

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235528	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  The Village of East Harbor		STREET ADDRESS, CITY, STATE, ZIP CODE  33875 Kiely Dr Chesterfield Townshi, MI 48047	

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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38207</p> <p>Based on interview and record review, the facility failed to document and include residents and resident representatives in care conferences for six residents (R1, R4, R21, R26, R47, R50) of seven residents reviewed for care planning participation. Findings include:</p> <p>Resident #50 (R50)</p> <p>On 4/18/24 at 9:06 AM, a review of R50's electronic medical record (EMR) ninety day review of R50's care conferences revealed no documentation of R50 being invited and included in their care conferences on 10/24/23, 1/12/24, and 4/11/24.</p> <p>On 4/18/24 at 9:13 AM, a further review of R50's EMR revealed that R50 was originally admitted to the facility on [DATE] with diagnoses that included Type 2 diabetes and Schizoaffective disorder. R50's most recent quarterly minimum data set assessment (MDS) dated [DATE] revealed that R50 had a moderately impaired cognition.</p> <p>On 4/18/24 at 11:23 AM, R50 was interviewed regarding their level of participation and invitations to their care conferences at the facility. R50 stated, I've never been invited to a care conference. R50 further expressed their desire to be included in their care conferences.</p> <p>On 4/18/24 at 11:30 AM, Social Worker (SW) B was interviewed regarding the process for inviting and including residents and resident representatives in care conferences. SW B indicated that families are invited and residents should be invited and included in care conferences, As long as they can understand things. SW B was asked to provide documentation of R50's invitation and participation in their care conferences. SW B was unable to provide the requested documentation prior to survey exit.</p> <p>On 4/18/24 at 12:01 PM, the Director of Nursing (DON) was interviewed regarding their expectations for inviting and including residents and resident representatives in care conferences. The DON indicated that a letter should be sent to resident representatives with enough time for them to respond. If they cannot make it, then they need to be provided with another opportunity to attend.</p> <p>32220</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 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/17/24 at 1:30 PM, during the group meeting, the six residents in attendance were asked if they had been included in their care conference and reported they had not been routinely included or invited to attend. They further reported on query they were not provided or offered a copy of their care plans. One resident reported they did not become aware of their care conference until informed by their representative.</p> <p>A review of the record for R47 revealed R47 was admitted into the facility on [DATE]. Diagnoses included Respiratory Failure. The Minimum Data Set (MDS) assessment dated [DATE] documented intact cognition with a 14/15 Brief Interview for Mental Status (BIMS) score and the need for assistance with all Activities of Daily Living (ADLs), bed mobility and transfer. A review of the Care Conference/Baseline Care Plan Summaries revealed on 04/04/24 and 12/19/23 the resident was not documented as present and no resident or responsible signature was documented; On 09/26/23 resident attendance was documented; On 06/27/23 a niece was present but not the resident.</p> <p>A review of the record for R26 revealed R26 was admitted into the facility on [DATE]. Diagnoses included the Need for Assistance with Personal Care and Stroke. The MDS dated [DATE] documented intact cognition with a 14/15 Brief Interview for Mental Status (BIMS) score and the need for assistance with all Activities of Daily Living (ADLs), bed mobility and transfer. A review of the Care Conference/Baseline Care Plan Summaries revealed: Resident attendance was documented on 01/16/24; A sister was present, but not the resident; On 10/24/23 and 07/25/23; And no family, nor the resident attended on 04/25/23.</p> <p>A review of the record for R1 revealed R1 was admitted into the facility on [DATE]. Diagnoses included Respiratory Failure and Stroke. The MDS dated [DATE] documented intact cognition with a 13/15 Brief Interview for Mental Status (BIMS) score and the need for assistance with all Activities of Daily Living (ADLs), bed mobility and transfer. A review of the Care Conference Baseline Care Plan Summaries revealed: On 04/04/24, resident attendance was documented; On 01/09/24 a box was checked I agree with the care plan but resident attendance was not documented; And on 10/17/23, 07/18/23 and 04/12/23 resident attendance was not documented.