

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235556	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/28/2024
NAME OF PROVIDER OR SUPPLIER  Woodward Hills Health and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 39312 Woodward Bloomfield Hills, MI 48304	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38271</p> <p>This citation pertains to intake #MI00143872</p> <p>Based on observation, interview and record review the facility failed to ensure skin assessments were documented, completed accurately and timely for one resident (R901) of two residents reviewed for changes in condition. Findings include:</p> <p>On 5/28/24 a complaint submitted to the State Agency was reviewed which alleged the facility was not monitoring R901's skin appropriately.</p> <p>On 5/28/24 at approximately 9:51 a.m., R901 was observed in their room, laying in their bed. R901 was queried if they had been sent to the hospital recently and they indicated they had. R901 was queried if they remembered why they were sent to the hospital and they indicated they were sick but were unable to recall the reason.</p> <p>On 5/28/24 the medical record for R901 was reviewed and revealed the following: R901 was Initially admitted on [DATE] and had diagnoses of Metabolic Encephalopathy and Cellulitis of right lower limb (4/12/24) and Sepsis (4/12/24). R901 was last readmitted from the hospital on 4/12/24.</p> <p>A Physicians order dated 6/17/23 revealed the following: Skin Evaluation weekly. Check oral cavity for redness, sores, white patches in the mouth, dried cracked lips or other manifestations reflecting oral conditions. Check skin for open areas, bruises, abrasions, DTI (Deep tissue injuries), incisions</p> <p>(When entering order please change the shift and day of this to match the SHOWER SCHEDULE) PLEASE OPEN SKIN EVALUATION UNDER ASSESSMENTS TAB: every evening shift every Fri for skin</p> <p>A review of the weekly skin assessments titled Total Body Eval-V (version) 2 were reviewed and revealed no weekly skin assessments to be completed that accurately documented the presentation of R901's skin from 3/15/24 through 4/13/24.</p> <p>A review of R901's March and April 2024 Treatment Administration Record (TAR) revealed R901 had a weekly skin evaluation completed on 3/15, 3/22, 3/29 and 4/5 on the evening shift. No documentation of the presentation of R901's skin was present in the record.</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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NAME OF PROVIDER OR SUPPLIER  Woodward Hills Health and Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  39312 Woodward Bloomfield Hills, MI 48304	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/28/24 at approximately 9:56 a.m., Nurse C was queried regarding how the Nursing staff document skin presentation when they complete the weekly skin assessments and they reported that it's done via the Total Body skin evaluation V2 and has to be opened up by the Nurse when the assessment is completed to document the condition of the resident's skin.</p> <p>On 5/28/24 at approximately 12:30 p.m., during a conversation with the Director of Nursing (DON), the DON was queried regarding the lack of identified skin assessments documenting the presentation of the skin for R901. The DON indicated that the staff should be documenting the completion of the assessment in the TAR and then opening up the Total Body Skin Evaluation under the medical records assessment tab to document the presentation of the skin. The DON reported they had identified an issue with the Nursing staff to have failed to document in the Total Body Skin Evaluation assessment and indicated they had done a past non-compliance (PNC) action plan to address the lack of skin assessments with actual documentation (instead of just documenting when it was completed) of the skin in the medical record. The DON indicated it was started on 4/12/24 but would have to look into R901's record to see if they had documentation of the skin assessments.</p> <p>On 5/28/24 at approximately 12:53 p.m., the DON presented the past non compliance binder with audits and the facility action plan. The DON reported that R901 had the same issue in that Nurses were documenting in the TAR that they completed the skin assessment but did not complete documenting of the skin presentation in the Total Body Skin Assessment that was the facility Nursing standard. The DON was queried regarding the PNC's compliance date and they indicated they had in-serviced all Nursing staff and were doing weekly skin assessment audits and that their compliance date was 4/24/24.</p> <p>On 5/28/24 at approximately 1:22 p.m., The Medical Director was queried if they were aware of the PNC that the facility had been working on for documenting skin assessments in the medical record and they reported that they were.</p> <p>On 5/28/24 a facility document titled Skin and Wound Guidelines was reviewed and revealed the following: Policy Overview: To describe the process steps required for identification of residents at risk for the development of pressure injuries, identify prevention techniques and interventions to assist with the management of pressure injuries and skin alterations .Body Audits are completed routinely and documented in the residents electronic medical record .</p>		