> <p>Review of the clinical record revealed R7 was admitted into the facility on [DATE] with diagnoses that included: muscle weakness, unsteadiness on feet and chronic obstructive pulmonary disease. It further revealed resident was in isolation for Covid-19.</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE], R7 scored 12/15, indicating moderate cognitive impairment.</p> <p>R333</p> <p>On 10/28/2024 at 11:43 AM prior to entering R333's room it was noted to have a Droplet isolation sign located near the room number sign on the wall. Upon entering R333's room they were observed to be asleep in bed, leaning onto their right side. R333's call light was noted to be on the floor, on the side of their nightstand opposite of their bed, out of reach. Based on its location it did not appear to have fallen from her bed. CNA (Certified Nursing Assistant) II was notified of the call light being out of reach, confirmed it was and reported to have placed it within reach of the resident.</p> <p>Review of the clinical record revealed R333 was admitted into the facility on [DATE] with diagnoses that included: Covid-19 and dependence on oxygen. It further revealed resident was in isolation for Covid-19.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>Based on observation, interview, and record review, the facility failed to follow appropriate protocols to change residents' treatment preferences for code status for three (R32, R52 and R63) of four residents reviewed for advance directives. Findings include:</p> <p>R32</p> <p>On [DATE] at 10:15 AM, R32 was observed lying in bed. R32 was able to engage in conversation, but appeared slightly confused as R32 reported being hungry while having their breakfast tray in front of them, partially eaten.</p> <p>A review of R32's clinical record revealed R32 was admitted into the facility on [DATE] with diagnoses that included: Alzheimer's Disease. A review of a Minimum Data Set (MDS) assessment revealed R32 had a Brief Interview for Mental Status (BIMS - an evaluation to assist in determining a person's cognitive status) score of six which indicated R32 had severely impaired cognition (A score of ,d+[DATE] indicates severely impaired cognition). A review of R32's resident profile in the Electronic Medical Record (EMR) revealed R32's code status as No CPR (Cardiopulmonary Resuscitation).</p> <p>On [DATE] at 2:46 PM, a review of R32's full EMR (electronic medical record) was conducted. A form titled, Medical Directives signed by R32's Legal Guardian ,d+[DATE], that indicated Yes for CPR in the section that noted, If our staff walks up to you and noticed that your heart and breathing has stopped, should out staff initiate CPR? If this treatment is not received when the heart stops, it will result in death. Even with this treatment, a person may or may not be revived. CPR involves pushing down on the chest bones two inches about the xyphoid bone and providing ventilation through the mouth, both in a rhythmic pattern. This procedure is continued until the ambulance arrives to transport you to the hospital for further treatment. Further treatment may involve giving medicines through an intravenous line, electric shock, or placing a tube through your mouth, down the back of the throat and into the lungs and attaching you to a machine that will breathe for you.</p> <p>A review of a Care Conference Note dated [DATE] revealed, .Advance Directive is CPR/Transfer to hospital. Pt's (patient) nephew .is the guardian .</p> <p>A review of a Social Work Note dated [DATE] revealed, .met with family/guardian for telephone care conference. Guardian requesting to change resident to DNR (Do-Not-Resuscitate) . There was no evidence, R32 was included in the conversation regarding a change to their code status.</p> <p>Review of clinical record - R32 was admitted into the facility on [DATE] with diagnoses that included: dementia, adult failure to thrive. MDS [DATE] - BIMS = 4, physical behaviors. Bilateral Upper and Lower extremity impairment, eating (setup assistance), supervision for lying to sitting. At risk for pressure ulcer development. No pressure ulcers. Pressure reducing device for bed. No hydration concerns identified.</p> <p>R63</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at approximately 10:30 AM, R63 was observed lying in bed. An interview was attempted but R63 appeared confused and just said people here don't like me.</p> <p>On [DATE] at 3:19 PM, a review of a Medical Directives form for R63 that was scanned into the EMR revealed R63's legal guardian signed the form which indicated Yes for CPR. A review of R63's resident profile in the EMR indicated No CPR.</p> <p>Further review of R63's clinical record revealed R63 was admitted into the facility on [DATE] with diagnoses that included: dementia. A review of R63's MDS assessment dated [DATE] revealed R32 had a BIMS score of 4, which indicated severely impaired cognition.</p> <p>A review of a Care Conference Note dated [DATE] revealed, .Legal Guardian .elected to change residents advance directive. No CPR . There was no evidence R63 was included in the conversation about a change in code status.</p> <p>30675</p> <p>R52</p> <p>Review of the clinical record revealed R52 was admitted into the facility on [DATE] with diagnoses that included: unspecified dementia with other behavioral disturbance and functional quadriplegia.</p> <p>According to the MDS assessment dated [DATE], R52 had severe cognitive impairment. Review of the resident's profile information identified only two daughters as R52's durable power of attorney and emergency contacts.</p> <p>Review of the code status section of the electronic medical record (EMR) revealed a physician order from [DATE] and code status alert that read, No CPR/ May send to hospital, Would consider Hospice care, Would consider pallitive <sic> care, Would consider Tube feeding.</p> <p>Review of R52's facility Medical Directives form dated [DATE] had circles around DMPOA (Durable Medical Power of Attorney), NO for CPR, and YES for Transfer to an acute care hospital, Tube Feeding, Palliative Care, and Hospice Care. This form was signed by Social Services (Staff 'D'), another illegible witness signature, and was noted as Verbal Consent by R52's Daughter 'EE'.</p> <p>Review of the only power of attorney documentation available in R52's clinical record was a General Durable Power of Attorney Effective on Execution created on [DATE]. This document was strictly for financial decisions and did not include the resident's wishes about resuscitation, or give permission for anyone to withhold treatment, such as CPR. There was no DMPOA included in the EMR.</p> <p>Review of a facility form for physician certification of capacity was completed on [DATE] and [DATE] (following completion of the DNR order that was placed on [DATE]).</p> <p>Further review of the physician and extender documentation included conflicting statements regarding the resident's code status as discussed with R52's niece. The documentation included:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An entry on [DATE] by Physician Assistant 'CC' documented, in part: .Code Status List: DNR .Patient admitted to facility yesterday. She has history of dementia with has advanced to functional quadriplegia requiring total care. Patient is being seen with her niece at bedside .Patient is nonverbal and unable to make her needs known .I confirmed today that the patient's Advance Care Plan is documented in the medical record either by discussing and documenting the patient's Advance Care Plan, confirming that the patient's surrogate decision maker is documented in the medical record, or confirming that the patient's Advance Care Plan is presently documented .</p> <p>At the time of this entry by PA 'CC' and review of the EMR during survey, there was no documentation available as referenced in their advance care plan statement. The resident had not yet been declared incompetent by two Physician's or a Physician and Psychologist as required to activate a medical power of attorney. PA 'CC' referenced a niece had been present during their evaluation, however the only contact information on the profile information were two daughters.</p> <p>Additionally, review of R52's Physician History & Physical dated [DATE] by Physician 'DD' documented, in part: .Code Status List: Full Scope of Treatment (which meant provide all treatment, including resuscitation) . She has history of dementia which has advanced to functional quadriplegia requiring total care. Patient is being seen with her niece at bedside .Patient is nonverbal and unable to make her needs known .</p> <p>As of this review, there were no further documented discussions of R52's code status by the Physician/extender, in-person signed medical directive forms, or proof of medical power of attorney documents provided.</p> <p>On [DATE] at 8:41 AM, an interview was conducted with Social Services Staff (Staff 'D'). When queried about the facility's process when a resident's legal representative wished to change a resident's code status, Staff 'D' explained the legal representative signed off on the Medical Directives form, the form was placed into a binder on the unit where the resident resided, and the nurse updated the EMR with the code status. Staff 'D' reported the process was the same whether the code status was changed to a full code (CPR) or no CPR. They further reported the medical directive forms in the books on the unit are not formally loaded into the EMR and if there were some in there, that was prior to 2023 or 2024 as they no longer did that. Staff 'D' explained the medical provider was sometimes involved in the process when a legal representative wanted to change a resident to no CPR, but it was not necessarily documented. When queried about who was permitted to determine or change a resident's code status, Staff 'D' reported a resident's legal guardian or a Durable Power of Attorney for Healthcare (DPOA - a person designated by the resident to make healthcare treatment decisions on their behalf in the event they were no longer able to make them). When queried about how it was determined if a resident was unable to make their own healthcare decisions, Staff 'D' reported they would consider the DPOA activated if a resident had a BIMS score below 11 (A score of ,d+[DATE] indicates moderately impaired cognition and a score of ,d+[DATE] indicates severely impaired cognition). Staff 'D' further reported that some residents received a competency evaluation by a physician and a psychologist to determine if they were competent to make healthcare decisions.</p> <p>On [DATE] at 9:15 AM, Staff 'D' provided the binders from the units that contained what was explained to be the current Medical Directive forms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of a Medical Directive form for R32 indicated No for CPR and was dated [DATE]. There was no signature from R32's Legal Guardian and verbal consent was documented along with Staff 'D's signature and one other person. When queried about the verbal consent, Staff 'D' reported it was discussed during a care conference that was conducted via the telephone and indicated no further follow up was made to obtain a signature from R32's legal guardian.</p> <p>A review of R63's Medical Directive form from the binder revealed No was chosen for CPR and was dated [DATE]. There was no signature from R63's legal guardian. The legal guardian's name was printed and via telephone was documented. The form was signed by Staff 'D' and another person. When queried about the verbal consent for R63, Staff 'D' reported they talked to R63's legal guardian all the time, but did not reach out to have them sign the medical directive form.</p> <p>At that time, Staff 'D' was asked about why there were only verbal consents obtained for the medical directive forms and they reported they were typically reviewed at care conferences and since most of those care conferences were done by phone, they took the verbal request from the family member and documented in on the medical directive form.</p> <p>On [DATE] at 4:26 PM, Staff 'D' was asked to review R52's medical directive documentation, including the documents available in the EMR, Staff 'D' confirmed there was no medical POA. Staff 'D' further reported they would be the one to cross-check' the DPOA paperwork. When asked why Daughter 'EE' was allowed to give a verbal consent for DNR prior to verification they were legally authorized, prior to the resident being deemed incompetent, and prior to verification of prior wishes, Staff 'D' was unable to offer any further explanation. Staff 'D' reported they would see if they had any additional documentation such as a medical POA, but there was no additional documentation provided by the end of the survey.</p> <p>On [DATE] at 5:07 PM, an interview was conducted with the Director of Nursing (DON). When asked to explain the facility's process for reviewing and completing advance directives, the DON reported the provider (Physician) had a discussion with the resident and if able to make that decision, there was a form the Physician usually signed off on and made a note to be able to change the code status. When asked who facilitated that discussion, the DON reported when the family told the facility, but nursing and social work discussed it in their interdisciplinary meetings.</p> <p>When asked if they had the resident/representative sign the form, the DON reported they did sign the forms and that medical directive form was kept in binders on the units. When asked if a verbal consent was acceptable, the DON reported a witnessed verbal request should only be temporary, then the family should sign it in person. The DON was asked who was responsible for following-up if an advance directive form was only verbally witnessed, the DON reported it was all of our responsibilities.</p> <p>When asked who was responsible for entering the physician order, the DON reported they took the signed paper and made orders based on what was signed, and the orders were placed in the computer so the Nurses were aware of the code status. Upon review of the above residents' advance directive documentation, the DON acknowledged the concerns.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 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** 49272</p> <p>Based on observation, interview and record review, the facility failed to ensure insulin administration was performed according to professional nursing standards of practice for one (R332) of one residents reviewed. Findings include:</p> <p>On 10/28/24 at 10:27 AM, R332 was observed sitting up in bed. R332 expressed concern regarding getting their breakfast tray late (which they defined as 9AM or later) and receiving their AM insulin dose hours before. They reported this has been happening since their arrival to the facility.</p> <p>On 10/29/24 at 10:09 AM, R332 reported receiving her breakfast tray that morning around 9:00 AM.</p> <p>Review of the clinical record revealed R332 was admitted into the facility on [DATE] with diagnoses that included: Type 2 Diabetes Mellitus and encounter for orthopedic aftercare following surgical amputation.</p> <p>A review of the administration times (provided by the facility) for R332's morning dose of Humalog insulin revealed the following administration times:</p> <p>10/26/24 at 6:23 AM, 10/27/24 at 5:32 AM, 10/28/24 at 5:33 AM and 10/29/24 at 5:24 AM.