</p> <p>A review of the record for R4 revealed R4 was admitted into the facility on [DATE]. Diagnoses include Multiple Sclerosis. The MDS dated [DATE] documented intact cognition with a 15/15 Brief Interview for Mental Status (BIMS) score and the need for assistance with all Activities of Daily Living (ADLs), bed mobility and transfer. A review of the Care Conference Baseline Care Plan Summaries revealed: On 02/13/24, 11/22/23, 08/29/23, and 05/30/23 attendance by multiple daughters was documented, but no resident attendance was documented.</p> <p>A review of the record for R21 revealed R21 was admitted into the facility on [DATE]. Diagnoses included Multiple Sclerosis and Heart Disease. The MDS dated [DATE] documented intact cognition with a 14/15 Brief Interview for Mental Status (BIMS) score and the need for assistance with all Activities of Daily Living (ADLs), bed mobility and transfer. A review of the Care Conference Baseline Care Plan Summaries revealed: On 03/19/24 a voicemail was left for a daughter and neither the daughter nor the resident was documented as attended; On 12/28/23 was not documented as attended; On 10/2/23 the facility documented the resident declined care conference attendance; On 08/22/23 the facility documented the family/resident declined attendance; And on 05/23/23 the facility documented the resident and family declined care conference attendance.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility policy titled Interdisciplinary Care Conference Procedure last reviewed 12/2016 revealed, It is the policy of the (the facility) to allow each Resident Representative, and the Resident if mentally able, the opportunity to attend the Interdisciplinary Team Meeting (Care Conference) on a quarterly basis .Schedule: A calendar will be maintained by the Social Worker to inform participants of resident's having care plan reviews and when, Letters inviting Resident Representatives are posted and/or given to the responsible party prior to Care Conference by the Social Worker, Competent residents are invited in person by the Social Worker, Resident Representative and resident if appropriate will be noted to be in attendance .</p>		

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<p>F 0565</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 organize and participate in resident/family groups in the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32220</p> <p>Based on interview and record review, the facility failed to provide six residents, who wish to remain anonymous and regularly attend the resident council meetings, with the grievance procedure or document resolution of concerns identified during the resident council meetings. Findings include:</p> <p>On 04/17/24 at 1:30 PM, the six residents in attendance at the resident council meeting were asked if they had been informed about the grievance procedure and how to file a grievance and all denied a working knowledge of the process. The residents agreed all complaints had been verbal and written follow up or resolution was not provided.</p> <p>The residents had voiced repeated concerns with staffing agency and nighttime staff not wearing name badges, unmet care needs, being left for extended periods on the toilet, clothes damaged, call light wait times, staff coming in and turning off the call light and not coming back, or poor attitude from staff. There were also questions on resident rights.</p> <p>A review of the Resident Council notes dated 04/13/23 revealed, .Do not like doing the kids crafts. CENA (nursing assistants): Would like (Certified Nursing Assistant) CNA's to introduce themselves when they start their shift, call lights not being answered. (Resident) had her call light on for 2 hours at 3 a.m. when she needed assistance to the bathroom. CNA's talking on their phones during patient care. Ice water not being giving passed and laundry not being picked up for a week. Dining Services: Food is sometimes cold. Fruit is being put on plate and gets juice from the fruit on the toast or rolls and even into the food. Soup has been watery, condiments are not consistent, they run out of crackers or do not have croutons or cheese for onion soup. Residents would like things like cheese sticks served on occasion. Housekeeping: Floors have been sticky, substitute housekeeper (name) only empties trash in rooms. Laundry: (Resident) says she has not received her laundry back from last week.