STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235561	A. Building B. Wing	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aria Nursing and Rehab	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)

F 0658

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Ensure services provided by the nursing facility meet professional standards of quality.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 39056

This citation pertains to intake #: MI00144444

Based on interview and record review the facility failed to ensure that medications were administered following the physician ordered parameters for 3 of 8 residents (Resident #7, #8, and #10), reviewed for medication administration, resulting in medication errors.

Findings:

Resident #7 (R7)

Review of an Admission Record revealed R7 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: heart disease and hypertension.

Review of R7's Order Summary dated 5/9/24 revealed, Metoprolol Tartrate Oral Tablet 50 MG (Metoprolol Tartrate) Give 0.5 tablet by mouth two times a day for HTN (hypertension) Hold is SBP (systolic blood pressure/top number) < (less than) 120 mmHg, Pulse < 60. To be administered at 7:00 AM and 7:00 PM.

Review of R7's July Medication Administration Record and Blood Pressure Summary revealed:

*On 7/1/24 R7's blood pressure was 108/64 and the 7:00 PM metoprolol was administered.

*On 7/4/24 R7's blood pressure was 112/58 at 8:02 AM and the 7:00 AM metoprolol was held. R7's blood pressure was not reassessed prior to the administration of the 7:00 PM dose of metoprolol and despite the blood pressure falling outside of parameters the metoprolol was administered.

*On 7/5/24 R7's blood pressure was 115/53 and the 7:00 AM metoprolol was administered.

*On 7/7/24 R7's blood pressure was not assessed prior to the administration of the 7:00 AM metoprolol. The blood pressure assessment from 7/6/24 at 9:19 PM was documented and the metoprolol was administered.

*On 7/9/24 R7's blood pressure was 116/72 and the 7:00 PM metoprolol was administered.

*On 7/10/24 R7's blood pressure was 110/68 and the 7:00 AM metoprolol was administered.

(continued on next page)

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 07/16/2024
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	*On 7/10/24 R7's blood pressure was 104/62 and the 7:00 PM metoprolol was administered. *On 7/11/24 R7's blood pressure was not assessed prior to the 7:00 PM dose of metoprolol. The blood pressure assessment from 7/11/24 at 8:07 AM was documented and the metoprolol was administered. *On 7/13/24 R7's blood pressure was not assessed prior to the administration of the 7:00 AM metoprolol. The blood pressure assessment from 7/12/24 at 8:24 PM was documented and the metoprolol was administered. Resident #8 (R8) Review of an Admission Record revealed R8 was an [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: atrial fibrillation (abnormal beating of the heart.) Review of R8's Order Summary dated 7/2/24 revealed, Entresto Oral Tablet 24-26 MG (Sacubitril-Valsartan) Give 0.5 tablet by mouth two times a day for HFrEF (heart failure with reduced ejection fraction) Hold for SBP less than 100 or DBP (diastolic blood pressure) less than 60. To be administered at 7:00 AM and 7:00 PM. Review of R8's July Medication Administration Record and Blood Pressure Summary revealed: *On 7/6/24 R8's blood pressure was not assessed prior to the 7:00 PM dose of Entresto. The blood pressure assessment from 7/6/24 at 9:42 AM was documented and the Entresto was administered. *On 7/7/24 R8's blood pressure was 136/40 and the 7:00 AM dose of Entresto was administered. *On 7/7/24 R8's blood pressure was 103/55 and the 7:00 PM dose of Entresto was administered. *On 7/8/24 R8's blood pressure was 129/55 and the 7:00 PM dose of Entresto was administered. *On 7/10/24 R8's blood pressure was 129/53 and the 7:00 PM dose of Entresto was administered. *On 7/12/24 R8's blood pressure was 112/56 and the 7:00 PM dose of Entresto was administered. *On 7/13/24 R8's blood pressure was not assessed prior to the 7:00 PM dose of Entresto. The blood pressure assessment from 7/13/24 at 7:59 AM was documented and the Entresto was administered. Resident #10 (R10) Review of an Admission Record revealed R10 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: hypertension. Review of R10's Order Summary dated 3/12/24 revealed, Lisinopril Tablet 20 MG Give 20 mg by mouth one time a day for HTN Hold for SBP less than 100 or HR less than 60. Review of R10's Blood Pressure Summary revealed R10's blood pressure was not assessed on 6/1/24, 6/2/24, 6/3/24, 6/5/24, 6/6/24, 6/8/24, 6/9/24, 6/12/24, 6/14/24, 6/16/24, 6/19/24, 6/20/24, 6/21/24, 6/23/24, 6/26/24, 6/27/24, 6/28/24, 6/29/24, or 6/30/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	235561	A. Building B. Wing	07/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aria Nursing and Rehab	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of R10's June Medication Administration Record revealed R10 received all 30 doses of lisinopril despite the absence of blood pressure assessments (ensuring R10's blood pressure was within ordered parameters.) During an interview on 07/16/2024 at 2:20 PM, Director of Nursing (DON) reported that residents that have ordered parameters should have their vital signs obtained prior to the administration of the medication to ensure they are within parameters. DON reported that if parameters are ordered vital signs must be obtained at that time. During an interview on 07/16/2024 at 4:39 PM, DON confirmed medications for R7, R8, R9, R10, and R11 were administered outside of parameters and/or without vital sign assessments. DON reported that medication error reports would be completed and all licensed nurses would receive education on medication administration. Review of the facility policy Medication Administration last revised April 2019 revealed, .4. Medications are administered in accordance with prescriber orders, including any required timeframe .11. The following information is checked/verified for each resident prior to administering medications .b. Vital signs, if necessary .