</p> <p>It further revealed that the scheduled time for the AM dose is daily at 6 AM.</p> <p>A review of the facility's meal delivery schedule revealed that breakfast trays for 2 south (the unit R332 resides on) are scheduled for 8:30 AM (2.5 hours after the scheduled time for R332's AM insulin dose).</p> <p>A review of R332's physician orders revealed an order for Humalog KwikPen Subcutaneous Solution 100 units/ml per sliding scale four times per day.</p> <p>A review of the manufacturer's website revealed the following product information related to administration, When you are ready to inject: inject Humalog or Insulin Lispro Injection, under your skin within 15 minutes before or right after you eat a meal.</p> <p>On 10/30/24 at 11:26 AM, the DON was queried on the facility's policy for short acting insulin administration. The DON reported that it should be given closer to mealtime. The DON was notified of the administration times listed above (2-3 hours prior to meal delivery time) and the targeted delivery time for breakfast trays on 2 south (8:30AM).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>Based on observation, interview, and record review, the facility failed to identify, assess, and determine the root cause of bilateral arm bruising for one (R37) of two residents reviewed for skin conditions. Findings include:</p> <p>On 10/28/24 at 12:23 PM, R37 was observed seated in a wheelchair, sleeping, in the dining room of the 3 North unit. R37's left arm was exposed and revealed three small fading circular purple discolorations to the left lower arm under the elbow and a larger discolored area on the top of the left lower arm that resembled a bruise.</p> <p>A review of R37's clinical record revealed R37 was admitted into the facility on [DATE] with diagnoses that included: Alzheimer's disease.</p> <p>A review of R37's progress notes revealed no documentation of any recent skin impairments.</p> <p>A review of R37's care plans revealed no care plans related to bruising easily.</p> <p>A review of R37's Physician's Orders revealed R37 was not prescribed any medications that put R37 at higher risk of bleeding and bruising (blood thinners).</p> <p>A review of R37's weekly skin assessments revealed no documentation of any skin impairments for the month of October 2024.</p> <p>On 10/29/24 at 10:22 AM, the facility was asked to provide any incident reports for R37 for the past three months. A review of incident reports provided revealed no incidents of discoloration to R37's left lower arm.</p> <p>On 10/29/24 at 5:24 PM, an interview was conducted with the Director of Nursing (DON). When queried about the facility's protocol if skin impairments, such as bruising, were identified on a resident, the DON reported an incident report was completed and it would be looked into to determine the cause. The DON reported she was not aware of any bruising to R37's arms and if any skin impairment was identified, it should be reflected on the weekly skin assessments that were completed during showers or in a progress note.</p> <p>On 10/30/24 at 8:20 AM, an observation of R37's bilateral arms was conducted with Licensed Practical Nurse (LPN) 'A'. The following was observed: On R37's left arm, there was a large discoloration on the lower, top inner part of the arm, a large discoloration on the top of the left hand, and three faded circular discolorations on the lower arm below the elbow. On R37's right arm there was an area of discoloration on the top of the lower arm. LPN 'A' did not have an explanation for the discolorations.</p> <p>Further review of R37's clinical record on 10/30/24 revealed a progress note written on 10/29/24 that noted, Skin discoloration observed while resident was in the dining room. Resident was unable to explain what happened. No further assessment of the discoloration was documented in R37's clinical record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/30/24 at 8:25 AM, a follow up interview was conducted with the DON. The DON reported she was looking into R37's skin impairment because the manager thinks it's from a nutritional deficiency. When queried about whether that would be documented on a care plan and diagnosed and documented by a medical provider, the DON reported it would be.</p> <p>On 10/30/24 at 9:10 AM, the DON followed up and provided an incident report dated 7/1/24 (almost four months prior) that documented R37 sustained a skin tear to the left hand, but did not indicate there was any bruising on the lower arms. The DON reported she did not have anything else to provide.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49272</p> <p>Based on observation, interview and record review, the facility failed to timely coordinate vision services for one (R6) of one resident reviewed for vision services.</p> <p>Findings include:</p> <p>On 10/28/24 at 10:09 AM, R6 was observed sitting up in bed. R6 reported that their glasses were lost prior to admission to the facility and that they only have reading glasses, which they were observed wearing. R6 reported being without their glasses since July and that the facilities social worker was aware. R6 further stated that they have been getting headaches and eye pain, is unable to read what is on the television, and cannot play bingo.</p> <p>On 10/29/24 at 12:16 PM, social services employee D was queried about their involvement in and knowledge of R6 being without prescription glasses. Social services employee D reported they were recently asked to place R6 on the ancillary services list but not specifically for vision services. Social services employee D reported that vision services providers are in house once per quarter and should be in the facility in November. Social services employee D denied being aware of R6 not having prescription glasses or R6's report of headache, eye pain, not being able to read the words on the television or being able to play Bingo due to not having their glasses.</p> <p>Review of R6's progress notes revealed a social work progress note written by social services employee D dated 7/19/24 at 10:07 AM which stated in part .wears prescription glasses, but only has readers at this time, as she lost her other glasses in the hospital .</p> <p>Review of the clinical record revealed R6 was admitted into the facility on [DATE] with diagnoses that included: bipolar disorder, depression and anxiety. According to the Minimum Data Set (MDS) assessment dated [DATE], R6 scored 15/15, indicating intact cognition.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675</p> <p>Based on observation, interview, and record review, the facility failed to implement preventative pressure ulcer interventions and administer treatment according to physician's orders for one (R70) of three residents reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>On 10/28/24 at 9:46 AM, R70 was observed laying in bed on their back, asleep and their right hand was observed with tremors. The mattress was observed to be a low air loss mattress. Their feet were observed tucked under a brightly colored fleece blanket directly covering their lower extremities (added pressure to the tips of the feet/toes). There were no pressure-relieving boots observed in use, or available for use in the room.</p> <p>The bedside table was observed to have a small Styrofoam disposable tray with several wound care supplies which included: a bandage that was dated 10-27-24 [Nurse G's initials redacted]; a small wood stick still in plastic; a small four ounce cup with gauze and clear liquid; and a small medicine cup with a honey-like substance.</p> <p>At approximately 9:48 AM, Certified Nursing Assistant (CNA 'O') entered the room and began removing items from the top of the resident's bedside dresser. They were asked about the wound care supplies and reported they weren't sure and deferred to the nurse. They began to attempt to remove the wound care supplies and were asked to leave until a discussion was made with the Nurse. CNA 'O' was asked about R70's care and they reported the resident usually needed more assistance in the mornings and didn't like turning on their sides. They were not aware of whether the resident used any protective boots at this time.</p> <p>On 10/28/24 at 10:15 AM, Nurse Manager (Nurse 'N') was asked to verify the wound care supplies on the resident's bedside dresser and they confirmed the same. Nurse 'N' reported they would see if the treatment had been done and they were asked to observe R70's wounds before any further treatments were removed/changed. (Quick review of the Treatment Administration Record/TAR revealed Nurse 'G' documented via their initials on 10/27/24 that the treatment had been marked as completed.)</p> <p>On 10/28/24 at 10:40 AM, Nurse 'N' arrived to the resident's room with the treatment cart. Nurse 'L' (Nurse assigned to R70) arrived shortly after Nurse 'N' and they proceeded to both pull wound care supplies from the treatment cart. Neither Nurse 'N' nor Nurse 'L' assessed the resident for pain or offered the resident to be pre-medicated with pain medication prior to starting the wound care. Nurse 'N' was asked about R70's wounds and they reported they were not sure of the exact status since they had been off work for a while prior to today. Nurse 'L' reported the resident had an area on the left toe and coccyx.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nurse 'L' re-entered the room with the wound care treatments, donned gloves, then immediately began to open drawers on the bedside dresser indicating they were trying to locate a barrier for the wound care supplies. Nurse 'L' then raised the bed up using the bed remote control. Nurse 'N' removed the blankets and yellow grippy socks from R70's feet and removed the treatment to the left toe which was dated 10/27. There were no protective boots in use and both feet were directly touching the mattress. The resident's bilateral feet were observed very swollen, edematous and the ankles had significant indents from the top band of the grippy socks on both feet. Nurse 'N' reported the swelling was normal for the resident.</p> <p>Nurse 'L' then proceeded to open the wound care supplies with the same gloves used to touch the multiple surfaces and began to clean R70's left big toe with gauze and normal saline solution. While Nurse 'L' was cleaning the area, R70 began wincing and yelling out loudly, Ay, ay, ay, ay, ay. The tip of the toe was covered in a large dark area with surrounding yellowing colored skin, there was no depth visible. Nurse 'L' proceeded to continue wiping the area and placing the new dressing while the resident yelled out continuously Ay, ay, ow, ow, ow, ow.</p> <p>Nurse 'N' then asked R70 if they needed something for pain and the resident stated Yes.</p> <p>Nurse 'L' then removed their disposable gloves and used a marker to date the outside of the wound dressing.</p> <p>Nurse 'N' was informed that another Surveyor (Nurse) would be taking over for the wound care observation to R70's coccyx.</p> <p>On 10/28/24 at approximately 11:15 AM, the Nurse Surveyor reported the following observation of R70's coccyx wound care:</p> <p>Nurse 'L' returned to R70's room and explained she had to call the doctor to get an order for Tylenol (the resident did not have current orders for Tylenol as needed) and that their medication cart did not have Tylenol in it and they had to go and get a bottle. Nurse 'L' then administered the Tylenol to R70. Immediately after the Tylenol was administered (without waiting for medication to have effect), Nurse 'L' and Nurse 'N' rolled R70 onto their left side. The dressing on R70's coccyx wound was dated 10/26/24. After removal of the old dressing, Nurse 'L' picked up several 4x4 gauze sponges to clean the wound. Nurse 'N' told Nurse 'L' to change their gloves and discard the 4x4 gauze sponges Nurse 'L' had touched with the same gloves they had on when they removed the old dressing.</p> <p>Continued observations throughout 10/28/24 to 10/29/24 revealed the resident's feet were both observed directly resting on the mattress without any protective boots or suspended from the mattress, and the brightly colored fleece blanket directly covered (added pressure to the tips of the feet/toes) their lower full lower extremities.</p> <p>Review of the clinical record revealed R70 was admitted into the facility on [DATE] with diagnoses that included: other pulmonary embolism without acute core pulmonale, acute kidney failure, tremor, Alzheimer's disease, Parkinson's Disease without dyskinesia, without mention of fluctuations, acute embolism and thrombosis of unspecified deep veins of right lower extremity, localized edema, and pneumonia unspecified organism.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to the admission Minimum Data Set (MDS) assessment dated [DATE], R70 had severe cognitive impairment, had clear speech, usually understands others and is usually understood, uses a wheelchair for mobility, was dependent for lower body dressing, putting on/taking off footwear, requires substantial/maximal assistance for rolling left and right, sit to lying, lying to sitting on side of bed, sit to stand, chair/bed-to-chair transfer, toilet transfer, tub/shower transfer, is always incontinent of bowel and bladder, not on a program, receives no scheduled, prn (as needed), or non-medication intervention for pain, had no pain presence, does not have a pressure ulcer/injury, scar over bony prominence, or a non-removable dressing/device, but is at risk for developing pressure ulcers/injuries, has no unhealed pressure ulcers/injuries and had no other wounds, ulcers, or skin problems .the skin and ulcer/injury treatments included pressure reducing device for chair and bed.</p> <p>Review of R70's orders since admission included:</p> <p>Ordered 10/10/24: Venelex External Ointment ([NAME]-[NAME] Oil) Apply to Left great toe topically as needed for wound care.</p> <p>Ordered 10/10/24, Venelex External Ointment ([NAME]-[NAME] Oil) Apply to left great toe topically every day shift for wound care at 7:00 AM.</p> <p>Ordered 10/9/24, low air loss mattress.</p> <p>Ordered 10/4/24, Assess for pain and offer PRN medication before wound dressing change every day shift for wound care.</p> <p>Ordered 9/30/24, Medihoney Wound/Burn Dressing Gel (Wound Dressings) Apply to coccyx topically as needed for wound care Cleanse area with normal saline and apply medihoney and cover with dry dressing.</p> <p>Ordered 9/29/24, Medihoney Wound/Burn Dressing Gel (Wound Dressings) Apply to coccyx topically every day shift for wound care Cleanse area with normal saline and apply medihoney and cover with dry dressing. AND Apply to coccyx topically as needed for wound care Cleanse area with normal saline and apply medihoney and cover with dry dressing.</p> <p>Ordered 9/18/24, suspend heels while in bed.</p> <p>Ordered 9/3/24, Monitor pain every shift: Scale 1-10 or PAINAD (Pain assessment in Advanced Dementia) Scale every shift for assessment.</p> <p>Review of the Braden Scale Scores (assessment used to determine risk for skin breakdown) included two since admission: 9/3/24 = 14.0 (Moderate Risk) and 9/29/24 = 14.0.