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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235582 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/08/2024 |
| NAME OF PROVIDER OR SUPPLIER Evergreen Health and Rehabilitation Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 19933 West Thirteen Mile Road Southfield, MI 48076 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30675</p> <p>This citation pertains to intake #MI00144802.</p> <p>Based on interview and record review, the facility failed to ensure safe transfer per plan of care (use of a mechanical hoier lift) and facility policy for one (R901) of three residents reviewed for accidents.</p> <p>Findings include:</p> <p>Review of a complaint filed with the State Agency included allegations that the resident was not transferred with the correct assistance required.</p> <p>On 7/8/24 at 1:28 PM, the facility was requested to provide any incident reports and investigations since R901's admission.</p> <p>Review of the clinical record revealed R901 was admitted into the facility on [DATE], discharged on [DATE] and had not returned to the facility. Diagnoses included: other specified fracture of right pubis (5/2/24) and morbid obesity due to excess calories (severe).</p> <p>According to R901's care plans and Kardex since admission, the resident's transfer status was TRANSFER: Resident requires Mechanical Lift with 2 PA (Person Assist).</p> <p>Review of the progress notes included:</p> <p>An entry on: 5/27/24 at 11:22 PM read, .Incident Note Note Text : Late entry approx (approximately) 1800 (6:00 PM) Note Text: Res c/o (complains of) pain after transfer from w/c (wheelchair) to bed by staff. Res (Resident) states her left knee twisted during transfer and pain has not resolved after being given PRN (as needed) norcox2 (narcotic pain medication) tabs and scheduled Gabapentin. Daughter is at bedside and adamant that res be sent to hospital for further evaluation .</p> <p>On 7/8/24 at 2:00 PM, an interview was conducted with the Director of Nursing (DON). The DON reported they had identified a Past Non-Compliance (PNC) regarding improper transfer for R901 and provided documentation. When asked to confirm their compliance date, they reported it would be 6/11/24.</p> <p>Documentation included:</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Investigation re [name of R901] 5.27.24</p> <p>Concern:</p> <p>ON 5/28/24 resident daughter [name redacted] contacted administrator.</p> <p>1. Daugther <sic> believed that on 5/27/24 resident was transferred by CENA [name of Certified Nursing Assistant/CNA 'A']. During transfer CENA dropped resident to the floor, then picked resident up and put in bed. After that incident resident c/o knee pain . Background: [name of R901] was admitted to our facility on 5/2/24 with hx (history) of anemia, arthritis, asthma, depression, DM2 (Diabetes Mellitus Type 2), Factor 5 . admitted to hospital d/t (due to) fall at home with right hip/groin pain, right nondisplaced pubic ramus fracture. Resident is alert and able to make needs known. BIMS (Brief Interview for Mental Status Exam) 12/15 (score indicated moderately impaired cognition) on 5/8/24. Resident was admitted to facility for skilled therapy medical and nursing care. Since admission resident attended skilled PT/PT (Physical Therapy) <sic>. Needs Hoyer lift with transfers. Resident tolerates therapy with moderate verbal cuing <sic> and guidance . A:</p> <p>Investigation:</p> <p>Per interview with [name of CNA 'A'], CENA was scheduled on different unit on 5/27/24. Did not entered <sic> [name of R901] room on 5/27/24.</p> <p>Per interview with [name of CNA 'D'], CENA who was assigned to resident on 5/27/24: CENA respond to call light. Resident was up in w/c and asked to go to bed. [name of CNA 'D'] went in hallway and asked [name of CNA 'E'], another CENA to help with transfer. CENAs positioned self at right and left side of w/c. W/c was locked. CENAs assisted resident to standing position. Attempted to assist resident with pivot to the right. Resident was unable to move and asked to sit back in w/c. Resident was assisted back in w/c. Shortly after, CENAs assisted the resident to stand up again. The resident stand <sic> up and was able slowly pivot to left side. When the resident was positioned in front of bed, CENAs assist resident to sitting position. One CENA was holding legs, another upper body and resident was positioned in bed. At no time during the above transfer resident demonstrated verbal/nonverbal S/S (Signs/Symptoms) of pain. Very shortly after CENAs left the resident room, resident started to yell out. CENA immediately returns to the room. Resident stated that her knee hurts and he did it. [Name of CNA 'D'] was the last one leaving the room. No one entered resident room between time [Name of CNA 'D'] left the room and come back. [Name of R901] did not say that she fell . Stated that she twisted her leg. Cen <sic> did not see the resident on the floor. Did not hear anyone talking that resident was on the floor.