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 07/16/2024
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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39056 This citation pertains to intake #: MI00145322 and MI00144471 Based on observation, interview, and record review, the facility failed to ensure residents with pressure injuries received necessary treatment and services, consistent with professional standards of practice, to promote healing and prevent infection for 2 of 5 residents (Resident #1 and #6) reviewed for pressure injuries, resulting in the worsening of R1's wound and subsequent hospitalization . Findings: Resident #1 (R1) Review of an Admission Record revealed R1 was a [AGE] year-old male, admitted to the facility on [DATE], with pertinent diagnoses which included: Type II Diabetes, muscle weakness, need for assistance with personal care, and heart disease. Review of a Minimum Data Set (MDS) assessment for R1, with a reference date of 4/6/24 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated R1 was cognitively intact. Review R1's MDS dated [DATE], Section M- Skin Conditions revealed R1 did not have a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device upon admission to the facility. Review of R1's Activity Note dated 4/28/24 revealed, When resident requested RN (Registered Nurse) to apply socks on, RN noted Blister on Left heel measuring W (width) 4.5cm, L (length) 5cm .Will refer to wound team . Review of R1's Wound Consultation Note dated 05/02/2024 revealed, .Wound-Left heel stage 2 pressure Measurements- 2.5 (length) x 1.7 (width) x 0.1 (depth) cm (measured in centimeters) . Overall Wound Condition- stable Wound Plan Of Care- adaptic (petrolatum emulsion dressing)/ABD (absorptive dressing)/kerlix (gauze wrap) daily and prn (as needed) . (Per the State Operations Manual a Stage 2 Pressure Ulcer is a partial-thickness loss of skin with exposed dermis, presenting as a shallow open ulcer. The wound bed is viable, pink or red, moist, and may also present as an intact or open/ruptured blister.) Review of R1's Wound Consultation Notes dated 05/09/2024-5/23/24 revealed R1's Stage II left heel pressure injury was improving with the Wound Plan Of Care-adaptic/ABD/kerlix daily and prn . (continued on next page)

