

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Aria Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 707 Armstrong Lansing, MI 48911	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135</p> <p>This citation pertains to complaint intake MI00145033.</p> <p>Based on observation, interview, and record review the facility failed to prevent staff to resident abuse (#10) and failed to protect residents, thoroughly investigate allegations resulting in the potential for continued abuse of residents.</p> <p>Findings Include.</p> <p>Resident #10 (R10)</p> <p>Review of the medical record reflected R10 was admitted to the facility on [DATE]. Diagnoses include Orthopedic aftercare following surgical amputation, Amputation of right foot, Osteomyelitis of both ankles and feet, difficulty walking, Peripheral Vascular Disease, Pain and Malaise.</p> <p>The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/27/2024, revealed R10 had a Brief Interview of Mental Status (BIMS) of 15(cognitively intact) out of 15. Under section G0110, Activities of Daily Living (ADL) Assistance reveals R10 requires set up assistance for eating and partial to moderate assistance with bathing and getting dressed. R10 can make his needs known.</p> <p>During an interview on 06/20/2024 at 2:00 PM, R10 stated he was hit by a mechanical lift sling on his back, and it left welts. R10 asked writer if she would like to see them. R10 opened his personal phone and showed this writer three separate pictures of his back with a raised area/ [NAME] and a reddened area, all in the middle of his back dated 06/17/24. R10 also stated there were witnesses to this. The receptionist C and his previous roommate that just moved out a few days ago. R10 stated he had his roommate take a picture of his back where the marks were from this hit. R10 also stated that he talked to the Nursing Home Administrator (NHA) A about this. R10 did have the employee's name and it took place on 05/16/24, and he reported it to 05/29/24 to NHA A.</p> <p>Record review revealed this incident was not documented or addressed in R10's medical 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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Aria Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 707 Armstrong Lansing, MI 48911	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview with NHA A, stated he did not report it because it wasn't abuse, it was an accident. NHA A stated that CNA B was screwing around with the mechanical lift sling and he swatted R10 on the back. Also stated he was not aware of any markings or welts that were left on R10's back. Writer asked NHA A why he did not report this abuse allegation. He stated it was an accident and not intentional, so he didn't feel it fit the definition of abuse. NHA A also stated that he did not write this up, educate on it, or provided any disciplinary actions to CNA B.</p> <p>During an interview on 06/21/24 at 1010 AM, CNA B stated he was goofing off in the hallway with the mechanical lift sling and it hit R10's back. CNA B also stated the [NAME] on the mechanical left sling were wet, so it probably hit harder than it would have.</p> <p>During an interview on 06/21/24 at 12:15 PM, NHA A stated he talked to R10 and even though it hurt when he got hit, he didn't want to get anyone in trouble. Also stated that R10 told him the staff were screwing around when they shouldn't have. NHA A stated he talked to R10 about being physically abuse and R10 told him that the hit, hurt like heck, but he didn't feel he was abused.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Aria Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 707 Armstrong Lansing, MI 48911	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45135</p> <p>This citation pertains to complaint intake MI00145033.</p> <p>Based on observation, interview, and record review the facility failed to prevent staff to resident abuse (#10) and investigation, immediately report allegations to the state agency and thoroughly investigate allegations resulting in the potential for continued abuse of residents.</p> <p>Findings Include.</p> <p>Resident #10 (R10)</p> <p>Review of the medical record reflected R10 was admitted to the facility on [DATE]. Diagnoses include Orthopedic aftercare following surgical amputation, Amputation of right foot, Osteomyelitis of both ankles and feet, difficulty walking, Peripheral Vascular Disease, Pain and Malaise.</p> <p>The most recent Minimum Data Set (MDS), with an Assessment Reference Date (ARD) of 02/27/2024, revealed R10 had a Brief Interview of Mental Status (BIMS) of 15(cognitively intact) out of 15. Under section G0110, Activities of Daily Living (ADL) Assistance reveals R10 requires set up assistance for eating and partial to moderate assistance with bathing and getting dressed. R10 can make his needs known.</p> <p>During an interview on 06/20/2024 at 2:00 PM, R10 stated he was hit by a mechanical lift sling on his back, and it left welts. R10 asked writer if she would like to see them. R10 opened his personal phone and showed this writer three separate pictures of his back with a raised area/ [NAME] and a reddened area, all in the middle of his back dated 06/17/24. R10 stated he had his roommate take a picture of his back where the marks were from this hit. R10 also stated that he talked to the Nursing Home Administrator (NHA) A about this. R10 did have the employee's name and it took place on 05/16/24, and he reported it to 05/29/24 to NHA A.</p> <p>Record review revealed this incident was not documented or addressed in R10's medical record.</p> <p>During an interview with NHA A, stated he did not report it because it wasn't abuse, it was an accident. NHA A stated that CNA B was screwing around with the mechanical lift sling and he swatted R10 on the back. Also stated he was not aware of any markings or welts that were left on R10's back. Writer asked NHA A why he did not report this abuse allegation. He stated it was an accident and not intentional, so he didn't feel it fit the definition of abuse. NHA A also stated that he did not write this up, educate on it, or provided any disciplinary actions to CNA B.</p> <p>During an interview on 06/21/24 at 1010 AM, CNA B stated he was goofing off in the hallway with the mechanical lift sling and it hit R10's back. CNA B also stated the [NAME] on the mechanical left sling were wet, so it probably hit harder than it would have.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/21/2024
NAME OF PROVIDER OR SUPPLIER Aria Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 707 Armstrong Lansing, MI 48911	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>During an interview on 06/21/24 at 12:15 PM, NHA A stated he talked to R10 and even though it hurt when he got hit, he didn't want to get anyone in trouble. Also stated that R10 told him the staff were screwing around when they shouldn't have. NHA A stated he talked to R10 about being physically abuse and R10 told him that the hit, hurt like heck, but he didn't feel he was abused.</p>