

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235529	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/13/2024
NAME OF PROVIDER OR SUPPLIER  The Manor of Novi		STREET ADDRESS, CITY, STATE, ZIP CODE 24500 Meadowbrook Rd Novi, MI 48375	

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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34275</p> <p>This citation pertains to Intake# MI00147133</p> <p>Based on observation, interview and record review the facility failed to ensure the residents right to receive unopened and private mail delivery for one (R701) out of four residents reviewed for resident rights. Findings include:</p> <p>A complaint was filed with the State Agency (SA) that alleged the facility opened R701's postal package containing items from a pharmacy a week prior to them receiving the package. In addition, they alleged that some of the items, including mouth wash and bed pads, were missing from the package.</p> <p>On 11/12/24 at approximately 11:28 AM, R701 was observed lying in bed in their room. The resident was alert and able to answer questions asked. R701 was asked if they had had any concerns regarding mail acceptance. The resident noted that they receive items via the mail monthly that contain items like mouth wash and disposable pads. R701 noted that in early September 2024, a package was delivered to the facility with their name on it. The box was brought to their room approximately one week or so after it arrived, and they noted the box was open and three bottles of mouth wash and a pack of bed pads were missing.</p> <p>A review of R701's clinical record revealed the resident was initially admitted to the facility on [DATE] with diagnoses that included: chronic kidney disease and dependent on renal dialysis. The resident's most recent Minimum Data Set (MDS) noted the resident had a Brief Interview for Mental Status (BIMS) score of 13/15 (intact cognition).</p> <p>A grievance form provided by the facility was reviewed and documented, in part, the following: .Name: R701 . Information about your concern: Delivered Wednesday - 6 bottles of Listerine (mouth wash) only received 3-Bag of large pads missing .When did the problem or incident occur .Last week .Date: 9/11/24 . Facility response: Facility was searching for missing items .Action: facility purchased new items to replace what was missing .</p> <p>On 11/12/24 at approximately 2:28 PM, an interview was conducted with the Administrator regarding the resident's missing items from the package that was delivered in September 2024. The Administrator reported that they believed R701's package got mixed up with other items sent to the facility and was opened by staff and some of the items were missing by the time the package was located. The Administrator noted that staff should not open resident's mail and/or packages without permission.</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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the facility policy titled, Resident Mail (2/16/24) noted, Policy: Residents have the right to send and receive mail, and to receive letters, packages and other materials delivered to the facility for the resident through a means other than a postal service Procedure: .mail will be delivered to the resident unopened unless otherwise indicated by the resident or resident's representative .staff members will not open mail for residents unless residents request them to do so. Requests to open mail will be documented in the medical record .</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48680</p> <p>This citation is pertains to intake MI00147430.</p> <p>Based on observations, interview, and record review the facility failed to notify appropriate discipline wound physician/practitioner and implement and update interventions for one (R704) resident of one resident reviewed for pressure injuries. Findings Include:</p> <p>On 11/12/24 at 9:30 AM, the Complainant was interviewed via phone called and stated that residents are not being turned every two hours as they should, because they are short staffed and are contracting bad wounds because of the lack support on the midnight shift. The Complainant was then asked could they provide a specific resident who had been affected by the lack of staffing and stated R704 is someone who had been affected.</p> <p>A review of the medical record revealed that R704 was admitted to the facility on [DATE] with the diagnosis of type two diabetes, sleep apnea, and muscle wasting and dystrophy. R704's most recent Brief interview for mental status score was a 3, indicating impaired cognition. The record also revealed that R704 had a stage IV pressure wound on their sacrum area, which was originally identified as a skin injury on 09/15/24 upon admission from a hospital stay. There was a treatment put into place by the director of nursing (DON), however, after the treatment was put into place there was no evidence of interventions implemented or the wound care practitioner being notified. On 10/9/24 the area was noted to have worsened and on 10/17/24 a week later the wound had declined greatly, and resident was sent to hospital on the 10/18/24 due to a change in condition.</p> <p>A review of the Care plan revealed no updated interventions for the change in skin integrity since 2023.</p> <p>On 11/12/24 at 10:22 AM the Unit manager(UM) was interviewed, she was asked about the history of R704's wounds. The UM stated that she did not really know the background but the Wound care coordinator(WCC) would be able to answer that.</p> <p>On 11/12/24 at 11:00AM the WCC was interviewed and asked about R704's wounds. The WCC explained that the wound was not that bad prior to them going out to the hospital. R704 returned to the facility with the wound that way and they have just been trying to keep on top of it and ever since R704 had their stroke the wound has been declining rapidly. The WCC was asked how often does wound care (wound team/practitioner) round at the facility and when is wound care consulted for a resident. The WCC replied that the wound rounds were weekly on Fridays and that anytime a new skin area is notified on a resident they are put on the list for wound rounds.</p> <p>On 11/12/24 at 12:10 PM the DON was interviewed and was asked about R704's wounds. The DON replied that R704 had been declining rather quickly after their stroke on 10/18/24 but she had put in a treatment for the open area that she had assessed on the resident's sacrum and it was expected that wound care should have followed up with a consult but it did not happen. She also stated she was not aware that the care plan had not been up dated since 2023. The DON stated that they are working on the consistency of the wound care program.</p> <p>(continued on next page)</p>		

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