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 07/16/2024
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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Review of R1's Order Summary revealed, Wound care: Blister to Left Heel, cleanse with wound cleanser, pat dry. Apply oil emulsion dressing cut to fit wound bed and cover with an abd secured with kerlix daily and as needed. every day shift. Order started on 05/03/2024 and was discontinued on 05/30/2024. Review of R1's Wound Consultation Note dated 05/30/2024 revealed, .Wound-Left heel stage 2 pressure Measurements- 3.3 x 2.9 x 0.1cm . Overall Wound Condition- stable Wound Plan Of Care- collagen/bordered gauze T-Th-Sat and prn . Review of R1's Order Summary revealed, Wound care: Blister to Left Heel, cleanse with wound cleanser, pat dry. Apply dermacol to fit wound bed and cover with a bordered gauze dressing every Tuesday, Thursday, Saturday, and as needed. Order started on 05/30/2024 and was discontinued on 6/6/2024. Review of R1's Wound Clinic Note dated 6/6/24 revealed, .Wound #7 Location: Calcaneus (heel); Left, Posterior *Cleanser-Anasept Antimicrobial Skin & Wound Cleanser 1 x Per Day .*Peri-Wound Care-Povidone-Iodine Swabsticks-Frequency: 1 x Per Day .Primary Dressing-Foam-Hydrofera Blue Ready Foam, 4x5 (in/in)-Frequency: 1 x Per Day NOTES: Apply to wound bed as directed. Please cut slits into foam to allow for drainage. *Secondary Dressing-ABD pad 5x9-Dermacea 5x9 (in/in)-Frequency: 1 x Per Day . *Secured with -Gauze Roll-Kerlix Roll Sterile, 4.5x4.1 (in/yd)-Frequency: 1 x Per Day .*Secured with-Tape 3M Medipore H Soft Cloth Surgical Tape, 4 x 10 (in/yd) .*Compression Wrap-Medigrip, Size F . The wound clinician directed the following interventions to prevent the worsening of the pressure injury, May shower with protection but do not get wound dressing(s)wet. Protect dressing(s)with water repellant cover (for example, large plastic bag) and may then take shower. NOTES: Please keep dressings dry and intact .Elevate legs to the level of the heart or above for 30 minutes daily and/or when sitting, a frequency of: NOTES: Multiple times daily Review of R1's Wound Consultation Note dated 06/06/2024 revealed, .Wound-Left heel stage 2 pressure Wound- Left heel stage 2 pressure Measurements- 3 x 2.4 x 0.1cm . Wound Plan Of Care- collagen/ABD/kerlix daily and prn . Review of R1's Order Summary revealed, Wound care: Left Heel, cleanse with wound cleanser, pat dry. Apply Povidone- Iodine Swabstick to peri wound. Apply Hydofera Blue ready foam to wound bed. Please cut slits into foam to allow for drainage. Cover with 5x9 abd pad, wrap with kerlix, secure with tape. Apply Medigrip Size F every Tuesday, Thursday, Saturday, and as needed. Order date 06/07/2024. Review of R1's Treatment Administration Record revealed R1 received the left heel wound treatment (transcribed above) on 6/8/24, 6/11/24, and 6/13/24. The wound treatment was not completed daily as ordered by the wound clinic provider and wound consultant. There were no PRN treatments completed. (continued on next page)

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 07/16/2024
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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Review of R1's Wound Consultation Note dated 06/13/2024 (prior to wound clinic appointment) revealed, . Wound-Left heel unstageable pressure Measurements- 3 x 2.4 x 0.1cm Tissue type- slough/eschar Peri Wound- fragile/periwound blistering . Overall Wound Condition- deterioration . (Per the State Operations Manual an Unstageable Pressure Ulcer is defined as full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar .If the slough or eschar is removed, a Stage 3 or Stage 4 pressure ulcer will be revealed.) Review of R1's Wound Clinic Note dated 6/13/24 revealed an order for Bactrim DS (antibiotic) PO BID (by mouth twice a day) x 14 days.Wound #7: Calcaneus (heel); Left, Posterior *Cleanser-Anasept Antimicrobial Skin & Wound Cleanser 1 x Per Day .*Peri-Wound Care-lotrisone-Frequency 1 x Per day .*Topical-Santyl Ointment-Frequency: 1 x Per Day NOTES: Apply nickel-thick layer to wound bed only *Secondary Dressing-ABD pad 5x9-Dermacea 5x9 (in/in)-Frequency: 1 x Per Day .*Secured with -Gauze Roll-Kerlix Roll Sterile, 4.5x4.1 (in/yd)-Frequency: 1 x Per Day .*Secured with- Tape 3M Medipore H Soft Cloth Surgical Tape, 4 x 10 (in/yd) .*Compression Wrap-Medigrip, Size F . The wound clinician again directed the interventions to prevent the worsening of the pressure injury, May shower with protection but do not get wound dressing(s)wet. Protect dressing(s)with water repellant cover (for example, large plastic bag) and may then take shower. NOTES: Please keep dressings dry and intact .Elevate legs to the level of the heart or above for 30 minutes daily and/or when sitting, a frequency of: NOTES: Multiple times daily R1 was to be evaluated at the Wound Clinic again on 6/27/24. Review of R1's Order Summary revealed the above wound treatment was not ordered in the Electronic Medical Record (EMR) and the incorrect treatment ordered on 6/7/24 continued. Review of R1's Treatment Administration Record revealed R1 continued to receive the incorrect left heel wound treatment (ordered on 6/7/24) on 6/15/24 and 6/18/24. There were no PRN treatments completed. Review of R1's Wound Consultation Note dated 06/20/2024 revealed, .Wound-Left heel unstageable pressure Measurements- 4.2 x 3.3 x unable to determine true depth . Overall Wound Condition- stalled Wound Plan Of Care- cleanse with wound cleanser, pat dry. Apply Povidone-Iodine Swabstick to peri wound. Apply 1/4 strength dakin's soaked gauze to wound bed secured with ABD/kerlix daily and prn . Review of R1's Physician Progress Note dated 2:26 PM revealed, Requested to acutely eval patient for possible GI (gastrointestinal) bleed .He is requesting to go to the hospital to be evaluated for possible GI bleed. (continued on next page)

