

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  09/05/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32220</p> <p>This Citation pertains to Intakes MI00146232 and MI00146569.</p> <p>Based on observation, interview, and record review, the facility failed to ensure care was provided timely for five residents (AR1, AR2, AR3, R901, R902, and R907) of eight whose care was reviewed. Findings include:</p> <p>AR1</p> <p>On 09/04/24 at 9:56 AM, anonymous resident (AR1) was asked about care concerns and reported the afternoon and midnight shifts aides were lazy and don't come and get you when they are supposed to. AR1 reported they were left on the toilet in their bathroom on the afternoon shift. AR1 further reported they do not bring water when you ask and there is no follow through.</p> <p>A review of the record for AR1 revealed AR 1 was admitted into the facility 08/26/24. Diagnoses included High Blood Pressure and Chronic Kidney Disease. The Minimum Data Set (MDS) assessment dated [DATE] documented intact cognition with a 15/15 Brief Interview for Mental Status (BIMS) score and the need for partial/moderate assistance for chair to bed transfer, toilet hygiene and toilet transfer.</p> <p>The Activities of Daily Living (ADL) care plan initiated 08/27/24 documented AR1 as a one person assist for transfer and ambulation.</p> <p>AR2, AR3</p> <p>On 09/04/24 at 10:45 AM, AR2 and AR3 reported at times they must wait three, four and five hours on the night shift to get help. They reported the afternoon shift can be slow also. They reported the aides go away and don't come back. AR3 reported they had asked for a pain pill and did not get one until four hours later. They reported this was ongoing and depended on the aide on duty.</p> <p>A review of the MDS for AR2 dated 07/20/24 documented intact cognition with a 12/15 BIMS and the need for partial /moderate assistance for toileting hygiene, personal hygiene and chair to bed transfer. Toilet transfer was documented as not attempted.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the MDS for AR3 dated 06/10/24 documented intact cognition with a 15/15 BIMS and the need for partial /moderate assistance for toilet transfer. AR3 was documented as substantial/maximal assist for toileting hygiene and personal hygiene.</p> <p>R901</p> <p>A review of the care complaint for R901 revealed allegations of concern for being left wet and soiled extended periods of time. It was further noted R901 was found to have a wound present on the buttocks on 08/12/24 and on 08/14/24 was found wet and soiled by a visitor. The MDS dated [DATE] documented impaired cognition with a 6/15 BIMS, dependent for toileting hygiene, lower body dressing and chair to bed transfer.</p> <p>R902</p> <p>A review of the care complaint for R902 revealed concerns for being left wet and soiled extended periods of time and inadequate incontinence care.</p> <p>A review of the record for R902 revealed R902 was admitted into the facility 01/25/24 and discharged on [DATE]. Diagnoses included Diabetes, Heart Disease and Stroke. The MDS dated [DATE] documented intact cognition with a 13/15 BIMS and the need for substantial/maximal assistance for toileting hygiene and partial/moderate assistance for toilet transfer.</p> <p>On 09/05/24 at 8:41 AM, a strong and pungent urine odor was noted at the doorway of R902's room. Both residents were observed to be in bed with the room darkened.</p> <p>On 09/05/24 at 8:46 AM, Certified Nursing Assistant (CNA) A reported they had regularly found residents on morning rounds were more wet than others and surmised the night shift may have been short staffed.</p> <p>On 09/06 at 10:21 AM, a staff nurse A and CNA Scheduler, Staff B reported the night shift was more challenging than the day shift to schedule CNAs and to cover call offs. Staff A reported they try to have six CNAs on the night shift depending on the census. It was noted the schedule for 09/04/24 and 09/05/24 had five on the schedule with 85 total residents. Staff A reported they did not feel five for the night shift was working short.</p> <p>On 09/05/24 at 12:47 PM, the Director of Nursing (DON) was asked about the resident council minutes dated 08/14/24 that documented Call light response times could be improved on evening and nightshift. It depends on what staff is working. The DON reported they had followed up with the resident and checked in with other residents who may have had similar concerns and were monitoring and checking back with these residents. The DON also reported having engaged the staff regarding the call light response concerns.</p> <p>On 09/05/24 at 1:18 PM, three call lights were observed to be activated along the hallway of R907. One nurse was observed in the hall at a computer on a medication cart and one was at the nurse station. Two of the call lights were visible to the nurse at the medication cart.</p> <p>R907</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/05/24 at 1:19 PM, R907 reported that the night shift is the worst for getting any one to answer and this included nurses or the aides. R907 reported they needed help with toileting and had a sore on their bottom. R907 commented they had been changed the night before around 4 PM and not checked again until 9:35 PM. R907 further reported they had worked in a nursing home and wanted to know why they could not get anyone to answer the call for help. A review of the record for R907 revealed R907 was admitted into the facility on [DATE]. Diagnoses included Stroke, Paralysis and weakness of the left side, Anxiety and High Blood Pressure. The MDS dated [DATE] documented intact cognition with a 13/15 BIMS and was dependent for toileting hygiene, bathing, lower body dressing and chair to bed transfer. A review of the treatment order dated 08/15/24 noted a treatment for the sacrum (lower back area above the tailbone).</p> <p>A review of the facility policy titled, Wound Management Program revised 08/17/17 revealed, .Policy: To assure resident who are admitted with, or acquire wounds receive treatment and services to promote healing, prevent complications and prevent new skin conditions from developing .</p> <p>A review of the facility policy titled, Call Light Policy revised 05/01/17 revealed, Call lights will receive consistent and adequate response in order to best meet the individual needs of the resident .Each staff member is responsible to respond to call lights and provide assistance as their level of training allows .</p>		