</p> <p>A review of the Resident Council notes dated 05/03/23 revealed, .CNA's not answering each other's call lights when one is on break, turning off call lights and not returning. Wet brief was laid on dresser, trash not being picked up and thrown out after doing care, resident had to pick up trash: Why can't agency CNA's wear name badges? Dining Services: (Resident) said she has not been receiving her proper bowl and utensils at mealtime. (Resident) said she is thickened liquid and it was so thick that the spoon stood upright. Housekeeping: Pop was spilled on floor of room [ROOM NUMBER] on Sunday night, resident had to clean it up on Tuesday night. When do floors get mopped? Laundry: CNA's are not picking up laundry at night .</p> <p>A review of the Resident Council notes dated 06/06/23 revealed, .CENA: Agency not wearing name tags. CENA-(name) told resident to wheel herself to shower room and didn't give shower until 11 p.m. CENA left size small brief for resident to put on that is an XX large, and did not offer to help with it, also CENA's not washing private areas when changing residents in the morning. CENA's wearing earbuds and taking personal calls on their phones during patient care. Beds not being changed on shower day. Still turning off call light and never return.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Resident Council notes dated 07/10/23 revealed: . CENA: CENA has bad attitude, one yelling from the doorway-what do you need, you still have a hand and that's a one handed job. CENA's talking on their phones while doing care. Laundry: Short on washcloths: Ink spots on 3 tops of (R1) .</p> <p>A review of the Resident Council notes dated 08/02/23 revealed: .CENA: Some are good, some are bad. (CENA) has been mean and rude to (R1) and tries to get other CENA's to care for (R1) so she doesn't have to. No ice water is being passed. The care by aides on Michigan is not as good as on [NAME] .</p> <p>A review of the Resident Council notes dated 08/02/23 revealed: .CENA: We only receive water when pills are passed, no ice water being passed. Not enough CNA's in dining room to feed during mealtime. You have to ask for your bed to be made and if day shift doesn't make it, night shift says (it's not my job). You have to wait</p> <p>45 mins. to 1 hour to use the bathroom. When call light is on CNA will say I'll get your aide and no one comes back. Call lights are not being left where they can be reached. Residents being left in dining room after meals. Agency CNA's not wearing name badge.</p> <p>Looking for a CNA between 7 and 730 p.m. and they were all sitting in Station 2 nursing office. Agency CNA took 3 hours to give bed bath, she kept leaving and coming back and resident would fall asleep. On 8/5 resident was not checked or changed by CNA and her food tray was left next to bed and she was not assisted with feeding. Dining Services: Food has been cold, (Resident) stated that her tray was left on counter and not given to her and food was cold .</p> <p>A review of the Resident Council notes dated 10/04/23 revealed: .CENA: Residents are requesting to have a shower team. CENA's are on their cell phones and also do not come in to introduce themselves as being our aide for that shift. On 10/2 day shift (R4) asked to be changed and waited 4 hrs. for CENA to assist her, also</p> <p>(R26) waited 45 mins to be changed. CENA's still sitting in nurses office on (Station) 2 on night shift. The weekend of 9/30 and 10/1 was terrible for CENA care. (Resident) complaining she does not get fed on evening meals. No lids for cups, cups collapse when you grab them, running out of briefs and pads, out of thickened water and (Resident) was given thickened juice and caused her sugar to go up. On 10/3 CENA was rough with (resident) on nights .</p> <p>A review of the Resident Council notes dated 11/01/23 revealed: .CENA (nursing assistants): Residents trays that are served in the rooms are not being set up and residents are not eating. Michigan CENA's need to work more as a team and help each other. (Resident) said he was left on the toilet for 1 hour and then 2-3 CENA's come in and they are talking to each other and he felt very uncomfortable because he was not dressed .</p> <p>A review of the Resident Council notes dated 12/06/23 revealed: .When CENA is providing care and nurse comes into the room they need to shut the door when leaving the room. Also when CENA is changing resident they are throwing blankets on the floor and resident then wants the blanket washed. Dining Services: Always out of nectar, and food is still cold on trays delivered to rooms. Nurse: Agency staff told residents on Thanksgiving that no one was getting up and they are concerned that will happen on Christmas .