

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235488	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2024
NAME OF PROVIDER OR SUPPLIER West Bloomfield Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6445 W Maple 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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41415</p> <p>This citation pertains to intake: MI00143972.</p> <p>Based on interviews and record reviews the facility failed to ensure the required assistance level for care was provided for one (R404) of two residents reviewed for falls, resulting in the resident to have fell from their bed, required a transfer to the hospital due to pain, and admitted with a lateral angulated fracture of the right femoral neck and multiple left rib fractures. Findings include:</p> <p>Review of a complaint submitted to the State Agency (SA) documented in part . During the evening shift, the medical professional was changing her (R404's) undergarments. This activity required (R404's name) to be repositioned in the bed and required by protocol to have 2 people present to assist. The second person was unavailable at this time and the medical professional attending to (R404's name) took it upon herself to proceed without the additional member to assist her . The medical bed was positioned at the highest point and the medical professional commence the movement of (R404's name) where she fell from the highest point of the bed to the floor fracturing her hip and ribs . As a result of this incident, (R404's name) required a hip replacement (Right Hip) .</p> <p>Review of the medical record revealed R404 was admitted to the facility on [DATE], with diagnoses that included Parkinson's disease with dyskinesia, syncope, and collapse. A Minimum Data Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) of 12, which indicated moderately impaired cognition and required staff assistance for all activities of daily livings (ADLs).</p> <p>Review of a Nurse's note dated 4/8/24 at 11:04 PM, documented in part . Resident transferred to the hospital after rolling out of the bed onto the floor during pericare <sic>. Writer called into the room after resident had been picked up off the floor and placed into wheelchair. Resident was crying stating that her right leg was in pain and told staff nurse that she was seeing stars. (Medical Doctor name) informed and stated it was fine to send resident out to hospital .</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility incident report dated 4/8/24 at 10:47 PM, documented in part . Writer given report by staff nurse, stated he was called into the room by cna (certified nursing assistant), when he walked in resident was on the left side of her bed lying on her back leaning towards her right side in between the bed and the wall, can stated resident was being changed for the night and rolled off the bed while the cna was walking to the other side of the bed. Nurse and cna (Certified Nursing Assistant) assisted resident back into bed . resident screaming in pain stating that her right leg was hurting when moved/touched and that she was seeing stars . Per ER (emergency room) . Imaging results: - Lateral angulated fracture of the right femoral neck. - Minimally displaced left rib fractures .</p> <p>Review of the hospital documentation revealed the following:</p> <p>A Hospitalist Medicine H&P (History & Physical) note dated 4/9/24, documented in part . Right Femoral Fracture . Patient presented to the emergency department via EMS (Emergency Medical Services) . for evaluation of right hip pain status post fall . Family stated that staff at the facility where <sic> changing the patient when she rolled off the bed and landed on her right hip. They stated the patient needed 2 person assist however only 1 person was attending to the patient at the time of fall . right hip x-ray: Lateral angulated fracture of the right femoral neck . Question avulsion injury at the left lesser trochanter. CT (Computed tomography) lumbar spine: Chest: Nondisplaced subtle fracture deformity of the left 3rd-11th <sic> rib, laterally/anterolaterally as well as the left 9th rib posterolaterally . management per orthopedic surgery team .</p> <p>Review of the care plans revealed no documentation of the required staff assistance level needed for bed mobility.</p> <p>Review of the facility's Task documentation by the facility's certified nursing assistants for April 2024, documented the following for R404 . ADL- Dressing- hoyer lift x2 extensive assist . Personal Hygiene-x2 extensive assist . Bathing . x2 extensive assist . Locomotion off unit - x2 extensive assist . Bed Mobility- x2 extensive assist . Transferring hoyer lift with extensive 2 person assist minimal .</p> <p>Review of a Physical Therapy PT Evaluation & Plan of Treatment for the certification period of 3/25/24 to 4/23/24, documented the following in part, . Bed Mobility . Total Dependence . Transfers . Total Dependence . Initial Assessment/Current Level of Function & Underlying Impairments . Sitting Balance- Static Sitting = Poor; Dynamic Sitting = Poor, Standing Balance- Static Standing = Poor; Dynamic Standing = Unable . Bed Mobility = Total Dependence . Transfers = Total Dependence . Level Surfaces = Total Dependence . Gross Motor Coordination = Impaired . A history of present problem w (with)/3 or more personal factors and/or comorbidities that impact the plan of care . An examination of 3 or more body structures and functions, activity limitations and/or participation restrictions using standardized tests . Moderate Complexity .</p> <p>This indicated R404 required an extensive, two person assist for transferring, bed mobility and personal hygiene.</p> <p>The aide who provided care to R404 when the fall occurred was identified as Certified Nursing Assistant (CNA) C.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/29/24 at 12:07 PM, an interview was conducted with CNA C. When asked about the fall that occurred with R404 on 4/8/24, CNA C replied R404 required a hooyer to transfer into the bed. Once that was done, the CNA that helped them stepped out of the room. CNA C stated they knew R404 was a two person assist for brief changes and bed mobility, however decided to proceed by themselves to provide care for R404. CNA C was asked if they decided to proceed with R404's care due to a lack of staff and CNA C stated in part . No, it was a personal decision . I didn't expect this to happen . We have more than enough (staff) . It should have been two (staff members) . I took full accountability . this is one of my biggest mistakes . CNA C went on to say they were interviewed by the facility Administration staff regarding the incident and informed them of their mistake and took full responsibility for their actions. CNA C stated they received a write up for not following the assistance level implemented for R404's care.</p> <p>Review of a EMPLOYEE COUNSELING & CORRECTIVE ACTION RECORD dated 4/9/24 for CNA C documented in part . 3rd Final Written Warning . Description of Work Rule Violation:_ Failure to complete assigned task and carelessness in the performance of the job assignment . On 4/08/24 around 10pm, employee was changing resident's (R404 facility number) brief while resident was lying in bed. Resident's bed mobility status is Ax2 (assist times two). Employee was changing a resident by herself, which led to resident's accidental roll-off the bed onto the floor and a subsequent right hip fracture. Employee failed to verify resident's bed mobility status via PT (physical therapy)/OT (occupational therapy)/ST (speech therapy) recommendations poster prior to proving <sic> ADLs to a resident, which led to fall . the form was signed by the facility's Assistant Director of Nursing (ADON) and CNA C. A one-on-one education form was attached to the disciplinary action and signed by both the ADON and CNA C.</p> <p>On 4/29/24 at 12:14 PM, the Director of Nursing (DON) and the ADON was interviewed and asked about the fall that occurred with R404 under CNA C's care and the DON stated the CNA (CNA C) failed to follow protocol with the resident's plan of care. The DON stated a final education (disciplinary action) was given to CNA C for the incident that occurred.</p> <p>On 4/29/24 at 12:22 PM, the Administrator was interviewed and asked about the incident that occurred with R404 on 4/8/24 when CNA C was providing care, and the Administrator stated the CNA had done everything right up until the point of the fall. The Administrator acknowledged CNA C failed to follow R404's plan of care and stated it was an unfortunate situation.</p> <p>No further explanation or documentation was provided by the end of the survey.</p>		