</p> <p>Review of R70's skin/wound progress notes revealed these wounds (left toe and coccyx) were not present on admission and developed while in the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The most recent wound documentation documented, in part an entry on 10/29/24 at 2:57 PM by Nurse 'E', . Resident seen by wound care team for measurements and evaluations of Coccyx has a stage II pressure ulcer (a partial thickness skin loss that appears as an open sore, blister, or abrasion) measuring 1.0 x 0.5cm (centimeters), pink bed, no drainage. Treatment of medihoney will be applied daily. left Great left toe DTI (Deep Tissue Injury - Persistent non-blanchable deep red, maroon or purple discoloration - intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration due to damage of underlying soft tissue) measuring 1.5 x 1.0cm, necrotic bed, venelex will be applied to left great toe daily .</p> <p>According to the pressure ulcer care plan, the Stage II ulcer to the coccyx was identified on 9/29/24 and the left great to DTI was identified on 10/9/24.</p> <p>Care plan interventions included:</p> <p>Encourage me to shift weight every 15 minutes</p> <p>Notify treatment nurse of any skin abnormalities.</p> <p>Pressure reduction mattress.</p> <p>RESOLVED: Skilled Care Boots on while in bed. (Revision on 9/18/24)</p> <p>Treatment as ordered by physician.</p> <p>Turn and reposition minimum of every 2 hours while in bed (30 degree lateral when side lying) using positioning wedge.</p> <p>Further review of the resident's progress notes included an entry on 9/18/24 at 10:27 PM by Nurse 'FF' that read, skilled care boots D/C'd (discontinued). Resident has been getting up and walking around unassisted & having the skilled care boots can increase falls. This had not been re-implemented as of this review.</p> <p>On 10/29/24 at 8:00 AM, an interview was conducted with the Director of Nursing (DON). When asked if they were made aware of the concerns regarding R70's wound care from 10/28/24, the DON reported they were, and had already spoken to Nurse 'G'. When asked when should wound care be documented as completed, the DON reported best practices were to sign out after it was completed. The DON was informed of the concerns with lack of hand washing and using clean technique during wound care and they reported that should not have occurred and was part of their training the facility provided to all nurses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/30/24 at 1:24 PM, an interview was completed with Wound Nurse 'E' who reported they were familiar with R70's pressure ulcer/injuries. When asked about R70's pressure ulcers, Wound Nurse 'E' reported they had seen the resident this morning and they now had boots on and had gotten premedicated before the treatments were completed. When asked how the staff were to implement the current physician order to ensure heels were suspended while in bed since 9/18/24, but the care plan and nursing note indicated the protective boots had been discontinued on 9/18/24, Wound Nurse 'E' reported the staff should be using the boots to ensure the toes and heels were protected (to prevent further pressure to those areas). They were not aware that order and care plan intervention for the protective boots had been discontinued. They were further informed none of those interventions had been observed in place, until identified as a concern by the surveyor during the survey.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675</p> <p>This citation has two deficient practice statements (DPS).</p> <p>DPS#1</p> <p>Based on observation, interview and record review, the facility failed to provide fresh water at bedside, within reach, and offer it throughout the shift for two (R8 and R63) of six residents reviewed for hydration, resulting in the potential for continued dehydration and electrolyte imbalances.</p> <p>Findings include:</p> <p>According to the facility's policy titled, Water Distribution to Residents dated 12/15/2023:</p> <p>.Each resident will have their own styrofoam cup and straw labeled with name and date each day .Each resident's cup will be filled with water each shift and more frequently unless medically contraindicated . Outdated cups will be disposed of each day on midnight shift .It shall be the responsibility of the Director of Nursing, and the Nursing Management team to ensure that clean, fresh water is given to all residents on a 24-hour basis according to the above policy.</p> <p>R8</p> <p>On 10/28/24 at 11:06 AM, R8 was observed laying in bed, pulling at the hospital gown they wore. The room was observed to be warmer in temperature and when asked if they were hot, R8 replied, Uh huh. There was a large white Styrofoam cup dated 10/27 MN (Midnight) placed on the window sill ledge that was behind the head of the bed and out of resident's reach. The water cup was full with no ice and warmer (room temperature-like) water. There was an IV (intravenous) pole on wheels near the dresser, with no IV fluids or other treatments attached. R8 was asked about the pole and was unable to offer any further response verbally.</p> <p>On 10/28/24 at 11:30 AM, R8 was now observed laying in bed with a therapy staff providing range of motion exercises. The same water cup remained in the same spot on the window sill ledge.</p> <p>On 10/28/24 12:14 PM, R8 was now observed seated in a reclined high-backed wheelchair with a cushion around their neck in the lounge area just outside of their room. The resident was asleep and dressed in a fuchsia colored top and gray pants. Another observation of the resident's room revealed now there was no water available in the room, nor placed near the resident in the lounge area.</p> <p>On 10/28/24 at 1:00 PM, Nurse Manager 'N' was observed setting up fresh water cups for the day shift to pass.</p> <p>On 10/29/24 at 7:42 AM, R8 was observed laying in bed on their back, asleep. The water cup (undated) was full with no ice and warmer (room temperature-like) water. The cup was placed on an overbed tray table that was approximately four feet away from the bed and out of the resident's reach.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the clinical record revealed R8 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: muscle wasting and atrophy and Alzheimer's disease with late onset.</p> <p>According to the quarterly Minimum Data Set (MDS) assessment dated [DATE], R8 had severe cognitive impairment, and had no weight loss or gain.</p> <p>Review of the resident's physician orders included multiple recent orders to encourage oral increase of fluids, including insertion of a peripheral IV for fluids due to dehydration, Nausea;Vomiting;Diarrhea and also multiple IV antibiotics for a Urinary Tract Infection.</p> <p>R70's physician orders included:</p> <p>Encourage Increase PO (oral) fluids intake of 240ml (milliliters) on every shift, every shift for UTI (Urinary Tract Infection) for 7 Days. This was an active order since 10/28/24.</p> <p>Increase PO fluid intake 1500 ml daily. This was ordered on 5/6/24, and discontinued on 10/28/24.</p> <p>insert hypodermoclysis at 60cc (cubic centimeter)/hr (hour) of 0.9 sodium chloride one time only for Nausea;Vomiting;Diarrhea for 1 Day. This was ordered on 10/23/24.</p> <p>Intake of IV fluids every shift for assessment. This was ordered on 10/24/24 and completed on 10/27/24.</p> <p>Intake of IV fluids every shift for assessment for 1 Day. This was ordered 10/23/24 and completed on 10/24/24.</p> <p>0.9% Sodium Chloride Use 60 ml (milliliter)/hr intravenously every shift for Nausea;Vomiting;Diarrhea for 1 Day. This was ordered on 10/23/24 and completed on 10/24/24.</p> <p>Ceftriaxone Sodium Injection Solution Reconstituted 1 GM (Ceftriaxone Sodium - an antibiotic medication) Inject 1 gram intramuscularly one time only for infection for 1 day. This was ordered on 10/24/24 and completed on 10/25/24.</p> <p>Dextrose Intravenous Solution 5 % (Dextrose) Use 100 ml/hr intravenously one time only for Hyponatremia for 2 Days for 2 L (Liters) total. This was ordered on 10/24/24 and completed on 10/26/24.</p> <p>Dextrose Intravenous Solution 5% (Dextrose) Use 75 ml/hr intravenously one time only for Dehydration for 1 Day. This was ordered on 10/25/24 and completed on 10/26/24.</p> <p>Normal Saline Flush Intravenous Solution 0.9% (Sodium Chloride Flush) Use 1000 ml intravenously one time only for Nausea;Vomiting;Diarrhea for 2 Day Give one liter of 0.9 normal saline via hypodermoclysis at 60cc/hr. This was ordered on 10/24/24 and completed on 10/24/24.</p> <p>Review of the resident's labs included the following abnormal results:</p> <p>A CBC w/Diff (Complete Blood Count with Differential) dated 10/24/24 included:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>White Blood Bell: 21.5 H (High); reference range was 3.3-10.7</p> <p>Sodium: 150 H; reference range was 135-145</p> <p>Chloride: 114 H; reference range was 98-111</p> <p>Blood Urea Nitrogen (BUN): 40 H; reference range was 7-25</p> <p>Creatinine: 1.20 H; reference range was 0.50-1.10</p> <p>Review of the care plans revealed there were none implemented to address resident's recent dehydration, nausea, vomiting, diarrhea, or need to encourage fluids as identified in the physician orders.</p> <p>Review of the progress notes included:</p> <p>An entry on 10/25/24 at 11:17 PM read, On call physician notified, followed physicians orders and gave resident 1 Liter D5W (5% dextrose in water - an intravenous fluid that replenishes fluids and provides minimal carbohydrates) in L arm to relieve dehydration. No s/s (signs/symptoms) of pain or discomfort noted. No drainage or leaking noted. Resident had a soft bowel movement, so enema was held.</p> <p>An entry on 10/24/24 at 1:05 PM read, Writer received abnormal lab results, NP (Nurse Practitioner) made aware and new orders obtained and carried out. Ceftriaxone 1 GM (Gram) mixed with 2.1 ml (milliliters) of Lidocaine given in left Deltoid. Hypodermoclysis discontinued and D5 @ 60cc/hr x 2 Liters started with IV in left upper arm .Writer performed a dip test on urine .</p> <p>Review of an assessment from Speech Therapist (ST 'GG') dated 10/15/24 documented, in part .nursing notes pt (patient) holding food in mouth with dinner meal, pt did clear mouth of bolus with cues/encouragement, no coughing, choking noted. Pt has taken 2 meals today without difficulty. SLP (Speech Language Pathologist) attempted eval, unable to complete evaluation pt refused all po (oral) offered, pt refused liquid from cup/straw, refused po from spoon, hand fed. Rec. (recommend) continue current diet, monitor tolerance of po intake, nursing down grade diet and inform SLP if oral hold persists.</p> <p>Review of the the provider notes revealed the most recent uploaded note was from 10/16/24 in which they noted, .Staff has reported new pocketing of food during meal time. SLP (Speech-language pathologist) consulted. She requires 1:1 assistance with all meals .</p> <p>There were no additional provide notes provided since 10/16/24. The facility was requested to provide provider documentation however, review of the documentation provided included a hand-written note that read, FYI (For Your Information): The provider has note that are in the process of being uploaded. There was no further documentation provided by the end of the survey.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/29/24 at 8:00 AM, an interview was conducted with the Director of Nursing (DON). When asked about the facility's process to ensure water was fresh, available for offering to residents, and within reach, the DON reported water pass should occur within the first four hours of the shift and if needed, upon last rounds so staff can refresh and top them up. They were informed of the observations with the lack of fresh water being passed, refreshed, or within reach, as well as the concerns regarding recent dehydration for R8 and need for IV fluids. The DON reported that should not have occurred and would have to follow-up with staff.</p> <p>32568</p> <p>R63</p> <p>On 10/28/24 at 10:23 AM, R63 was observed lying in bed. A full cup of water was observed on top of R63's night stand which was next to the bed. The cup was on the end of the night stand furthest from R63 and was dated from the midnight shift. When asked if they were able to reach the cup of water, R63 said they could not.</p> <p>On 10/28/24 at 11:20 AM, a new cup of water was observed out of reach of R63 on the end of the night stand furthest from R63. R63 was observed lying in bed.</p> <p>On 10/28/24 at 2:25 PM, R63 was observed lying in bed. The water cup remained on the night stand placed on the end furthest from R63. The water cup was full.</p> <p>On 10/29/24 at 8:06 AM, R63 was observed sleeping in bed. A full cup of water labeled that it was from the midnight shift was observed on the night stand on the end furthest from the resident, not within reach.</p> <p>A review of R63's clinical record revealed R63 was admitted into the facility on [DATE] with diagnoses that included: dementia and adult failure to thrive. A review of R63's MDS assessment dated [DATE], revealed R63 had severely impaired cognition and required setup assistance for eating.</p> <p>A review of R63's care plans revealed, I am at risk for dehydration or potential fluid deficit r/t (related to) diuretic use .ensure I have fresh water within my reach .</p> <p>39592</p> <p>DPS #2</p> <p>Based on observation, interview and record review the facility failed to ensure accurate assessment and adequate monitoring of weight loss for one (R61) of two residents reviewed for nutrition. Findings include:</p> <p>On 10/28/24 at 10:17 AM, R61 was observed lying in bed. A jar of peanut butter was observed on R61 ' s tray table. R61 was asked about the food at the facility. R61 explained they did not like the food, did not like the way it was seasoned. When asked if they had lost weight at the facility, R61 explained they had lost a lot of weight.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the clinical record revealed R61 was admitted into the facility on [DATE] with diagnoses that included: stroke with paralysis, vascular dementia and heart disease. According to the Minimum Data Set (MDS) assessment dated [DATE], R61 was cognitively intact. The MDS assessment also indicated R61 required the supervision or touching assistance of staff for eating.</p> <p>Review of R61's ADL (activities of daily living) care plan revised 11/30/23 read in part, .Set-up tray and assist with feeding as needed .</p> <p>Review of R61's weights revealed in one year, R61 lost 11.4 % of their body weight. On 10/7/23, R61 weighed 208.8 pounds (lbs), and on 10/3/24, R61 weighed 185.0 lbs.</p> <p>On 10/29/24 at 10:39 AM, R61 was observed lying in bed. R61 was asked about their breakfast. R61 explained there had been blueberry pancakes, but they did not like blueberry pancakes, they did like peanut butter and banana pancakes . also they had a package of turkey sausage that was kept in the resident refrigerator, but they had been pilfered even though they knew their name had been on the package.</p> <p>Review of a FEDERALLY MANDATED VISIT progress note by Physician Assistant (PA) CC dated 3/27/24 read in part, .Patient has had an approximate 12 pound weight loss over the last couple of months . Staff reports his p.o. (by mouth) intake is fair to good at most meals . In the DIAGNOSIS, ASSESSMENT AND PLAN section, there was no plan documented for monitoring of R61's weight loss.