

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER The Manor of Farmington Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 21017 Middlebelt Rd Farmington Hills, MI 48336	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41415</p> <p>This citation pertains to intake: MI00145663.</p> <p>Based on observations, interviews and record reviews the facility failed to ensure sufficient staffing was provided to ensure adequate care was provided for two (R's 303 & 304) of three residents reviewed for Activities of Daily Living (ADLs) and Staffing. This deficient practice had the ability to affect multiple residents that resided in the facility. Findings include:</p> <p>Review of a complaint submitted to the State Agency (SA) included the following concerns: the facility is short staffed on all shifts, residents are being left wet/soiled for extended periods of time and residents are not being showered.</p> <p>On 7/24/24 at 10:34 AM, R303 was observed sitting on their bed watching television. When asked about the facility's staffing R303 stated they don't get their showers regularly because they don't have enough staff. R303 pointed out their facial hair and stated they preferred not to have any facial hair, however the aides never have time to shave them because they were always rushing with their care to get to the next person. R303 stated the facility is short staffed. R303 stated they have talked to the nurses and unit managers about their concerns with staffing.</p> <p>At 10:40 AM, R304 was observed sitting in their wheelchair in their room. When asked, R304 stated it takes a long time for staff to answer their call light. R304 stated there is usually only two aides on duty and they understood the heavy workload that each aide had, however it affected their care. R304 stated in part . I have my right mind so I'm able to speak on this and tell you. My wound on my bottom is slowly healing because I have to sit in urine for hours. The staff are good, there just isn't enough of them . The resident repeated their only issue regarding their care was having to sit in their urine for hours due to the facility being short staffed.</p> <p>At 12:07 PM, the facility's staffing personnel (SP) A was interviewed and asked how they determine staffing levels needed daily and on the weekends. SP A stated they have standing numbers they follow for each shift. SP A was asked if those standing numbers changed based on the census or acuity of the facility and SP A stated No. SP A stated No matter the census or acuity the numbers stay the same. SP A stated the standard numbers they follow are: Midnight- Nurses- 5 Aides- 7-8, Day- Nurses-6 Aides- 10-12, and Evening- Nurses- 6 Aides- 8-9. SP A was asked if staff had ever approached them regarding their workload and staffing concerns and SP A stated they had not. SP A was asked to provide the facility's open positions for Nurses' and Aides.</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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility's assessment dated [DATE], documented in part . Staffing Coordinator reviews the census and staffing needs under the direction of the DON to ensure the staffing number meets the needs of the residents. In addition to maintaining compliance with state and federal regulations as it relates to staffing .</p> <p>The interview with SP A revealed they were not following the documentation of the facility assessment. SP A verbalized they were not scheduling the facility needs based off the acuity or census, but rather the standard numbers that was provided for them to follow.</p> <p>At 12:30 PM, Certified Nursing Assistant (CNA) B was interviewed and asked if the facility's administration provided adequate staffing for them to safely do their job duties and to provide quality care. CNA B stated in part . No, even the residents know we don't have enough staff . CNA B stated the staff have informed the Nursing Administration and SP A. CNA B was asked to confirm that they have discussed their concerns with SP A and CNA B stated they talked to SP A almost every day about the staffing concerns. When asked, CNA B stated they do the best they can during their shift but some things such as showers may not get done due to the lack of staff.</p> <p>At 12:43 PM, CNA C was interviewed and asked if the facility's administration provided adequate staffing for them to safely do their job duties and to provide quality care. CNA B replied No. CNA B stated they are overworked and try to finish their assignments before their shift but the workload is overwhelming.</p> <p>A review of the facility's available Nursing and Aide positions, provided by SP A revealed the facility had 12 opened positions for Aides. Six full time evening positions and three part time positions for both days and evenings.</p> <p>At 2:28 PM, Director Of Nursing (DON) was interviewed and asked if they were aware of the facility's staffing concern and the DON stated the facility's staffing had improved since their employment at the facility. The DON stated they are continuously working on staffing and how to retain staff.</p> <p>No further explanation or documentation was provided by the end of the survey.</p>		