

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 12/05/2024
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.

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>49699</p> <p>Based on interview and record review the facility failed to correctly document the discharge disposition of one (R85) of three residents for discharge. Findings include:</p> <p>A record review revealed R85 was discharged home with support services and appropriate equipment. R85 was transported home on 12/3/24 via non-emergency ambulance.</p> <p>On 12/3/24 further review of R85's MDS (Minimum Data Set Assessment) information revealed the resident was discharged to the hospital.</p> <p>On 12/4/24 an interview with the MDS Nurse B revealed the discharge was recorded incorrectly.</p> <p>A policy was requested for completing an MDS. The Nursing Home Administer revealed the MDS coordinator uses the Resident Assessment Instrument (RAI) manual for completing the MDS.</p> <p>Per the October 2024 RAI manual pages 1-4, (1) the assessment accuratley reflects the resident's status .</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 0646</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the appropriate authorities when residents with MD or ID services has a significant change in condition.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49102</p> <p>Based on interview and record review, the facility failed to notify the local state mental health agency of Pre-Admission Screening and Resident Review (PASARR) Level I changes for one resident (R77) of one resident reviewed for PASARR completions. Findings include:</p> <p>A review of the clinical record revealed R77 was admitted into the facility on [DATE] with the following diagnoses including alcohol abuse, alcohol induced psychotic disorder with delusions, adjustment disorder with anxiety, cognitive communication deficit and delirium. According to the MDS (Minimum Data Set) assessment dated [DATE], R77's Brief Interview for Mental Status (BIMS) score was a 00 indicating severely impaired cognition.</p> <p>A review of R77's medical record revealed a PASARR form 3877 Hospital Exempted Discharge ([NAME]) dated for 3/06/24. A 3877 form covers a resident admission for 30 days and request for a level II for mental health services. A request was made to the Social Worker (SW A) for further PASARR forms and level II request.</p> <p>An interview was held on 12/5/24 at 11:00 PM with SWA regarding the request. SW A stated that there were no other PASARR forms found for R77.</p> <p>An interview was held with Nursing Home Administrator (NHA) on 12/5/24 at 1:00 PM regarding the PASARR form and level II. The NHA stated the level II and other forms should be complete as indicated in the policies.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49699</p> <p>This citation pertains to Intake MI00148040.</p> <p>Based on interview and record review , the facility failed to timely initiate a care plan addressing a pressure ulcer for one (R388) of one resident reviewed for care planning. Findings include:</p> <p>The facility record revealed R388 was readmitted on [DATE] with the following pertinent diagnoses: Acute on Chronic Diastolic Heart Failure, Aortic Valve Disorder, Diabetes Mellitus, Asthma, and Dementia. R388's Brief Interview of Mental Status score was 6/15, indicating severe cognitive impairment.</p> <p>A review of the closed medical record revealed the reporting of a skin tear by a Certified Nursing Assistant (CNA) to a nurse on 11/3/24. An examination of the sacral (buttocks) wound by the wound care nurse on 11/4/24 revealed a wound 6.7 x 4.5 Centimeter (cm) related to shearing.</p> <p>Further review of the record revealed documentation by the physician dated 11/11/24 of the wound as an unstageable pressure injury (a full thickness pressure ulcer that is covered by slough-moist nonviable tissue or eschar-necrotic/dead tissue) that is deteriorating and measuring 8.5 x 7.3 cm with 30% granulation (healing tissue), 20% epithelial tissue (second layer), 10% slough and 40% eschar with a heavy amount of serosanguinous (liquid part of blood) drainage and an odor. An Alternating Pressure Mattress (APM) was ordered.</p> <p>The care plan for the sacral wound was initiated on 11/14/24 (11 days after the discovery of the skin impairment).</p> <p>Further record review revealed a wound note dated 11/18/24 indicating the wound had continued to deteriorate to 14.6 x 9.3 cm with 30% granulation tissue, 20% epithelial tissue, 10% slough and 40% eschar.</p> <p>On 12/4/24 at 10:50 AM, an interview with the Wound Care Nurse A (WCN A) revealed they initially assessed R388's wound on 11/4/24 and confirmed the care plan had not been initiated at that time.