</p> <p>Review of a Nutritional assessment dated [DATE] read in part, .Supplements: N/A (not applicable) . Complaints about taste of food: 2. No . Appetite: a. Good . Comments: .Anticipate he is at risk for malnutrition with MNA-SF (Mini Nutritional Assessment-Short Form) score=8 (risk of malnutrition) d/t (due to) wt (weight) loss of >3kg (greater than 3 kilograms - 6.6 lbs) in past 3 months . Recommend continue with poc (plan of care) .</p> <p>Review of a FEDERALLY MANDATED VISIT (AMENDED) progress note by PA CC dated 7/29/24 read in part, .He is noted to have had an approximate 15 pound weight loss over the last couple of months .</p> <p>Review of a Nutritional assessment dated [DATE] read in part, .Weight trend past 6 months: b. Wt. loss . Complaints about taste of food: 2. No . Appetite: a. Good . P.O. Intake: c. 51-75% . New Nutritional Diagnosis: Unintentional weight loss related to variable appetite/intake as evidenced by 9.2% weight loss x 6 months . Monitoring & Evaluation: Weight loss stabilizing x 1 month. Is likely meeting estimated needs with current intake. Recommend continue current nutrition interventions as tolerated .</p> <p>On 10/30/24 at 9:11 AM, Registered Dietician (RD) Z was interviewed and asked about R61's weight loss. RD Z explained she had only been at the facility since August 2024, and R61 had not been on her list to monitor for weight loss due to the last Nutritional assessment dated [DATE] that documented R61 had a good appetite and their weight was stabilizing since Ensure clear was added to every meal in July 2024. When informed R61 did not like the food at the facility and was not eating their meals, RD Z expressed concern that the assessment was correct.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/30/24 at 1:54 PM, R61 was observed sitting in a wheelchair in their room. Their lunch tray was observed to have a piece of baked fish that had a bite or two taken out of it, a bowl of soup with a spoon in it, but most of it was still in the bowl, and vegetables that looked like they had not been touched. R61 explained they felt they should be a gentleman and offer some of the food, but felt they would be more of a gentleman if they did not offer any. R61 was asked about their breakfast that morning. R61 explained they had two plain pancakes that they had put their peanut butter on.</p> <p>R61 was asked if they had concerns about the weight loss they had while at the facility. R61 explained they were concerned that they would have to buy new clothes to have something to fit, because they did not have the money to buy new clothes.</p> <p>On 10/30/24 at 1:56 PM, the Director of Nursing (DON) was interviewed and told of concerns with R61 ' s weight loss and the lack of documentation that it was being monitored. The DON explained she would look into it.</p> <p>Review of R61 ' s Certified Nursing Assistant (CNA) documentation of NUTRITION - Amount Eaten revealed on 10/30/24 for the lunch meal 76% - 100% had been marked by CNA Y .</p> <p>On 10/30/24 at 3:15 PM, CNA Y was interviewed and asked about the documentation of how much R61 ate of their lunch meal. CNA Y explained R61 never eats the facility ' s lunch, they always get a peanut butter sandwich, and since they ate all their sandwich, she marked 100% eaten. When asked if R61 ate much of the food at the facility, CNA Y explained they would eat breakfast if it was pancakes, but for lunch they try to give it away, or say they are trying to poison them.</p> <p>No additional information was provide prior to the end of the survey.</p> <p>Review of a facility policy titled, Nutrition Screening, Assessment and Monitoring revised 1/2023 read in part, . The dietitian will monitor regularly to ensure residents maintain acceptable parameters of nutritional status . Interval assessment/progress note will be completed for the following but are not limited to: .Resident with insidious weight loss (gradual unintended progressive weight loss over an extended time) . Other nutritional concerns such as poor intake of food/fluid, refusal to eat .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>Based on observation, interview, and record review, the facility failed to ensure two (R32 and R70) of two residents reviewed for pain, were assessed, treated, and interventions implemented timely to prevent unnecessary pain. Findings include:</p> <p>R32</p> <p>On 10/28/24 at 10:52 AM, R32's door was observed to be closed. R32 was heard yelling and crying loudly and uncontrollably from the hallway. Upon entrance to R32's room, R32 was observed seated in a shower chair with an open seat, wrapped in towels. R32 yelled, It hurts! It hurts! and was yelling to get out of the shower chair. At that time, Certified Nursing Assistant (CNA) 'B' left the room to get Licensed Practical Nurse (LPN) 'C' to assist with transferring R32 into the bed. R32 was interviewed and reported pain where I sit and said she wanted out of the chair. At 11:04 AM, R32 was heard from the hallway behind a closed door yelling out and crying. At approximately 11:07 AM, LPN 'A' entered R32's room where CNA 'B' and LPN 'C' were located. At 11:15 AM, R32 was observed lying in bed. R32 stated, That chair hurts so bad. I don't know why they use that one. R32's hair was observed to be dry. When queried about whether she received a shower, R32 reported she was unable to get a complete shower because she was in so much pain.</p> <p>On 10/28/24 at 12:32 PM, an interview was conducted with CNA 'B'. When queried about why R32 was screaming and crying earlier that day, CNA 'B' reported it was due to the shower chair and the way she was positioned. CNA 'B' reported she was unable to shower R32 because of the pain she was in. When queried about why the chair was causing pain to R32, CNA 'B' reported she did typically work on that unit and that was what was available.</p> <p>A review of R32's clinical record revealed R32 was admitted into the facility on [DATE] with diagnoses that included: Alzheimer's Disease, flaccid hemiplegia, and osteoarthritis. A review of a Minimum Data Set (MDS) assessment dated [DATE] revealed R32 had severely impaired cognition, was dependent on staff for transfers and showers.</p> <p>On 10/30/24 at 10:45 AM, further review of R32's clinical record revealed no documentation regarding the pain R32 experienced on 10/28/24 during the shower room incident and no new interventions regarding the shower chair. A review of R32's Pain Summary revealed documentation that R32 did not experience any pain on the day shift on 10/28/24 which was documented by LPN 'A', R32's assigned nurse for that day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/30/24 at 11:00 AM, an interview was conducted with LPN 'A' who was R32's assigned nurse on 10/28/24 during the day shift. When queried about what was done to address R32's pain on 10/28/24 when she was screaming and crying during the shower, LPN 'A' stated, That's a behavior. She just does that. When queried about what was done to address the behavior and where it was documented, LPN 'A' did not offer a response. At that time, the observation of R32 yelling out and crying uncontrollably and expressing pain due to the shower chair was discussed. LPN 'A' reported she did not know R32 experienced any pain on that day. LPN 'A' reported R32 did not scream during the skin assessment and nobody notified her that she had pain. At that time, LPN 'A' called LPN 'C' (who was a nurse in training) and asked, What did we do for pain for (R32)? and LPN 'C' stated, Gave Tylenol. When queried about whether any additional interventions were implemented to prevent pain from occurring during showers in the future, LPN 'A' reported nothing additional was put in place.</p> <p>On 10/30/24 at 11:13 AM, an interview was conducted with the Director of Nursing (DON). When queried about what the nursing staff should do if a resident was expressing pain, the DON reported the CNA should make the resident comfortable and notify the nurse. The nurse should assess the resident to try to identify the location of the pain, the severity of the pain, and the cause of the pain to determine what interventions should be implemented and whether the physician needed to be contacted or additional interventions put into place.</p> <p>A review of a facility policy titled, Pain Assessment and Management dated 12/15/23, revealed, in part, the following, .Resident receiving wound care will be assessed for the need of PRN or scheduled medication prior to receiving care/services to maximize resident's comfort level .</p> <p>30675</p> <p>R70</p> <p>On 10/28/24 from 9:45 AM to 10:40 AM, during observations of R70's room, there was no nurse observed entering the room throughout this time.</p> <p>On 10/28/24 at 10:40 AM, an observation of R70's wound care of the left great toe was completed with Nurse Manager (Nurse 'N') and Nurse 'L' (nurse assigned to R70). Nurse 'N' arrived to the resident's room with the treatment cart. Nurse 'L' arrived shortly after Nurse 'N' and they proceeded to both pull wound care supplies from the treatment cart. Neither Nurse 'N' nor Nurse 'L' assessed the resident for pain or offered the resident to be pre-medicated with pain medication prior to starting the wound care. Nurse 'N' was asked about R70's wounds and they reported they were not sure of the exact status since they had been off work for a while prior to today. Nurse 'L' reported the resident had an area on the left toe and coccyx.</p> <p>The resident's bilateral feet were observed very swollen, edematous and the ankles had significant indents from the top band of the grippy socks on both feet. Nurse 'N' reported the swelling was normal for the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nurse 'L' then proceeded to open the wound care supplies with the same gloves used to touch the multiple surfaces and began to clean R70's left big toe with gauze and normal saline solution. While Nurse 'L' was cleaning the area, R70 began wincing and yelling out loudly, Ay, ay, ay, ay, ay. The tip of the toe was covered in a large dark area with surrounding yellowing colored skin, there was no depth visible. Nurse 'L' proceeded to continue wiping the area and placing the new dressing while the resident yelled out continuously Ay, ay, ow, ow, ow, ow.</p> <p>Nurse 'N' then asked R70 if they needed something for pain and the resident stated Yes.</p> <p>Nurse 'L' then removed their disposable gloves and used a marker to date the outside of the wound dressing.</p> <p>Nurse 'N' was informed that another Surveyor (Nurse) would be taking over for the wound care observation to R70's coccyx.</p> <p>On 10/28/24 at approximately 11:15 AM, the Nurse Surveyor reported the following observation of R70's coccyx wound care:</p> <p>Nurse 'L' returned to R70's room and explained she had to call the doctor to get an order for Tylenol (the resident did not have current orders for Tylenol as needed) and that their medication cart did not have Tylenol in it and they had to go and get a bottle. Nurse 'L' then administered the Tylenol to R70. Immediately after the Tylenol was administered (without waiting for medication to have effect), Nurse 'L' and Nurse 'N' rolled R70 onto their left side. The dressing on R70's coccyx wound was dated 10/26/24. After removal of the old dressing, Nurse 'L' picked up several 4x4 gauze sponges to clean the wound. Nurse 'N' told Nurse 'L' to change their gloves and discard the 4x4 gauze sponges Nurse 'L' had touched with the same gloves they had on when they removed the old dressing.</p> <p>Review of the clinical record revealed R70 was admitted into the facility on [DATE] with diagnoses that included: other pulmonary embolism without acute core pulmonale, acute kidney failure, tremor, Alzheimer's disease, Parkinson's Disease without dyskinesia, without mention of fluctuations, acute embolism and thrombosis of unspecified deep veins of right lower extremity, localized edema, and pneumonia unspecified organism.</p> <p>According to the admission Minimum Data Set (MDS) assessment dated [DATE], R70 had severe cognitive impairment, had clear speech, usually understands others and is usually understood, receives no scheduled, prn (as needed), or non-medication intervention for pain, had no pain presence, does not have a pressure ulcer/injury, scar over bony prominence, or a non-removable dressing/device, but is at risk for developing pressure ulcers/injuries, has no unhealed pressure ulcers/injuries and had no other wounds, ulcers, or skin problems .the skin and ulcer/injury treatments included pressure reducing device for chair and bed.</p> <p>Review of R70's physician orders and Medication Administration Records (MARs) and Treatment Administration Records (TARs) since admission revealed:</p> <p>Ordered 10/4/24, started on 10/5/24, Assess for pain and offer PRN (as needed) medication before wound dressing change every day shift for wound care. As of 10/28/24 at 9:55 AM, all MAR entries were marked with a check mark, except for blank entries on 10/15/24 and 10/28/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ordered 9/3/24, Monitor pain every shift: Scale 1-10 or PAINAD (Pain assessment in Advanced Dementia) Scale every shift for assessment. As of 10/28/24 at 9:55 AM, all 9:00 AM medications had been documented as completed. Further review of these MARs revealed the pain monitoring for this specific order was not completed yet for 10/28/24, but all entries from 10/1/24 - 10/27/24 were 0.</p> <p>There were no physician orders or documented administrations of any pain medication (scheduled or PRN) documented on the MARs or TARs.</p> <p>The most recent wound documentation documented, in part an entry on 10/29/24 at 2:57 PM by Nurse 'E', . Resident seen by wound care team for measurements and evaluations of Coccyx has a stage II pressure ulcer (a partial thickness skin loss that appears as an open sore, blister, or abrasion) measuring 1.0 x 0.5cm (centimeters), pink bed, no drainage. Treatment of medihoney will be applied daily. left Great left toe DTI (Deep Tissue Injury - Persistent non-blanchable deep red, maroon, purple discoloration - intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration due to damage of underlying soft tissue) measuring 1.5 x 1.0cm, necrotic bed, venelex will be applied to left great toe daily .</p> <p>According to the pain care plan created on 9/3/24:</p> <p>I have diagnosis or risk factors that may indicate pain: Pain in right foot, Gout.</p> <p>The only two interventions included:</p> <p>Relaxation technique.</p> <p>Repositioning<sic>/ROM (Range of Motion).</p> <p>There was no pain interventions included on the care plan for R70's pressure ulcers which indicated the Stage II ulcer to the coccyx was identified on 9/29/24 and the left great to DTI was identified on 10/9/24.</p> <p>The pain care plan was not updated to address pain in the left great toe wound until 10/30/24 (after identified as a concern by the surveyor during survey).</p> <p>On 10/29/24 at 8:00 AM, an interview was conducted with the Director of Nursing (DON). When asked if they were made aware of the concerns regarding R70's wound care from 10/28/24, the DON reported they were, and had already spoken to the nurse. When informed of the observation during the wound care and lack of treatment once R70 exhibited verbal and non-verbal signs of pain, the DON reported they would follow-up. There was no additional follow-up provided by the end of the survey.