</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Resident Council notes dated 01/12/24 revealed: .Nursing (R4) feels there is no consistency in the staff on Michigan unit. (R1) states that it takes forever for staff to answer call lights on midnights . Activities some childish .</p> <p>A review of the Resident Council notes dated 02/16/24 revealed: .CENA: CENA's still talking to each other about personal things while giving care. Residents being left in dining room after dark. Nurse: Don't always shut the room door when exiting and CENA is providing care. Dining Services: Running out of food lately like, cottage cheese, peaches and different salad dressings .</p> <p>A review of the Resident Council notes dated 03/06/24 revealed: Call lights still being turned off and CENA leaving and stated I will be back and does not return. Still running out of cottage cheese and also had no lemonade. Some residents would like their French fries fried not baked. (Resident) would like smaller portions. Residents and visitors going behind the counter and helping themselves to snacks in the cupboard and things in the refrigerator .</p> <p>A review of the Resident Council notes dated 04/03/24 revealed: Some residents are getting French vanilla creamer and would like plain. (Resident) having issues with what is being put on her tray and dietician discussed with resident during meeting.</p> <p>A review of the above minutes revealed all had the following statement at the end: Ombudsman Posters: Are laminated and are displayed on the wall at wheelchair level near each nurse's station. Recent survey results located in binders labeled with the year and survey results. Those binders located on each unit in a clear front wall file box at wheelchair level. Resident's rights reviewed and copies offered. Copies of What I do Matters slips given to residents and explanation of program was explained. It is not uncommon to wait up to 10 mins. before your call light is answered, we are not staffed the same as a hospital is, but staff will do their best to get to you as quick as possible. Further acknowledgement or resolution of prior resident concerns was not documented in the minutes.</p> <p>On 04/17/24 at 4:32 PM, a review of the complaint and grievance procedures were reviewed with the Wellness Coordinator (WC). The WC reported they take attendance and proceed down the list of departments to identify any concerns. When concerns are identified copies of the minutes are made and sent to the appropriate department for resolution. The department manager then should come up with a plan and respond back to the WC which is then brought to the residents. The WC acknowledged the concern with the use of agency staff and reported residents prefer house staff and they thought the last two months had gone a little smoother. The WC further reported they had reviewed the grievance procedure and handed out forms at past meetings but had not had any resident fill one out.</p> <p>On 04/18/24 at 8:33 AM, the Director of Nursing (DON) confirmed the use of agency mostly on the night shift and just for the CNAs and that they have regular badges for these staff. The DON reported they take the resident complaints at their word and act on them. The DON reported they receive a copy of the resident council minutes and they are reviewed at the Quality Assurance meetings.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the facility policy titled, Complaint Assistance/Grievance with effective date of April 2002 revealed, .We are committed to providing the highest quality of care to residents in our facility. We want you to feel safe in a homelike environment. In order for us to assist you, please follow the procedure identified below if you have any concerns about your care, treatment by staff, or anything else related to your stay in our facility. Step 1. Tell the Social Worker (Mon a Fri during business hours), the Unit Manager or the Charge Nurse (on off shifts) of your concerns. For off shifts and weekends, check the complaint contact information calendar for complaint and grievance contact person. Step 2. If not satisfied with the staff person's response, complete our Resident Concern Form. Let us know if you need help in completing the form. Step 3. Submit the form to Social Worker. Step 4. If not satisfied with the facility's written response, complete a request for the Director of Nursing or Administrator to review the investigation findings. Step 5. If not satisfied with their solution, you may contact the State Ombudsman or the Michigan Department of Consumer &amp; Industry Services, Bureau of Health</p> <p>Systems, to file a formal complaint .