

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER Skld West Bloomfield		STREET ADDRESS, CITY, STATE, ZIP CODE 6950 Farmington Rd West Bloomfield, MI 48322	

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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>34275</p> <p>Based on observation, interview and record review the facility failed to ensure personal clothing items that were sent to laundry were returned to the residents in a timely matter. This deficient practice has the potential to affect all residents sending clothing items to laundry, including residents who attended a resident council meeting who asked to remain anonymous. Findings include:</p> <p>On 11/19/24 at 1:30 PM a Resident Council meeting was conducted with cognitively intact residents who asked to remain anonymous. The residents were asked questions as to care provided in the facility and any grievances that had been reported to the facility. Several of the residents reported that they were missing clothing items. One resident stated that they had two green shirts and some pants that they never got back from laundry. They further reported that they had reported their concerns and none of the clothing was either returned, nor did they receive money to purchase replacement clothing. A second resident noted that were missing pants and shirts. A third resident reported that they could not locate my personal clothes, so they gave me someone else's clothing, but the sizing was a 3X and that was not at all their correct size.</p> <p>A review of past Resident Council Minutes documented, in part, the following:</p> <p>8/27/24: .Housekeeping/Laundry: no bed pads and night gowns .Resident (name redacted) is missing jogging pants and polo shirt (navy) and 2 pairs of blue socks (Grievances are put in) .</p> <p>10/29/24: .Laundry/Housekeeping: Missing blue jogging pants, clothes missing from last winter about 5-6 items. Linens (sheets and bads) overnight and shortage on bags. Personals are taking too long. Missing dress .</p> <p>On 11/19/24 at approximately 4:51 PM, an interview was completed with Activity Director (AD) 'E. When asked about prior resident council meetings and allegations of missing clothing items, AD E reported that they were aware of resident's complaints regarding missing items. They noted that they will complete grievance forms and pass the concerns on the Administrator.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/20/24 at approximately 9:59 AM, interviews were conducted with two staff members who currently are employed by an outside company to maintain laundry at the facility. Laundry Staff person D noted that they had been working at the facility for about four months and were aware that many residents were not getting their clothes back from the laundry. They noted that the protocol should be that facility staff gather residents dirty clothing and place the items in a bag and put the residents name and room number on the bag. Staff D stated that if that happens correctly, generally the residents will get their clothing back after it is washed. However, they also reported that on multiple occasions facility staff do not place the name and room number on the bag and if the resident's clothes are not labeled, they do not know what resident to return them to.</p> <p>An interview was conducted with Housekeeping Director (HD) B. When asked about concerns of missing laundry, HD B noted that they were aware of the problem. They too also discussed the current protocol for resident laundry and noted that many times laundry staff can't figure out who's clothes are sent to laundry and therefore it makes it difficult to return their clothes at all or in a timely manner. HD B escorted the Surveyor into the dirty laundry room and pointed out three extra large bins filled with bags of laundry. HD B reported that all the laundry that was in the bags were not labeled and therefore it was difficult to determine who they belonged to.</p> <p>On 11/20/24 at approximately 1:47 PM, an interview was conducted with the Administrator regarding missing clothing items. The Administrator was aware of the concern and noted that sometimes the issue is that residents and/or resident family members do not want to label resident clothing. However, they were aware that there were other means to address the concerns.</p> <p>The facility policy titled, Personal Property, Resident (7/11/28) was reviewed and documented, in part: Policy: It is the policy of this facility to provide space and safety for resident's personal property .Equipment: Property list, Indelible marking pens .Explain purpose to resident. Check all clothing .for name. [NAME] if necessary .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49083</p> <p>Based on observation and interview, the facility failed to ensure safe and secure medications from one of two medication carts and one of three refrigerators observed for medication storage and labeling.</p> <p>Findings include:</p> <p>On 11/19/24 at 9:10 AM, medication administration observation was conducted with Licensed Practical Nurse (LPN) A. Medications were prepared from the cart identified as Cart C Hall and an observation of the medication storage revealed the following loose unidentifiable medications:</p> <p>Drawer two, one round white pill no identifier, two round white pills stamped 337, one half peach colored pill, one round pink pill stamped R50, one quarter white pill.</p> <p>Drawer three, one round pink pill stamped IG/207 and one-half white round pill.</p> <p>LPN A acknowledged the loose medications were not properly stored and should not be stored loose with no patient identifiers.</p> <p>The Medication Room identified as Traverse was reviewed for medication and storage and identified two stacked refrigerators. The top refrigerator storing insulin was observed with no thermometer and no temperature logs. LPN A acknowledged the refrigerator temperature should be maintained and recorded and was not sure why the refrigerator did not have a thermometer.</p> <p>On 11/19/24 at 11:16 AM, The Director of Nursing (DON) was informed of the medication storage observations and acknowledged the refrigerator needed to be monitored for temperature controls, and loose unidentified medications should not be stored within the medication cart.</p> <p>Review of the facilities policy titled Medication Access and Storage dated 7/2018 documented:</p> <p>.Medications requiring refrigeration .are kept in a refrigerator with a thermometer to allow temperature monitoring .</p>		

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<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>49083</p> <p>Based on observation and interview, the facility failed to maintain clean storage of linens and resident clothing in the laundry room resulting in contamination and build up of dust and dryer lint.</p> <p>Findings include:</p> <p>On 11/19/24 at 12:15 PM, a tour of the facility's laundry room was conducted with Housekeeping Manager B and Assistant Housekeeping Manager C. An observation of two linen carts storing clean folded linens, comforters, and clothing was observed with large amounts of thick white fuzzy textured debris. The green protective sheet panel of the right cart was lifted on top containing a cardboard box and wheelchair adaptive equipment covered with thick amounts of the white fuzzy debris. The linen cart to the left was observed with folded cardboard boxes used as a top shelf covered with dusty material, and a half-consumed water bottle.</p> <p>Managers B and C acknowledged both carts contained clean laundry and the thick white debris was from the dryer lint and confirmed the conditions were contaminated of dust and dirt and were unhygienic.</p> <p>Clean laundry storage policy was requested from the facility and was not available by end of this survey.</p>		