</p> <p>On 10/30/24 at 1:24 PM, an interview was completed with Wound Nurse 'E' who reported they were familiar with R70's pressure ulcer/injuries. When asked about R70's pressure ulcers, Wound Nurse 'E' reported they had seen the resident this morning and they now had boots on and had gotten pre-medicated before the treatments were completed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Wound Nurse 'E' was asked how they assessed the resident for pain and they reported, normally they would ask the resident if that hurts and the resident will respond either yes or no. They also reported they normally pre-medicated the resident. When asked how this was since there were no orders to pre-medicate until after the observation of the wounds on 10/28/24, and no documentation on the MARs/TARs that this had occurred prior to 10/28/24, Wound Nurse 'E' was unable to offer any further explanation.</p> <p>When Wound Nurse 'E' was informed of the observations of wound care and the resident's visible and audible response of pain when the toe was cleaned, Wound Nurse 'E' reported if that was them, the would've just stopped. They further reported the resident will jerk their foot up and that's also how they'll know to stop.</p> <p>According to the facility's policy titled, Wound Care: Dressing, Moist dated 12/15/2023:</p> <p>.if resident experiences sudden, new or progressing pain, notify physician .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide medically-related social services to help each resident achieve the highest possible quality of life.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675</p> <p>Based on interview and record review, the facility failed to provide medically related social services which effectively monitored, identified, and implemented individualized treatment and behavioral interventions for a resident receiving psychotropic medication for one (R70) of four residents reviewed for social services.</p> <p>Findings include:</p> <p>According to the facility's policy titled, Bio-Psycho-Social Wellness Program dated 11/14/16:</p> <p>.Identify and refer residents displaying difficult behaviors to the Social Worker .The Social Worker will review the resident's chart, focusing on factors in the following order: a. Physiological factors b. Environmental factors c. Psychiatric factors .Revise all approaches as necessary .Review resident's progress: monthly, if behavior is monitored via Point of Care documentation .quarterly, if mood is monitored via the PHQ-9 depression Test .per psychiatric evaluation; or .per supportive therapy session .Once mood/behavior is stable, review resident's mood/behavior within the structure of the resident's quarterly care conference.</p> <p>Review of the clinical record revealed R70 was admitted into the facility on [DATE] with diagnoses that included: psychotic disorder with delusions due to known physiological condition, adjustment disorder with disturbance of conduct, mood disorder due to known physiological condition with depressive features, Parkinson's disease, and dementia in other diseases with other behavioral disturbance.</p> <p>According to the admission Minimum Data Set (MDS) assessment dated [DATE], R70 had severe cognitive impairment (scored a 0/15 on Brief Interview for Mental Status Exam/BIMS), had physical and verbal behavioral symptoms directed towards others which occurred four to six days during this assessment period of seven days, rejection of care which occurred one to three days, received antipsychotic and antidepressant medication and had not had a gradual dose reduction (GDR) attempted and references Physician documentation GDR was clinically contraindicated on 9/9/24.</p> <p>Review of R70's current physician orders included:</p> <p>Lexapro (an antidepressant medication) Oral Tablet 10 MG give 1 tablet by mouth one time a day for Mood Disorder (started 9/10/24).</p> <p>Mementine HCl (Hydrochloride) (a cognitive enhancer medication) Oral Tablet 10 MG give 1 tablet by mouth two times a day for Alzheimer's (started 9/3/24).</p> <p>Risperdal (an antipsychotic medication) Oral tablet 0.5 MG give 1 tablet by mouth every morning and at bedtime related to psychotic disorder with delusions due to known physiological condition (started 9/17/24).</p> <p>Review of R70's care plans for mood/behaviors/use of psychoactive meds included:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. I am/have, potential to demonstrate physical behaviors (Specify) r/t (related to) Anger, Poor impulse control created 9/18/24 by Staff 'D'.</p> <p>The only two interventions were:</p> <p>Cognitive assessment created 9/18/24, and Psychiatric/Psychogeriatric consult as indicated. created 9/18/24.</p> <p>2. I have, delirium or an acute confusional episode r/t Change in environment created 9/18/24 by Staff 'D'.</p> <p>Interventions included: Consult with family and interdisciplinary team, review chart to establish baseline level of functioning. created 9/18/24.</p> <p>3. I am currently on a psychotropic medication: I am on Seroquel oral tablet 25 mg (Milligram) one time a day Seroquel oral tablet 50 mg at bedtime I have a diagnosis of: Restlessness and agitation created by Nurse 'G' on 9/3/24.</p> <p>The only goal was It is my goal that: I will show improvement in mood/behavior.</p> <p>Inventions included only one which read, Administer medications as ordered. Monitor/document for side effects and effectiveness.</p> <p>There was no care plan for the resident's use of antidepressant medication, or any resident-specific behaviors including the specific targeted behaviors to support use of the antipsychotic medication. The care plan had also not been updated to reflect the changes in antipsychotic medication (no longer on Seroquel).</p> <p>Review of the task section of the electronic medical record (EMR) (which was what the facility used for documenting/monitoring of Behaviors) for the past 30 days included one documentation on 10/4/24 at 8:59 PM of yelling/screaming.</p> <p>Review of the social service documentation included an admission assessment and progress note both dated 9/4/24 which did not identify any resident-specific details of historical information from the family such as how long the resident had been on psychotropic medication, what were the specific targeted behaviors such as delusions/concerns of why they were prescribed. The assessment denied symptoms of delirium and identified mood factors of distressed mood, anxiety or uneasiness, and adjustment to environment. The section for behavior factors was left blank (none identified).</p> <p>Further review of the progress notes included multiple nurse entries of R70 exhibiting behaviors which included: abusive language, yelling/screaming, pinching, scratching, hitting in which they all noted Social work to eval.</p> <p>Review of the social work documentation revealed there was no follow-up from social work to address these requests for social work to eval. The behavior committee documentation for R70 dated 10/16/24 only addressed the resident's use of dementia medication and did not address the antipsychotic and antidepressant medication, nor did it identify any of the specific behaviors identified by nursing and as reflected for social work to evaluate for.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the psych consultations included two since admission:</p> <p>On 9/9/24, the psych consultation identified an antipsychotic (Seroquel) was started per the wife during the resident's recent hospitalization and identified behavioral notes on 9/4, 9/5, 9/6, 9/7, and 9/8 for physical and verbal aggression towards staff during patient care and intermittent refusal of medications. They also reported the family denied any psychiatric issues relevant to this examination. This consultation further documented that a gradual dose reduction for the Seroquel medication was contraindicated based on Target symptoms have not been sufficiently relived <sic> by non-pharmacological interventions . There was no documentation in the clinical record that the facility, or the consulting psych provider identified any resident-specific targeted behaviors and what the non-pharmacological interventions were. The psych practitioner also increased the Seroquel from 50 MG to 100 MG every evening for Psychotic disorder with delusions due to known physiological condition [F06.2] (new) .</p> <p>The most recent psych consultation from 9/23/24 further documented, .Pt (patient) was calm, cooperative and pleasant during the visit .Per staff his sleep and appetite are good. Mood remains at his baseline, with no recent concerns for depression and hallucinations. Behavioral notes triggered on 9/10 for yelling/screaming, 9/11 combative with increased agitation during care, 9/12 increased agitation, physical/verbal aggression during care, 9/14 & 9/15 agitation/aggression during care. No other issues or concerns noted or reported by staff. Pt was last seen by writer on 9/9/24 and aricept was d/ced (discontinued) Seroquel was increased to 100mg qhs and Lexapro (an antidepressant) 10mg daily was started. On 9/17 Seroquel was d/ced (discontinued) and Risperdal 0.5mg BID (twice daily) and ativan 0.5mg BID for 14 days were started by writer. Pt appeared to be in no obvious distress during the visit .</p> <p>ASSESSMENT & PLAN Adjustment disorder with disturbance of conduct [F43.24] (acute) Plan: Pt appears to be at his baseline. Continues to have episodes of anxiety/agitation/aggression primarily with care-which has been improving. Has tolerated Lexapro and d/c of Seroquel and switch to Risperdal. No indication to adjust his medications at this time. Continue Lexapro, Risperdal and PRN Ativan There was no identification of what non-pharmacological interventions or resident-specific behaviors were identified or discussed with the facility.</p> <p>On 10/20/24 at 2:15 PM, an interview was conducted with Staff 'D'. They reported they had been employed at the facility as a Social Worker since the end of January 2024 and was currently the only social worker. When asked about how they completed their social service assessments and whether they obtained historical information from the resident and/or their family in regards to mood/behaviors and psychotropic medication, Staff 'D' reported they did not include that as part of their initial assessment and usually referred everyone to their contracted psych provider. They further reported the Psychiatrist and Nurse Practitioner would follow up with them after the resident was seen and will advise if the spoke to the family regarding whether medication changes were done and they (Staff 'D') would document that in the progress notes.</p> <p>When asked what occurred if a resident was admitted with antipsychotic medication and who was responsible for identifying the resident-specific targeted behaviors and interventions to address the specific reasons they were receiving psychotropic medication, Staff 'D' reported they would review the hospital documentation and then the nursing assistants and nurses would document in the EMR behavior alerts for the patient. Staff 'D' then explained those were the specific behaviors they would address.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When asked to clarify, who identified the specific behaviors to alert staff what to look for, specifically for each resident, Staff 'D' reported they did not and explained the above process again.</p> <p>When asked how direct care staff would know what resident-specific behaviors to look out for or what approaches might be used to assist with provision of care, Staff 'D' reported that would be up to the Psych NP and further reported they reviewed the full chart, took verbal assessments from the nurses and were notified of any alerts Staff 'D' received. When asked to clarify what did the facility do to identify these, Staff 'D' reported they did not, that was deferred to the contracted psych provider.</p> <p>When asked what they had done to address the multiple entries of nurses documenting social work to eval, Staff 'D' reported when they got those alerts, they did not document or follow-up with the resident, they notified the psych provider.</p> <p>When asked to explain about their role in the facility's behavior committee including who was involved and what was discussed, Staff 'D' reported that was held monthly with themselves, a nurse manager or nurse on the floor and they discussed outstanding concerns, or changes they had been following or monitoring. They also reported the pharmacist attended as well (however they were not included in the signature for R70). When asked why the only documentation for R70 was to address their use of the dementia medication and did not address the other behaviors or specifics for the use of the psychotropic medication, including the antipsychotic and antidepressant medication, and no documented details of interventions/approaches, Staff 'D' reported they were unable to offer any further explanation.</p> <p>When asked how it was determined what R70's specific targeted behaviors were and what non-pharmacological approaches were identified if that was not completed by Staff 'D' and the psych consultations indicated they were unable to reach out to the family or find documentation in the EMR, Staff 'D' reported they were not able to offer any further explanation.</p> <p>When asked who was responsible for implementing care plans to address the resident's specific targeted behaviors and interventions/approaches, Staff 'D' reported that was interdisciplinary, so everyone could do that. Upon review of R70's care plans, Staff 'D' confirmed there were none for the resident's specific targeted behaviors implemented and the care plan for the use of antipsychotic medication still had the previous antipsychotic medication listed and had not been updated to reflect the changes. When asked about the medication change, Staff 'D' reported the resident's spouse didn't want him on Seroquel. When asked for what was identified as the need for the resident to be on the antipsychotic medication, Staff 'D' reported in his case, he was getting up earlier, having to get dressed and eat breakfast which was a change for him. When asked if the facility had considered altering their routine to give the resident time to adjust to a new facility, in lieu of using medication to address behaviors, Staff 'D' offered no further explanation.</p> <p>On 10/30/24 at 9:15 AM, an interview was conducted with the Director of Nursing (DON). When asked about their role in supervision for Staff 'D' as part of the clinical portion, the DON reported they utilized an interdisciplinary approach.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0745</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When asked to explain about the facility's behavior committee program, the DON reported the team met on a monthly basis. Upon review of R70's only behavior committee document from 10/16/24, the DON identified that was done with the Psych NP, Nurse Manager (from another floor R70 resided on), and Staff 'D'. The DON confirmed the resident's documentation during this review identified diagnoses of delusional and anxiety, the section for triggered behaviors read, Behaviors Have Stabilized; and the section for psychoactive medication only included the dementia medication, not the antipsychotic or antidepressant medication, as well as the lack of details and revisions on the care plans. The DON further acknowledged the lack of documentation and concern and was unable to offer any further explanation.