</p> <p>A review of the policy Wound Management Program, with revised date of 8/17/17 revealed a Braden Risk Assessment tool (used to predict risk for the development of wounds based on sensation, moisture, activity, bed mobility, nutrition, and friction/shear) is done upon admission, weekly for 4 weeks, then quarterly or when the resident's condition changes. A care plan related to skin is developed for residents at risk.</p> <p>Further review of the policy revealed, if a pressure ulcer is identified, 1.2 Develop an individualized plan of care. The policy also identifies the Charge Nurse as responsible for daily inspection of the dressing (covering of wound) and should insure that pressure relieving devices are in place.</p>		

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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>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>49102</p> <p>Based on observation, interview, and record review, the facility failed to ensure an orthotic foot device (designed for the prevention of pressure ulcers at the heel) was implemented per physicians order for one resident (R77) of three residents reviewed for pressure injuries. Findings Include:</p> <p>On 12/03/24 at 2:17 PM, R77 was observed lying in their bed without an orthotic foot device.</p> <p>On 12/04/24 at 10:00 AM, R77 was observed in bed lying on their back without an orthotic foot device on thier feet.</p> <p>On 12/04/24 at 12:10 PM, a nurse was observed completing care with R77. The was noted to be in bed without any orthotic device on their feet.</p> <p>A review of R77's medical record revealed a physician order dated 5/6/24 documenting, orthotic device on while in bed for each shift. Further record review revealed a Braden Scale Assessment score (standardized tool used to predict a patient's risk of developing pressure ulcers) of 13 on 9/7/24 indicating a moderate risk of developing a pressure ulcer.</p> <p>During an interview with the Director of Nursing (DON) on 12/04/24 at 1:00 PM. The DON confirmed their expectation would be physicians order would be carried out as written.</p> <p>A review of the undated Wound Care Management Program policy documented, .that residents who are admitted with, or acquire, wounds receive treatment and services to promote healing, prevent complications and prevent new skin conditions from developing.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223</p> <p>Based on observation, interview, and record review, the facility failed to ensure timely podiatry care was provided for one resident (R1) and two confidential group residents of eight residents reviewed for foot care. Findings include:</p> <p>On 12/03/24 at 9:18 AM, R1 was observed lying in bed. R1's toe nails were observed to be long extending past the tip of the toes. R1 explained they had been waiting for their toenails to be cut and they have not seen podiatry in a long time. R1 explained it hurts when they wear shoes.</p> <p>A review of R1's record revealed they were admitted to the facility on [DATE] with a diagnosis of peripheral vascular disease. Further record review revealed a brief interview for mental status score of 99 indicating an inability to complete the assessment.</p> <p>Further review of R1's record revealed a podiatry visit note dated 5/10/24 documenting, Podiatry care requested due to problems or conditions that may worsen if untreated</p> <p>On 12/04/24 at 1:46 PM, during an interview, the Social Worker (SW) explained R1 is on the list to be seen by podiatry. SW further explained, podiatry has not been in the facility in a long time because the service lost their doctor, and it took them a while to find a new one.</p> <p>On 12/5/24 at 9:30 AM, during an interview, Certified Nurse Assistant (CNA) D explained they assess residents' nails on shower days and trim them as needed and if a resident's toenails are long, they let the SW know and they put them on the list for podiatry to see them. CNA D confirmed R1's toenails are getting very long and has been on the list for podiatry to address the long nails.</p> <p>On 12/05/24 at 10:16 AM, during an interview, the SW explained they did not know when the last time podiatry had seen any residents and explained it had been a long time. The SW confirmed the last time R1 had seen podiatry was May 2024. The SW confirmed podiatry should see residents every three months and more often if needed.</p> <p>On 12/05/24 at 10:40 AM, during an interview, the Director of Nursing, (DON) explained residents' nails are assessed weekly and if toenails are long the resident will be put on the list to be seen by podiatry. The DON confirmed the last podiatry visit was in May 2024.