</p> <p>Per interview with [Name of CNA 'E'], CENA who worked on Oakridge unit 5/27/24: [Name of CNA 'D'] asked for help. He entered [Name of R901] room. Assist with other CENA to stand up resident from w/c. Pt (patient) was not able to pivot to right side. (resident stated that she cannot move). Resident asked to sit back in w/c. CENAs assisted resident back to w/c. Shortly after two CENAs assisted back to stand up. Resident was able to pivot to left side. After that resident was assisted to sit down at edge of bed. Two CENAs positioned the resident to bed. At no time during transfer or bed positioning resident complained of pain: verbal or nonverbal. After the resident was in bed, [Name of CNA 'E'] left the room. Did not see the resident on the floor. Did not hear anyone was talking that resident was on the floor.</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Per interview with [Name of CNA 'F'], CENA who work Oakridge 5/27/24: did not assist resident. Did not hear that resident was on the floor. Did not witness resident on the floor.</p> <p>Per interview with [Name of Nurse 'G'] who was assigned to resident on 5/27/24: [Name of R901] reported to LPN [Licensed Practical Nurse] that her leg got twisted during transfer with staff assist from w/c to bed. At no time resident reported to LPN that she was dropped to the floor during transfer.</p> <p>During the interview with resident daughter [Name redacted]: daughter admitted that she did not witness transfer. Did not witness resident been <sic> dropped to the floor or been on the floor. [Name of daughter] stated that she believed what he <sic> mother told her.</p> <p>Conclusion:</p> <p>Based on resident functional mobility and staff interviews, resident was notdropped <sic> to the floor during 5/27/24 transfer.</p> <p>B. Investigation:</p> <p>During interview with [Name of daughter]: [Name of Nurse 'G'] went to pt room with [NAME] <sic>. Nurse was talking without compassion. Was given dry data. [Name of daughter] claimed that nurse did not want to send resident to hospital. Told daughter that insurance will not cover it and if you want to take her, call yourself. [Name of daughter] said that she did call 911. Few minutes later, [Name of Nurse 'G'] enter room and said that she canceled 911 and scheduled ambulance. Daughter [Name redacted] stated during interview that therapist [Name of Therapist 'H'] witnessed [Name of Nurse 'G'] behavior.</p> <p>Per interview with therapist [Name of Therapist 'H']: resident had skilled therapy earlier on 5/27/24. Later on 5/27/24 [Name of Therapist 'H'] was on Oakridge unit when [Name of daughter] ask her to go back to [Name of R901] room. [Name of Therapist 'H'] observed resident in bed. Resident was c/o knee pain. [Name of Therapist 'H'] explained to reisdnet <sic>and resident daughter that nursing is aware about resident pain and addressing it. If [Name of daughter] wants he <sic> mother to go to ER (emergency room), she can request it from nursing. [Name of Therapist 'H'] also briefly discussed d/c (discharge) plan to resident daughter [Name redacted]. [Name of Therapist 'H'] stated during interview that [Nurse 'G'] was doing her job and was handling situation correctly.</p> <p>Per interview with [Name of Physician 'C'], LPN never mentioned to he <sic> that there is a therapist who is trying to playing <sic> nurse.</p> <p>Per interview with [Name of Nurse 'G']: at no time ever she told resident daughter [Name redacted] that insurance will not cover it and if you want to take her, call yourself.</p> <p>Conclusion:</p> <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Nurse [Name of Nurse 'G'] was re-educated on how to provide excellent customer service; how to be more compassion <sic> and attentive .KNEE LEFT COMPLETE 4 OR MORE VIEWS Addendum: 5/27/2024 Please note that impression point #3 should read: Moderate to large LEFT knee joint effusion. The findings portion of the exam should also state: Moderate to large LEFT knee joint effusion .IMPRESSION: .Moderate to large right knee joint effusion .</p> <p>ELEMENT1: [Name of R901] is no longer at the facility.</p> <p>ELEMENT2: All residents at the facility who receive assistance with transfers have the potential to be affected. Those residents have been assessed and reviewed to make sure that they have proper transferring assistance and matching happy feet in the room. Any deficiencies were corrected immediately.</p> <p>ELEMENT3: All staff re-educated on importance to follow Kardex instructions and happy feet instruction when assisting resident with transfers. All transfers are to be completed with use of gait belt unless instructed differently. Re-educated on facility policies: gait belt use; transfer with staff assist; transfer with use a mechanical lift machine.</p> <p>ELEMENT4: The DON or designee will audit 5 residents on each unit to make sure staff follows Kardex instructions and happy feet instructions with transfers.</p> <p>Review of the facility's policy titled, Transferring - Using a Mechanical Lift Machine dated 9/28/23 documented:</p> <p>.Mechanical lifts may be used for tasks that require .Transferring a resident from bed to chair (or vice versa) . Lateral transfers .Repositioning .</p> <p>Review of the PNC documentation included ongoing audits, which identified instances of areas that needed to be completed and updated. These audits were reviewed during the facility's Quality Assurance meetings on 6/13/4 and 6/27/24.</p> <p>Further review of the documentation provided of the facility's investigation and audits, revealed no further concerns. Discussion with the survey team acknowledged this deficient practice as an accepted Past Non-Compliance.</p> | | |