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 07/16/2024
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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Review of R1's hospital Discharge Summary revealed R1 was admitted to the hospital on 6/20/24-7/16/24. upon general surgery evaluation he was noted to have left heel wound which was then made aware to the emergency department team .Hospital course-Patient admitted and treated for Diabetic ulcer of foot with bone involvement without evidence of necrosis MRI was obtained and showed posterior hindfoot/heel ulcer with localized cellulitis and findings supportive of osteomyelitis of the posterior body of the calcaneus. Podiatry was consulted and pt underwent incision and drainage with left heel wound debridement on June 28/24. During an interview on 07/16/2024 at 12:06 PM, Wound Nurse Practitioner (WNP) D reported he was the provider that completed weekly wound evaluations on R1 (Wound Consultation Note documented above.) WNP D reported that he would make treatment adjustments as needed for the deterioration and/or stalling of the left heel pressure injury on the weeks R1 was not seen at the wound clinic (6/6/24 and 6/13/24.) WNP D confirmed he deferred to the wound clinic treatment orders. WNP D reported that approximately 2 weeks prior to R1's hospital transfer on 6/20/24 the wound clinic provider made a treatment change to hydrofera blue however, R1's left heel pressure injury began to deteriorate (had previously been documented as improving/stable). WNP D reported that on 6/20/24 he ordered a treatment for chemical debridement of R1's heel due to the slough and deterioration of the wound. During an interview on 07/15/2024 at 3:21 PM, Doctor of Podiatric Medicine (DPM) A reported that R1's wound developed during the course of his stay at the facility. When R1 arrived to the hospital on 6/20/24 it was discovered that he had developed osteomyelitis (bone infection) in his left heel that required surgical intervention. DPM A reported that it appeared as though his wounds were neglected at the facility. Review of R1's Electronic Medical Record (EMR) comprehensive Care Plan and revisions reflected a Focus of I have impaired skin integrity r/t (related to) Stage II PI (pressure injury) to L (left) heel diabetic ulcer ot Left planter foot .and was initiated on 03/20/2024 and revised on 05/20/2024. The Goal was to continue to show signs of healing through review date and was initiated on 03/20/2024 and revised on 05/20/2024. Neither the Focus nor Goal of the Care Plan reflected revisions were made despite R1's left heel pressure injury deterioration from a Stage II to unstageable documented in the wound assessments. The Interventions/Task did not reflect the wound clinician's recommendations of May shower with protection but do not get wound dressing(s) wet. Protect dressing(s) with water repellant cover .elevate legs to the level of the heart of above for 30 minutes .multiple times daily and had not been revised since 5/15/24. During an interview on 07/16/2024 at 4:39 PM, DON confirmed R1's treatment order was not changed/updated and the antibiotic had not been ordered/administered following the wound clinic appointment on 6/13/24. DON confirmed the incorrect treatment order (not ordered daily) on 6/6/24 and was administered until his hospitalization on [DATE]. Resident #6 (R6) Review of an Admission Record revealed R6 was a [AGE] year-old female, admitted to the facility on [DATE], with pertinent diagnoses which included: muscle weakness and morbid obesity. Review of a Minimum Data Set (MDS) assessment for R6, with a reference date of 5/17/24 revealed a Brief Interview for Mental Status (BIMS) score of 15, out of a total possible score of 15, which indicated R6 was cognitively intact. (continued on next page)