</p> <p>38207</p> <p>On 12/4/24 at 1:06 PM, a confidential group meeting was conducted with a group of eight facility residents. The group was asked about their level of satisfaction with the services provided at the facility. Two confidential group residents expressed dissatisfaction with the podiatry services at the facility. Both residents indicated that they had not seen a podiatrist in a long time. Both residents indicated that their toenails were long and needed to be cut.</p> <p>A foot care policy and ancillary services policy was requested and was not returned by the conclusion of the survey.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38207</p> <p>Based on observation, interview, and record review the facility failed to ensure food was served at the preferred temperature for eight residents (R81, R45, and six confidential group residents) of eleven reviewed for food palatability. Findings include:</p> <p>Resident #81 (R81)</p> <p>On 12/3/24 at 10:39 AM, R81 was interviewed about food palatability at the facility and stated, The food is always cold. R81 also indicated the only alternative menu item they could get was a peanut butter and jelly sandwich.</p> <p>A review of R81's electronic medical record (EMR) revealed R81 was admitted to the facility on [DATE] with diagnoses that included Chronic kidney disease and Type 2 diabetes. R81's most recent minimum data set assessment (MDS) dated [DATE] revealed R81 had an intact cognition and required set up and clean up assistance during meals.</p> <p>Resident #45 (R45)</p> <p>On 12/3/24 at 10:42 AM, R45 was interviewed about food palatability at the facility and stated, The food is cold.</p> <p>A review of R45's electronic medical record revealed R45 was admitted to the facility on [DATE] with diagnoses that included, Congestive heart failure and Morbid obesity. R45's most recent MDS dated [DATE] revealed R45 had an intact cognition and required set up and clean up assistance during meals.</p> <p>On 12/4/24 at 9:25 AM, an observation was made of meal trays being passed to facility residents out of an open food cart.</p> <p>On 12/4/24 at 12:33 PM, a random food tray was selected from a food cart in the facility and temperature checked by Dietary manager (DM) F. The results of DM F's temperature check was the following,:</p> <ul style="list-style-type: none"> -Meatballs and gravy: 104.5 Degrees Fahrenheit; -Linguini with gravy: 104 Degrees Fahrenheit; -Cooked mixed vegetables: 90 Degrees Fahrenheit. <p>The DM F tasted the food and stated, The taste is good, but it's cold.</p> <p>On 12/4/24 at 12:38 PM, the surveyor tasted the food and all the food tasted [NAME] warm to Cold which had a negative impact upon the food's palatability.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/4/24 at 1:06 PM, a confidential group meeting was conducted with a group of eight facility residents. The group was asked about food palatability at the facility and six of the eight group residents indicated the food was frequently cold when it was served to them in their rooms.</p> <p>On 12/5/24 at 11:17 AM, the Administrator (NHA) was interviewed regarding their expectations for food temperatures when serving food to residents in their rooms. The NHA indicated that food should be maintained between 135 Degrees Fahrenheit to 145 Degrees Fahrenheit when served to the resident.</p> <p>A facility policy titled, Food and Beverage Temperature Monitoring dated 8/13/2023 was reviewed and stated the following, 8.hot food temperatures should not be below 120 degrees Fahrenheit at the the point of service for palatability.</p>		

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<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 store food to prevent cross contamination, and failed to maintain adequate sanitizer concentration in the sanitizer bucket. This deficient practice had the potential to affect all residents that consume food from the kitchen. Findings include:</p> <p>On 12/3/24 at approximately 9:20 AM, in the reach-in cooler, there was pan of cooked noodles stored directly underneath a box of raw pork. Dietary Staff H confirmed the cooked noodles should not have been stored under the raw meat.</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>On 12/3/24 at approximately 9:30 AM, a red bucket filled with sanitizer was tested using a sanitizer test strip. The strip did not change color to denote the presence of sanitizer. Dietary Staff H stated the bucket would be emptied and re-filled.</p> <p>According to the 2017 FDA Food Code, Section 3-304.14 Wiping Cloths, Use Limitation, .(B) Cloths in-use for wiping counters and other equipment surfaces shall be: (1) Held between uses in a chemical sanitizer solution at a concentration specified under S 4-501.114;</p>		