</p> <p>A review of the facility policy titled, Resident Council Meetings with last revised date of March 2013, revealed, It is the policy of the Village of East Harbor that resident council will be held and conducted monthly by the Social Worker or designee with council permission. All meetings will be conducted in accordance with Presbyterian Village East Bylaw's for resident council. Meeting notes are to be recorded and reviewed by the Social Worker or designee. Any concerns or complaints voiced by the residents during this meeting will be forwarded to the respective department head for follow up.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44750</p> <p>Based on observation, interview, and record review, the facility failed to implement interventions from the fall care plan for one resident (R32) out of three reviewed for care plan interventions. Findings include:</p> <p>On 4/16/2024 at 9:20 AM, R32 was interviewed regarding their care in the facility. R32 stated that they had just moved to the long-term care side. R32 stated that they had a broken hip that is healing nicely. R32 stated they often transfer themselves, but the staff try and remind them to use the call light.</p> <p>A review of the medical record revealed that R32 admitted into the facility on [DATE] with the following diagnoses, Fracture of Right Femur, Muscle Weakness, and Difficulty in Walking. Further review of the Minimum Data Set assessment (MDS) revealed a Brief Interview for Mental score of 10/15 indicating an impaired cognition. R32 also required one person assist with bed mobility and transfers.</p> <p>A review of the fall risk assessment revealed that R32 was a high fall risk.</p> <p>Further review of the care plan revealed the following fall interventions,</p> <p>I have a landing strip next to my bed- Date Initiated: 3/17/2024.</p> <p>I have an antiroll back on my wheelchair-Date Initiate: 3/17/2024.</p> <p>Dycem (nonskid pad) to my wheelchair, cut to fit, must be intact, clean and in place at all times to increase my safety-Date Initiated: 3/17/2024.</p> <p>On 4/18/2024 at 9:15 AM, R32 was helped to stand up with Licensed Practical Nurse (LPN) C. Upon observation, no dycem was noted to be in the wheelchair. Upon further review, no landing strips were noted by the bed and there were no anti rollbacks on the wheelchair.</p> <p>On 4/18/2024 at 11:30 AM, an interview was conducted with the Director of Nursing (DON). The DON stated their expectation is that fall interventions from the care plan are implemented. The DON stated that R32 just moved to their room from another side of the facility.</p> <p>A review of a facility policy titled, Comprehensive Fall Risk Reduction Program noted the following, It is the policy of the [Facility] to ensure that the resident environment remains free of accidents hazards as is possible and that each resident receives adequate supervision and assistive devices to prevent accidents falls.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>32220</p> <p>Based on observation, interview, and record review, the facility failed to ensure inhalers were labeled with a resident identifier and dated when opened in one of four medication carts. Findings include:</p> <p>On 04/17/24 at 8:54 AM, in the Michigan 2A medication cart, one Trelegy inhaler did not have the name or the date opened on the inhaler; Two of the three other Trelegy inhalers did not have the name and the third did not have a date on the inhaler.</p> <p>On 04/18/24 at 3:58 PM, the Director of Nursing (DON) was asked about label and dates on inhalers and reported, My expectation is to date and initial; with the date opened and resident initials.</p> <p>A review of the facility policy titled, Medication Storage with last reviewed date of 04/24, revealed, Policy: It is the policy of (the facility) to store medications properly in accordance with</p> <p>clinical best practice and according to drug manufacturer instructions . 3. Date opened: All flushes, multi-dose Vials, irrigation solution and IV fluids must be marked with date opened or first used . 5. Inhalers: Store in the original box from pharmacy. Label the device with resident name .</p> <p>A review of the manufacturer's prescribing information for the Trelegy inhaler dated December 2022 revealed, Safely throw away Trelegy Ellipta in the trash 6 weeks after you open the tray or when the counter reads 0, whichever comes first. Write the date you open the tray on the label on the inhaler.</p>		