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>Based on interview and record review, the facility failed to ensure monthly drug regimen reviews conducted by the consultant pharmacist were reviewed by the medical provider for recommendations to act upon for two (R51, R44) of five residents reviewed for unnecessary medications. Findings include:</p> <p>R51</p> <p>A review of R51's drug regimen reviews revealed the Consultant Pharmacist reviewed R51's medications on 3/8/24 and 4/8/24 and 7/3/24 noted irregularities or recommendations. A review of R51's clinical record revealed no report that indicated what the identified irregularities or recommendations were.</p> <p>On 10/30/24 at 1:12 PM, the Director of Nursing (DON) was asked to provide the documentation of recommendations made by the pharmacist on the above dates for R51.</p> <p>On 10/30/24 at 4:01 PM, the DON reported the pharmacist's recommendations from 3/8/24, 4/8/24, and 7/3/24 were not reviewed by the medical provider and provided the following:</p> <p>A Note to Attending Physician/Prescriber dated 3/8/24 that noted, (R51) receives a proton pump inhibitor, Protonix, and does not have a magnesium concentration documented in the resident record within the previous year. Recommendation: Please consider monitoring a serum magnesium concentration on the next convenient lab day and then annually thereafter. Rationale for Recommendation: Proton Pump inhibitor (PPI) drugs may cause or contribute to low serum magnesium concentrations if taken for prolonged periods of time .Low serum magnesium levels can result in serious adverse events including muscle spasm .irregular heartbeat .and convulsions . The section for Physician/Prescriber Response was left blank and not signed.</p> <p>A Note to Attending Physician/Prescriber dated 4/8/24 that noted, (R51) has received Protonix 40 mg (milligrams) daily for over six months. Recommendation: Please consider a 50% dose reduction to Protonix 20 mg daily while monitoring for symptoms . The section for Physician/Prescriber Response was left blank and not signed.</p> <p>A Note to Attending Physician/Prescriber dated 7/3/24 that noted, (R51) recently had a dose titration of her synthoid (changed to 88 mcg (micrograms) daily on 05/24/2024) but a TSH (thyroid stimulation hormone) re-check was not found in the patient medical record. Recommendation: Please consider monitoring a TSH level on the next convenient lab day to assess current therapy . The section for Physician/Prescriber Response was left blank and not signed.</p> <p>Further review of R51's clinical record revealed R51's magnesium level was not checked until 5/21/24, over two months after it was recommended by the pharmacist to monitor it. R51's Protonix dose was not reduced to 20 mg until 6/19/24, two months after the pharmacist made the recommendation. R51's TSH level (thyroid-stimulating hormone) was not checked until 10/1/24, three months after the pharmacist made the recommendation, at which time the level was abnormally high and required a change in dosage of the synthroid.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of R51's clinical record revealed R51 was admitted into the facility on [DATE] and readmitted on [DATE] with diagnoses that included: hypothyroidism and a history of a gastrointestinal bleed.</p> <p>A review of a facility policy titled, Medication Regimen Review dated 12/15/23 revealed, in part, the following, .The pharmacist must report any irregularities to the attending physician, the facility's medical director and the director of nursing on a separate, written report within 24 hours if urgent or within 7 days is not urgent . The attending physician or designee will document that the identified medication irregularity has been reviewed and all appropriate actions in the medical record .If changes are not made based on the pharmacist's recommendation, the attending physician should document their rationale in the resident's permanent medical record .</p> <p>49272</p> <p>R44</p> <p>A review of the Clinical record for R44 revealed R44 was admitted into the facility on [DATE], with diagnoses that included: unspecified dementia and mood disorder due to known physiological condition with depressive features</p> <p>A review of R44's drug regimen reviews revealed that the Consultant Pharmacist reviewed medications on 8/12/24 and noted a recommendation at that time.</p> <p>A Note to Attending Physician/Prescriber dated 8/19/24 noted, (R44) has received Lexapro 10 mg daily for over one year. Patient's Hospice status is noted, but not exempt from CMS regulations. Recommendation: Please consider a gradual dose reduction, perhaps decreasing to Lexapro 5mg daily while concurrently monitoring re-emergence of target and/or withdrawal symptoms. If therapy is to continue at the current dose, please provide rationale describing why a dose reduction is clinically contraindicated. Under the Physician/Prescriber Response it is noted that the facility provider checked the box indicating they agreed, with a hand written note stating pts (patient) meds are managed by hospice.</p> <p>A review of R44's physician's orders revealed an active order for Lexapro 10 mg, with a start date of 3/16/23. A review of R44's progress notes did not include a note from the Hospice provider indicating whether or not they agreed or disagreed with the pharmacist's recommendation.</p> <p>On 10/30/24 at 11:32 PM, the Director of Nursing (DON) was asked if they were aware of any communication from the Hospice provider regarding R44's August Pharmacist recommendation regarding their Lexapro. The DON indicated they would look into it and communicate their findings.</p> <p>On 10/30/24 at 3:26 PM, an email was received from the DON, stating Hospice will be evaluating the Lexapro tomorrow for (R44), indicating that this had not already been completed. It should be noted that the recommendation was made by pharmacy over two months ago, on 8/12/24.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32568</p> <p>Based on observation, interview, and record review, the facility failed to provide justification for the use of antipsychotic medications with residents with dementia, identify targeted behaviors and symptoms, develop and implement individualized non-pharmacological interventions, and monitor for continued use for one (R37) of five residents reviewed for unnecessary medications. Findings include:</p> <p>R37</p> <p>On 10/28/24 at approximately 10:05 AM, R37 was observed in bed sleeping. At 11:19 AM, R37 remained sleeping in bed. At 12:23 PM, R37 was observed sleeping in a wheelchair in the dining room of the 3 North Unit. At 2:32 PM, R37 was observed sleeping in a wheelchair in the dining room.</p> <p>On 10/29/24 at approximately 11:50 AM, R37 was observed sleeping in a wheelchair in the dining room. At 2:39 PM, R37 was observed sleeping in the wheelchair in the dining room.</p> <p>A review of R37's clinical record revealed R37 was admitted into the facility on [DATE] with diagnoses that included: Alzheimer's Disease, psychotic disorder, adjustment disorder, major depressive disorder, and generalized anxiety disorder. A review of R37's Minimum Data Set (MDS) assessment dated [DATE] revealed R37 had severely impaired cognition, no psychosis including hallucinations or delusions, no behaviors, was prescribed an antipsychotic medication on a routine basis, and a gradual dose reduction (GDR) was attempted on 8/26/24. The MDS also noted a GDR was clinically contraindicated on 8/26/24.</p> <p>A review of R37's active Physician's Orders revealed the following orders:</p> <p>Rexulti (an antipsychotic medication) 0.5 mg (milligrams) daily for dementia, agitation, delusion.</p> <p>Rexulti 1 mg at bedtime for dementia, agitation, delusion.</p> <p>A review of R37's Behavior Management Committee Meeting Minutes revealed the following:</p> <p>On 6/3/24, R37's diagnoses were noted as adjustment do (disorder), psychotic do, MDD (major depressive disorder), dementia, Alzheimer's, anxiety. The section for triggered behavior was left blank. R37's psychoactive medications were listed as Rexulti 0.5 mg and Rexulti 1 mg. It was documented that a GDR of Rexulti would be looked into.</p> <p>On 7/22/24, R37's diagnoses were noted as adjustment do, unspecified dementia. No triggered behaviors were identified. Rexulti was not listed as a psychoactive medication.</p> <p>On 10/26/24, the form was left blank in all sections.</p> <p>Further review of R37's Physician's Orders revealed no GDR of Rexulti had been attempted as mentioned in the Behavior Management Meeting Minutes on 6/3/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R37's progress notes since their admission on 5/22/24 revealed upon admission, on 5/23/24, R37 had an episode of frequent yelling and using abusive language. Further review of R37's progress notes revealed the following:</p> <p>On 6/5/24, it was documented R37 used abusive language, social work to eval (evaluate).</p> <p>On 6/5/24, rejection of care, social work to eval.</p> <p>On 6/5/24, yelling/screaming, social work to eval.</p> <p>On 7/6/24, abusive language.</p> <p>On 7/18/2024, the following was documented, .Writer attempted to administered morning medications. Resident refused x3 attempts, she began yelling 'I don't want them, I don't want them.' several times getting louder with each sentence.</p> <p>On 9/7/24, kicking/hitting - doesn't want to be bothered.</p> <p>On 9/18/24, abusive language during am care.</p> <p>On 9/18/24, yelling/screaming occurred.</p> <p>On 10/7/24, rejection of care, grabbing, abusive language, threatening behaviors</p> <p>There was no documented evidence of psychotic symptoms in the clinical record.</p> <p>A review of R37's evaluations by the consulting psychiatry provider revealed the following:</p> <p>On 6/3/24, .this was the clinician's first contact with the patient at this facility .calm, cooperative and pleasant during the visit .able to make her needs known .sleep and appetite are good .denies anxiety, depression, hallucinations .reports a hx (history) of depression/anxiety diagnosed many years ago .currently prescribed . Rexulti .started 9/2023 for hx of dementia with agitation. No behavioral notes since admission. No issues of concerns noted or reported by staff .GDR Contraindicated Risk & Benefit statement: Target symptoms have not been sufficiently relieved by non-pharmacological interventions .resident is NOT a candidate for Gradual Dose Reduction at the resident time (this was documented for Rexulti 1 mg tablet and Rexulti 0.5 mg tablet) . It should be noted that no target symptoms were identified at the time of the evaluation.</p> <p>On 8/26/24, .Pt was calm, cooperative and pleasant .sleep and appetite are good - noted that pt (patient) occasionally refuses her meals .denies anxiety, depression, hallucinations .No behavior notes with the last 30 days. Staff report that pt has intermittent episodes of agitation/aggression with care. It was documented that a GDR of Rexulti was contraindicated despite no documented psychotic symptoms.</p> <p>On 10/28/24, .At baseline pt can be verbally aggressive with staff and has episodes of agitation with care. Behavior note triggered on 10/7 for agitation during care. No other issues or concerns noted or reported by staff .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of R37's care plans revealed a care plan that documented, I have potential to demonstrate verbally abusive behaviors r/t (related to) dementia. I am frequently telling and using abusive language toward staff. Interventions were noted as Evaluate for side effects of medications and Monitor and document observed behavior and attempted interventions in behavior log. A second care plan noted, I am currently on a psychotropic medication: I am on Rexulti .I have a diagnosis of: delusions and agitation. Interventions were noted as, Administer medications as ordered .Monitor/record/report .side effects .Monitor my mood state/behavior and record .Psych consult as needed. There were no individualized triggered behaviors or symptoms noted on the care plans and no specific interventions to address them.</p> <p>On 10/30/24 at 2:17 PM, an interview was conducted with Social Services Staff (Staff 'D'). When queried about how the facility monitored residents with dementia who were prescribed antipsychotic medications to ensure the necessity of continued use, Staff 'D' reported they were referred to the contracted behavioral health agency who advised on the medications. When queried about how the facility identified targeted behaviors, developed non-pharmacological interventions, and monitored the residents for effectiveness of the medications, Staff 'D' reported the Certified Nursing Assistants (CNAs) documented and behaviors in the behavior alert section of their electronic charting system and nurses wrote progress notes. Staff 'D' further explained that the Interdisciplinary Team (IDT) identified targeted behaviors and interventions. When queried about the Behavior Monitoring Committee, Staff 'D' reported herself, the nurse practitioner (NP), and a nurse discussed any residents with behaviors who were taking psychotropic medications and any concerns or changed that needed to be made. When queried about when GDRs were conducted with residents who were prescribed antipsychotic medications, Staff 'D' reported they were not attempted unless there was a specific reason or trigger we noticed, the medication will remain in place. When queried about the progress notes that documented behaviors and noted that social work would evaluation the resident, Staff 'D' reported they followed up with the psychiatric NP and did not document their own assessment of the resident.</p> <p>At that time, Staff 'D' was queried about why R37 was prescribed an antipsychotic medication (Rexulti). Staff 'D' reported R37 was admitted into the facility on the medication. R37 did not have an explanation as to why a GDR was not attempted as discussed in the Behavior Committee Meeting on 6/3/24. When queried about what was done to address the behaviors documented in the progress notes for R37, such as yelling, refusing care, using abusive language and what the root cause of those behaviors were and what interventions were put in place to address them, Staff 'D' reported R37 was followed by psych.</p> <p>On 10/30/24 at 9:15 AM, an interview was conducted with the Director of Nursing (DON). When queried about who was responsible to monitor behaviors and develop and implement interventions for residents with dementia who were prescribed antipsychotic medication, the DON reported it was an interdisciplinary approach. When queried about the facility's behavior committee program, the DON reported the team met on a monthly basis. R37's Behavior Management Committee Meeting Minutes were discussed with the DON and the DON reported they should be addressing targeted behaviors during those meetings. The DON was unable to offer explanation for why R37 did not have individualized interventions and/or targeted behaviors identified for behaviors that were indicative of symptoms of dementia versus psychotic symptoms that required antipsychotic medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>22960</p> <p>Based on observation, interview, and record review, the facility failed to maintain the kitchen in a sanitary manner, and failed to ensure potentially hazardous food items were properly cooled. This deficient practice had the potential to affect all residents that consume food from the kitchen. Findings include:</p> <p>On 10/28/24 between 8:45 AM-9:30 AM, during an initial tour of the kitchen with Director of Dining Services BB, the following items were observed:</p> <p>The handwashing sink located near the entry door to the kitchen, was observed with several gnats flying about. The trash can for the hand sink was observed with no liner, and when the lid was opened, numerous gnats flew out of the can. There were gnats observed in various other areas of the kitchen as well.