

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235467	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/26/2024
NAME OF PROVIDER OR SUPPLIER Four Chaplains Nrsg Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 28349 Joy Rd Westland, MI 48185	

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** 44750</p> <p>Based on observation, interview, and record review, the facility failed to change a dressing for one resident (R706) out of one reviewed for wounds. Findings include:</p> <p>On 6/25/2024 at 8:40 AM, R706 was observed in their wheelchair. R706 was noted to have an dressing to their right leg with a date of 6/23/2024 on it. R706 was asked what happened to their leg. R706 stated they had surgery on it and it needed to be wrapped up. R706 stated the facility changes the dressing every now and then.</p> <p>A review of the medical record revealed that R706 admitted into the facility on [DATE] with the following medical diagnoses, Cutaneous abscess of Right Foot and Sepsis. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental status score of 11/15 indicating an impaired cognition. R706 also required assistance with bed mobility and transfers.</p> <p>Further review of the medical record revealed the following,</p> <p>Ordered: 6/19/2024. Status: Active. Directions: Right plantar heel: cleanse with vashe, fill with vashe moistened, plain packing strips, apply ABD (abdominal) pad, and wrap with roll gauze, change daily.</p> <p>Ordered: 6/19/2024. Status: Active. Directions: Right heel: cleanse with vashe, apply oil emulsion over open area, cover with ABD and wrap with roll gauze, change daily.</p> <p>Further review of the progress notes, Date: 6/20/2024. Wound Note: Resident readmitted into the facility with a DM (Diabetes Mellitus) ulcer to right heel, proximal area measuring 2.0 x 1.0 cm (centimeters) 10% granulation, no exudate. Right heel Distal DM wound measures 1.2 x 1.8 cm. 100 % light pink tissue. No exudate noted .</p> <p>On 6/25/2024 at 10:16 AM, an interview was conducted with Licensed Practical Nurse (LPN) C. LPN C was queried regarding R706's dressing being dated 6/23/2024. LPN C stated R706's dressing should be changed daily and they would be changing it that morning.</p> <p>On 6/25/2024 at 2:02 PM, an interview was conducted with the Director of Nursing (DON). The DON stated they are unsure why the dressing was dated 6/23/2024 because they looked at the Treatment Administration Record (TAR) and it said that it was completed. The DON stated they would be reaching out to the nurse.</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
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>No further information was received by the end of the survey.</p> <p>A review of a facility policy titled, Wound Management Program noted the following, Policy: To assure that residents who are admitted with, or acquire, wounds receive treatment and services to promotr healing, prevent complications and prevent new skin conditions from developing.</p>		