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 07/16/2024
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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Review of R6's Weekly Skin Assessment documented in the Treatment Administration Record revealed on 7/3/24 and 7/10/24 R6 had no skin breakdown. Review of the Physician Communication Binder located at the 3 [NAME] Nurses' Station revealed an entry regarding R6 on 7/13/24 pressure sore on post. (posterior) left thigh + a new red spot on right buttock. cleaned + dressed. Review of the column Medical Provider Comments revealed no physician signature or date indicating the provider had not reviewed the entry/resident concern. Review of R6's Skin/Wound Note dated 7/13/24 at 5:00 PM revealed, Resident has a large posterior bed sore on the right thigh. I cleansed the wound and applied a cushion dressing. Has a small upcoming bed sore on the left buttock. Needs to be positioned and have the wound dressing changed daily. Review of R6's Electronic Medical Record as of 7/16/24 at 10:00 AM revealed: *No wound assessment (measurements or description of the wound) *No Guardian notification *No treatment ordered or completed upon identification of the pressure injury *No updated interventions for R1's Care Plan Review of R6's Provider Note dated 7/15/24 and signed at 4:54 PM revealed, .Staff notes patient has open area on left upper thigh .Skin: Warm, dry and intact. Small open area left upper thigh posterior likely secondary to (shear) .Open wound of left thigh, subsequent encounter Likely secondary to shear. No infectious process noted today. Will defer to wound team for further evaluation and treatment . 2 days after the identification of skin breakdown/pressure injury. (Per the State Operations Manual shearing occurs when layers of skin rub against each other or when the skin remains stationary and the underlying tissue moves and stretches and angulates or tears the underlying capillaries and blood vessels causing tissue damage.) During an interview on 07/16/2024 at 9:12 AM, Guardianship Office Manager (GOM) B reported there was no documentation that the facility staff had contacted R6's guardian and/or the office regarding pressure injuries. During an interview on 07/16/2024 at 10:34 AM, Registered Nurse (RN) J reported that she was unaware of any pressure injuries/skin breakdown for R6 and reported there were no treatment orders pertaining to R6's pressure injuries. During an observation and interview on 07/16/2024 at 10:53 AM, R6's posterior thighs and buttocks were assessed with Director of Nursing (DON) and Nurse Consultant (NC) L. A small open area was identified on R6's left upper posterior thigh, near gluteal crease. R6 reported the area felt itchy and it felt like a bruise when pressed upon. Additionally, there was a raised reddened area on R6's right upper posterior thigh along the brief line. NC L confirmed the raised reddened area was along R6's brief line. (continued on next page)

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 07/16/2024
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)
F 0686 Level of Harm - Actual harm Residents Affected - Few	Review of R6's Order Summary dated 7/16/24 at 11:52 AM revealed, Wound care: Cleanse excoriation to left posterior medial upper thigh with wound cleanser, pat dry and apply dermaseptin twice daily and PRN. every morning and at bedtime. Review of R6's Activity Note dated 7/16/2024 at 1:24 PM, revealed, Resident skin assessed due to nurse concern for open area. Small area of excoriation noted to medial posterior left upper thigh. Physician assessed area yesterday with no new treatment orders. Another small, raised area on right posterior thigh noted and physician informed with no new treatment order at this time. Resident had current order already for cream to area that was changed to utilize Dermaseptin for 2 weeks. Resident uses a wooden scratcher to scratch her skin. Therapy was asked if there were any other items to use that would be less harsh to the skin. Therapy also asked to evaluate resident for use of mobility bars to increase ability to help with turning. Brief size evaluated and is appropriate for resident. Guardian notified via email of new skin issue and for consent of mobility bars. During an interview on 07/16/2024 2:20 PM, DON reported that upon finding areas of skin breakdown R6's provider and guardian should have been notified, measurements obtained, and treatment initiated. Review of the facility policy Skin Management Guidelines-Prevention of Pressure Ulcers/Injuries last reviewed April 2024 revealed, .3. If a new skin injury is identified, a. Notify medical provider and obtain treatment orders b. Notify resident/resident representative c. Nurse to document the above in medical record . Review the resident's care plan and identify the risk factors as well as the interventions designed to reduce or eliminate those considered modifiable .TREATMENT AND MONITORING .2. Treatments are ordered by a medical provider .