</p> <p>According to the 2017 FDA Food Code section 6-501.111 Controlling Pests, The PREMISES shall be maintained free of insects, rodents, and other pests. The presence of insects, rodents, and other pests shall be controlled to eliminate their presence on the PREMISES by: .4. (D) Eliminating harborage conditions.</p> <p>According to the 2017 FDA Food Code section 5-402.13, (B) Soiled receptacles and waste handling units for REFUSE, recyclables, and returnables shall be cleaned at a frequency necessary to prevent them from developing a buildup of soil or becoming attractants for insects and rodents.</p> <p>In the walk-in cooler, there was milk pooled on the floor underneath the milk crates, an opened cooked ham with a use-by date of 10/24, an undated sliced onion, a tub of ricotta with a use-by date of 10/25, and raw turkey stored on a rack over top of raw beef. Director of Dining Services BB confirmed the turkey should not have been stored above the beef.</p> <p>According to the 2017 FDA Food Code section 3-302.11 Packaged and Unpackaged Food - Separation, Packaging, and Segregation, (A) Food shall be protected from cross contamination by: .(2) Except when combined as ingredients, separating types of raw animal foods from each other such as beef, fish, lamb, pork, and poultry during storage, preparation, holding, and display by: .(b) Arranging each type of food in equipment so that cross contamination of one type with another is prevented,.</p> <p>According to the 2017 FDA Food Code section 3-501.17: Ready-to-eat, potentially hazardous food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded when held at a temperature of 41 degrees Fahrenheit or less for a maximum of 7 days. Refrigerated, ready-to- eat, potentially hazardous food prepared and packed by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, and: (1) The day the original container is opened in the food establishment shall be counted as Day 1; and (2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In the walk-in cooler, there were 2 pans of cooked pork butt covered tightly with foil. The pans were dated 10/27-11/1. Director of Dining Services BB confirmed the pork had been cooked on 10/27 and then placed in the walk-in cooler. When queried if cooling logs were utilized, Director of Dining Services BB stated they did use cooling logs. Review of the cooling log revealed an entry on 10/27 that noted: 10/27 Pork 7:00 PM. There were no temperatures recorded on the cooling log for the pork. The internal temperature of the pork was measured to be between 50-53 degrees Fahrenheit.</p> <p>According to the 2017 FDA Food Code section 3-501.14 Cooling, 1. (A) Cooked POTENTIALLY HAZARDOUS FOOD (TIME/TEMPERATURE CONTROL FOR SAFETY FOOD) shall be cooled: 1. (1) Within 2 hours from 57 C (135 F) to 21 C (70 F); P and 2. (2) Within a total of 6 hours from 57 C (135 F) to 5 C (41 F) or less.</p> <p>According to the 2017 FDA Food Code section 3-501.15 Cooling Methods, (A) Cooling shall be accomplished in accordance with the time and temperature criteria specified under S 3-501.14 by using one or more of the following methods based on the type of FOOD being cooled: (1) Placing the FOOD in shallow pans; (2) Separating the FOOD into smaller or thinner portions; (3) Using rapid cooling EQUIPMENT; (4) Stirring the FOOD in a container placed in an ice water bath; (5) Using containers that facilitate heat transfer; (6) Adding ice as an ingredient; or (7) Other effective methods. (B) When placed in cooling or cold holding EQUIPMENT, FOOD containers in which FOOD is being cooled shall be: (1) Arranged in the EQUIPMENT to provide maximum heat transfer through the container walls; and (2) Loosely covered, or uncovered if protected from overhead contamination as specified under Subparagraph 3-305.11(A)(2), during the cooling period to facilitate heat transfer from the surface of the FOOD.</p> <p>The dish machine was observed with a heavy buildup of limescale on the exterior. The interior components of the dish machine were observed with limescale buildup. The digital display noted De-lime recommended.</p> <p>According to the 2017 FDA Food Code section 4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils, .(C) Nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris.</p> <p>The ice machine was observed with an accumulation of dust on the side vents. The underside of the door to the ice machine was observed with black stains.</p> <p>According to the FDA Food Code section 4-602.11 Equipment Food-Contact Surfaces and Utensils, (E) Except when dry cleaning methods are used as specified under S 4-603.11, surfaces of utensils and equipment contacting food that is not potentially hazardous (time/temperature control for safety food) shall be cleaned: .(4) In equipment such as ice bins .: (a) At a frequency specified by the manufacturer, or (b) Absent manufacturer specifications, at a frequency necessary to preclude accumulation of soil or mold.</p> <p>In the dry storage room, the flooring underneath the racks was observed with cobwebs, food debris, and a leaking can of soda.</p> <p>The flooring underneath the ice machine was observed with debris, a juice cup and an ice cream cup.</p> <p>The floor drain located in front of the ice machine was observed with a heavy accumulation of food debris and grease buildup. Director of Dining Services BB confirmed the floor drain was in need of cleaning.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>According to the 2017 FDA Food Code section 6-501.12 Cleaning, Frequency and Restrictions, (A) Physical facilities shall be cleaned as often as necessary to keep them clean.</p> <p>On a lower shelf of the steam table, there was a bin of thickener, with large amounts of the white powder scattered on the shelf. There was a soiled toaster next to the bin of thickener, and a heavy buildup of crumbs mixed with standing water on the shelf surface.</p> <p>According to the 2017 FDA Food Code section 4-602.13 Nonfood-Contact Surface, Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675</p> <p>Based on interview and record review, the facility failed to maintain complete and accurate medical records for two (R28 and R52) of four residents whose clinical records were reviewed for advance directives, resulting in the increased potential for delayed and/or omitted involvement of the resident/legal representative in decision making regarding medical directives, and conflicting physician/extender documentation of medical directives.</p> <p>Findings include:</p> <p>According to the facility's policy titled, Advance Care Planning dated [DATE]:</p> <p>.During the intake assessment or rooming procedure, a healthcare team member looks for Advance Directive .When a patient has indicated that they have an Advance Directive, this is noted in the Electronic Health Record .and a copy is requested for the patient's record. DPOAH (Durable Power of Attorney for Health) cannot be followed without a copy being present in the patient's medical record .[Facility name redacted] employees that are not on the care team may sign the OOH (Out of Hospital) DNR form as one (1) witness .If an individual is unable to participate in medical treatment decisions, the individual's lack of medical decision making capacity must be documented by two physicians including the activation of the DPOAH if present .DPOAH document must have an acceptance signature of the appointed Patient Advocate and any successor Patient Advocate(s) if applicable .The named Advocate is then contacted to make medical treatment decisions on the patient's behalf .</p> <p>.Continuing Care - Rehab and Nursing Centers Regulatory Requirements .Determine on admission whether the resident has an advance directive .Identify the primary decision-maker .Establish mechanisms for documenting and communicating the resident's choices to the interdisciplinary team and to staff responsible for the resident's care .Discussions by providers regarding advance directives are documented in the resident's medical record .</p> <p>R28</p> <p>Review of the clinical record revealed R28 was admitted into the facility on [DATE]. R28 had previously been a resident at the facility from [DATE] to [DATE]. Diagnoses included: hypoglycemia, acute respiratory failure with hypoxia, unspecified bacterial pneumonia, type 2 diabetes mellitus with diabetic neuropathy, generalized anxiety disorder, major depressive disorder recurrent, encounter for surgical aftercare following surgery on the nervous system, nontoxic single thyroid nodule, diverticulitis of large intestine without perforation or abscess without bleeding, wedge compression fracture of T7-T8 vertebra, and obstructive sleep apnea.</p> <p>According to the admission Minimum Data Set (MDS) assessment dated [DATE], R28 had intact cognition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the electronic medical record (EMR) revealed a medical directive form signed by R28 from their previous admission from [DATE] - [DATE]. There was no current documentation in the EMR that the resident had completed a medical directive regarding decisions for code status since their admission on [DATE].</p> <p>On [DATE] at 8:45 AM, Social Services (Staff 'D') was asked to explain the process if a resident or their family chooses not to have CPR. Staff 'D' reported if someone wanted a DNR, they used the medical directive form and then physically document DNR into the EMR. They further reported the medical directive forms were kept in binders on each unit were not formally loaded into the EMR and if there were some in there, that was prior to 2023 or 2024 as they no longer did that. When asked why that wasn't included as part of the EMR, as the facility indicated their records were maintained fully via EMR, Staff 'D' was unable to offer any further explanation.</p> <p>R52</p> <p>Review of the clinical record revealed R52 was admitted into the facility on [DATE] with diagnoses that included: unspecified dementia with other behavioral disturbance and functional quadriplegia.</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE], R52 had severe cognitive impairment. Review of the resident's profile information identified only two daughters as R52's durable power of attorney and emergency contacts.</p> <p>Review of the code status section of the electronic medical record (EMR) revealed a physician order from [DATE] and code status alert that read, No CPR/ May send to hospital, Would consider Hospice care, Would consider palliative <sic> care, Would consider Tube feeding.</p> <p>There was no medical directive form available for review in the current EMR.</p> <p>Upon further review of the medical directive binder provided by Staff 'D', R52's medical directive form dated [DATE] had circles around DMPOA (Durable Medical Power of Attorney), NO for CPR, and YES for Transfer to an acute care hospital, Tube Feeding, Palliative Care, and Hospice Care. This form was signed by Social Services (Staff 'D'), another illegible witness signature, and was noted as Verbal Consent by R52's Daughter 'EE'.</p> <p>Review of the only power of attorney documentation available in R52's clinical record was a General Durable Power of Attorney Effective on Execution created on [DATE]. This document was strictly for financial decisions and did not include the resident's wishes about resuscitation, or give permission for anyone to withhold treatment, such as CPR. There was no DMPOA included in the EMR.</p> <p>Review of a facility form for physician certification of capacity was completed on [DATE] and [DATE] (following completion of the DNR order that was placed on [DATE]).</p> <p>Further review of the physician and extender documentation included conflicting statements regarding the resident's code status as discussed with R52's niece. The documentation included:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An entry on [DATE] by Physician Assistant 'CC' documented, in part: .Code Status List: DNR .Patient admitted to facility yesterday. She has history of dementia with has advanced to functional quadriplegia requiring total care. Patient is being seen with her niece at bedside .Patient is nonverbal and unable to make her needs known .I confirmed today that the patient's Advance Care Plan is documented in the medical record either by discussing and documenting the patient's Advance Care Plan, confirming that the patient's surrogate decision maker is documented in the medical record, or confirming that the patient's Advance Care Plan is presently documented .</p> <p>At the time of this entry by PA 'CC' and review of the EMR during survey, there was no documentation available as referenced in their advance care plan statement. The resident had not yet been declared incompetent by two Physician's or a Physician and Psychologist as required to activate a medical power of attorney. PA 'CC' referenced a niece had been present during their evaluation, however the only contact information on the profile information were two daughters.</p> <p>Additionally, review of R52's Physician History & Physical dated [DATE] by Physician 'DD' documented, in part: .Code Status List: Full Scope of Treatment (which meant provide all treatment, including resuscitation) . She has history of dementia which has advanced to functional quadriplegia requiring total care. Patient is being seen with her niece at bedside .Patient is nonverbal and unable to make her needs known .</p> <p>As of this review, there were no further documented discussions of R52's code status by the Physician/extender, in-person signed medical directive forms, or proof of medical power of attorney documents provided.</p> <p>On [DATE] at 5:07 PM, an interview was conducted with the Director of Nursing (DON). When asked to explain the facility's process for reviewing and completing advance directives, the DON reported they have the provider (Physician) have a discussion with the resident and if able to make that decision, there was a form the Physician usually signs off on and makes a note to be able to change the code status. When asked who usually facilitates that discussion, the DON reported when the family tells the facility, but nursing and social work will usually discuss in their interdisciplinary meetings.</p> <p>When asked where those forms were kept, the DON reported the medical directive forms were kept in binders at each unit. When asked if those were also uploaded into the EMR, the DON reported they were not as that the facility used that paperwork to make orders so the orders where then placed into the computer so the nurse was aware of the code status. The DON was asked why there was no actual documentation on the current medical directive forms from the Physicians/extenders, and they reported they were not aware of that. When asked to review R52's discrepancies between Physician Assistant (PA 'EE' and Physician 'DD) as well as not having confirmation of a medical power or attorney available in the medical record, the DON acknowledged the concern and reported they would have to address that immediately.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 8:45 AM, Staff 'D' was asked to explain the process if a resident or their family chooses not to have CPR. Staff 'D' reported if someone wanted a DNR, they used the medical directive form and then physically document DNR into the EMR. When asked who was responsible for entering that information into the EMR, Staff 'D' reported the nurses put that in and the nurse managers simultaneously did audits with them in which they audited by pulling the medical directive book on every unit, check to see if the papers in the book match what's on the EMR chart. They further reported the medical directive forms in the books on the unit are not formally loaded into the EMR and if there were some in there, that was prior to 2023 or 2024 as they no longer did that.</p> <p>On [DATE] at 4:26 PM, Staff 'D' was asked to review R52's medical directive documentation, including the documents available in the EMR, Staff 'D' confirmed there was no medical POA. Staff 'D' further reported they would be the one to cross-check' the DPOA paperwork. When asked why Daughter 'EE' was allowed to give a verbal consent for DNR prior to verification they were legally authorized, prior to the resident being deemed incompetent, and prior to verification of prior wishes, Staff 'D' was unable to offer any further explanation. Staff 'D' reported they would see if they had any additional documentation such as a medical POA, but there was no additional documentation provided by the end of the survey.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0850</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Hire a qualified full-time social worker in a facility with more than 120 beds.</p> <p>30675</p> <p>Based on interview and record review, the facility failed to employ a qualified Social Worker on a full time basis to meet psychosocial, mental and behavioral health care needs of residents resulting in the potential for unmet needs.</p> <p>Findings include:</p> <p>During the recertification survey conducted from 10/28/24 - 10/30/24, multiple concerns were identified in regard to the facility's social work practices, including mood/behavior management, psychotropic medication, psychosocial assessments, and processes for completion of advance directives and coordination of decision-makers.</p> <p>On 10/29/24 at 8:00 AM, during an interview with the Director of Nursing (DON), when asked if Staff 'D' was the only Social Worker, the DON reported they were.</p> <p>On 10/29/24 at 8:38 AM, an interview was conducted with Staff 'D'. They reported they had worked in their role as a Social Worker since the end of January 2024, but had been with the company since 2023. When asked if there were any other Social Workers Staff 'D' reported they were by themselves. When asked if they were licensed as a Social Worker Staff 'D' reported they were not licensed at this time. When asked when they were last licensed, they reported It's been since 2019.</p> <p>On 10/29/24 at 9:00 AM, the Administrator was requested via email to provide the names, dates of employment, and credentials/license verifications for the Social Workers that were employed since their last recertification survey (12/5/23).</p> <p>On 10/29/24 at 2:16 PM, an interview was conducted with the Administrator. When asked if they were aware Staff 'D' was not a licensed social worker, but was hired for the title of Social Worker, the Administrator reported they had checked with other facilities and their corporate team since a concern with social work qualifications were previously cited in 2022 and was told they didn't need to be licensed. The Administrator confirmed the facility was licensed for 179 beds. The Administrator further reported although they were Staff 'D's manager, the DON provided the oversight for clinical needs. The Administrator confirmed the last licensed Social Worker was on 7/5/24. Since then, Staff 'D' had been working by themselves.</p> <p>On 10/30/24 at 2:00 PM, the Administrator was informed of the concerns identified throughout the survey of the facility's social work practices, and concerns regarding the facility's hiring of a non-licensed staff specifically for the role of a Social Worker. The Administrator expressed difficulty with filling the role of social worker but acknowledged they understood the concern identified as well.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675</p> <p>Based on observation, interview and record review, the facility failed to ensure adequate infection control practices during wound care and implement Enhanced Barrier Precautions (EBP) for one (R70) of three residents reviewed for pressure ulcer/injuries, and ensure adequate infection control practices and implementation of Personal Protective Equipment (PPE) for residents on droplet precautions for two (R23 and R333) of two residents observed for transmission-based precautions related to COVID-19, resulting in the increased potential for wound contamination, delayed healing, and spread of infection.</p> <p>Findings include:</p> <p>According to the facility's policy titled, Enhanced Barrier Precautions dated 10/9/2023:</p> <p>Enhanced Barrier Precautions expand the use of PPE (Personal Protective Equipment) beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs (Multi Drug Resistant Organisms) to staff hands and clothing .Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include .Wound care: any skin opining <sic> requiring a dressing .</p> <p>According to the facility's policy titled, Wound Care: Dressing, Moist dated 12/15/2023:</p> <p>.Wash hands. Gather equipment and gloves. [NAME] gloves .Carefully remove the soiled dressing .if resident experiences sudden, new or progressing pain, notify physician .Using aseptic technique, cleanse the wound with normal saline from the clean area to the dirty areas .Change gloves. Apply clean dressing .</p> <p>R70</p> <p>From 10/28/24 at 9:46 AM to 10/29/24 at 10:00 AM, R70 who was identified as having two pressure ulcer/injuries was observed to have no EBP precautions in place, or utilized during wound care.</p> <p>On 10/28/24 at 10:40 AM, observation of R70's wounds were completed with Nurse Manager (Nurse 'N') and Nurse 'L' (Nurse assigned to R70). Nurse 'L' and Nurse 'N' proceeded to both pull wound care supplies from the treatment cart. Nurse 'N' was asked about R70's wounds and they reported they were not sure of the exact status since they had been off work for a while prior to today. Nurse 'L' reported the resident had an area on the left toe and coccyx.</p> <p>Nurse 'L' exited, then re-entered the room with the wound care treatments, donned gloves (without washing hands/or using hand sanitizer), then immediately began to open drawers on the bedside dresser indicating they were trying to locate a barrier for the wound care supplies. Nurse 'L' then raised the bed up using the bed remote control. Nurse 'N' removed the blankets and yellow grippy socks from R70's feet and removed the treatment to the left toe which was dated 10/27. The resident's bilateral feet were observed very swollen, edematous and the ankles had significant indents from the top band of the grippy socks on both feet. Nurse 'N' reported the swelling was normal for the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Nurse 'L' then proceeded to open the wound care supplies with the same gloves used to touch the multiple surfaces and began to clean R70's left big toe with gauze and normal saline solution. While Nurse 'L' was cleaning the area, R70 began wincing and yelling out loudly, Ay, ay, ay, ay, ay. The tip of the toe was covered in a large dark area with surrounding yellowing colored skin, there was no depth visible. Nurse 'L' proceeded to continue wiping the area and placing the new dressing while the resident yelled out continuously Ay, ay, ow, ow, ow, ow.</p> <p>Nurse 'L' then removed their disposable gloves and used a marker to date the outside of the wound dressing.</p> <p>Nurse 'N' was informed that another Surveyor (Nurse) would be taking over for the wound care observation to R70's coccyx.</p> <p>On 10/28/24 at approximately 11:15 AM, the Nurse Surveyor reported the following observation of R70's coccyx wound care:</p> <p>Nurse 'L' returned to R70's room and explained she had to call the doctor to get an order for Tylenol (the resident did not have current orders for Tylenol as needed) and that their medication cart did not have Tylenol in it and they had to go and get a bottle. Nurse 'L' then administered the Tylenol to R70. Immediately after the Tylenol was administered (without waiting for medication to have effect), Nurse 'L' and Nurse 'N' rolled R70 onto their left side. The dressing on R70's coccyx wound was dated 10/26/24. After removal of the old dressing, Nurse 'L' picked up several 4x4 gauze sponges to clean the wound. Nurse 'N' told Nurse 'L' to change their gloves and discard the 4x4 gauze sponges Nurse 'L' had touched with the same gloves they had on when they removed the old dressing.</p> <p>Review of the clinical record revealed R70 was admitted into the facility on [DATE] with diagnoses that included: other pulmonary embolism without acute core pulmonale, acute kidney failure, tremor, Alzheimer's disease, Parkinson's Disease without dyskinesia, without mention of fluctuations, acute embolism and thrombosis of unspecified deep veins of right lower extremity, localized edema, and pneumonia unspecified organism.</p> <p>According to the admission Minimum Data Set (MDS) assessment dated [DATE], R70 had severe cognitive impairment, had clear speech, usually understands others and is usually understood, uses a wheelchair for mobility, was dependent for lower body dressing, putting on/taking off footwear, receives no scheduled, prn (as needed), or non-medication intervention for pain, had no pain presence, does not have a pressure ulcer/injury, scar over bony prominence, or a non-removable dressing/device, but is at risk for developing pressure ulcers/injuries, has no unhealed pressure ulcers/injuries and had no other wounds, ulcers, or skin problems .the skin and ulcer/injury treatments included pressure reducing device for chair and bed.</p> <p>The most recent wound documentation documented, in part an entry on 10/29/24 at 2:57 PM by Nurse 'E', . Resident seen by wound care team for measurements and evaluations of Coccyx has a stage II pressure ulcer (a partial thickness skin loss that appears as an open sore, blister, or abrasion) measuring 1.0 x 0.5cm (centimeters), pink bed, no drainage. Treatment of medihoney will be applied daily. left Great left toe DTI (Deep Tissue Injury - Persistent non-blanchable deep red, maroon, purple discoloration - intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration due to damage of underlying soft tissue) measuring 1.5 x 1.0cm, necrotic bed, venelex will be applied to left great toe daily .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of R70's orders since identification of the first pressure ulcer on the resident's coccyx was on 9/29/24. There were no physician orders, or care plans initiated for EBPs as of this review on 10/29/24. During the observations of the wound care on 10/28/24, the Nurses performing the wound care did not identify or implement EBP for R70.</p> <p>On 10/29/24 at 8:00 AM, an interview was conducted with the Director of Nursing (DON). When asked if they were made aware of the concerns regarding R70's wound care from 10/28/24, the DON reported they were, and had already spoken to the nurse. The DON was informed of the concerns with lack of hand washing and using clean technique during wound care and they reported that should not have occurred and was part of their training the facility provided to all nurses. When asked who makes the determination to place residents on EBP, including obtaining physician orders and initiating care plans, the DON reported that was their Infection Preventionist (IP Nurse 'P'). When asked why EBP were not implemented or observed during the wound care, the DON reported they would have to follow-up. Orders for EBP and care plan were not implemented by IP Nurse 'P' until after the concerns were identified during the survey.</p> <p>49272</p> <p>R23</p> <p>On 10/28/24 at 11:25 AM LPN HH was observed entering R23's room (which was clearly marked as Droplet isolation) with only the N-95 mask they had been wearing in the hallway, no additional PPE (personal protective equipment) was donned prior to entering. Upon exit LPN HH was asked if they should have donned any additional PPE, at that time they looked at the PPE cart and the Droplet isolation sign and stated they should have donned additional PPE. At 11:27 AM LPN HH went back into R23's room after donning a gown and gloves, no face shield or goggles. LPN HH reported that they did not believe they needed to wear a face shield or goggles.</p> <p>On 10/28/24 at approximately 11:35 AM R23 was observed sitting in a wheelchair, watching the television. The trash can for discarded PPE was observed to be within 6 inches of the resident. No trash can was available near the exit (where there was ample room). Upon exiting the room, LPN HH was queried about where they discarded their used PPE and where the trash can should be located. LPN HH reported that they used the trash can in the room and acknowledged that the trash can should be placed inside the room, closest to the door.</p> <p>R333</p> <p>On 10/28/24 at approximately 11:43 AM CNA II was observed entering R333's room after donning a gown and gloves (CNA II already had an N-95 mask on which they had been wearing in the hallway), no goggles or face shield were worn. Upon exit from R333's room, CNA II was asked if they should be wearing a face shield or goggles, they reported that those supplies had recently been re-stocked, when asked again if they should have had a face shield or goggles on CNA II responded I guess.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/30/2024
NAME OF PROVIDER OR SUPPLIER Ch Rehab & Nurs Cnt - Commons Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21450 Archwood Circle Farmington Hills, MI 48336	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the facilities policy titled Isolation: Droplet Precautions updated 11/20/23, documented in part . Examples of conditions requiring Droplet Isolation Precautions include influenza, meningococcal meningitis, SARS COV-2, pertussis and mumps .A surgical mask should be worn by personnel and visitors in the patients room or care environment .For patients with pertussis or other emerging respiratory illness, wear both protective eyewear (goggles or face shield) and respiratory protection (a surgical mask) for all patient care activities .</p> <p>On 10/29/24 at 10:12 AM, Infection Preventionist (IP) P was queried what the facility's policy is regarding PPE for Droplet isolation. IP P stated that staff should don gown, gloves, N-95 mask and either a face shield OR goggles. I notified IP P of my observations of staff not donning appropriate PPE for Covid positive rooms/Droplet isolation. IP P reported that they would follow up with staff and provide additional education.</p>		