

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 235587	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/18/2024
NAME OF PROVIDER OR SUPPLIER Fountain Bleu Health and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 28910 Plymouth Road Livonia, MI 48150	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34851</p> <p>This citation pertains to Intake: MI00145063.</p> <p>Based on observation, interview, and record review, the facility failed to implement care plan interventions for two residents (R706 and R708), of four residents reviewed for falls. Findings include:</p> <p>R706</p> <p>On 6/18/24 at 9:34 AM, R706 was observed lying in bed on a regular mattress, bed low to the floor, with one floor mat on the right side of the bed. R706's face was observed with bruising under both eyes. R706 was asked what happened to cause the bruising. R706 stated, I fell . R706 was asked how they fell and explained they fell out of bed. Further observation noted, R706's call light at the foot of the bed, hanging through the frame of the bed.</p> <p>On 6/18/24 at 11:52 AM, R706 was observed in the same condition as above at 9:34 AM.</p> <p>A review of R706's medical record noted, R706 was admitted to the facility on [DATE] with diagnoses of Cerebral infarction, unsteadiness on feet, repeated falls, and history of falling.</p> <p>A review of R706's care plan noted, Focus: At risk for falls due to history of falls, impaired balance/poor coordination, potential medication side effects, unsteady gait. Date Initiated: 12/11/2023. Goal: Minimize risk for injury r/t (related to) falls. Date Initiated: 12/11/2023. Interventions: Floor mats while on bed. Date Initiated: 02/05/2024. Scoop/perimeter mattress. Date Initiated: 05/15/2024. Call light within reach. Date Initiated: 12/13/2023 .</p> <p>On 6/18/24 at 1:46 PM, the Director of Nursing (DON) was asked to take a look at R706's mattress. R706's bed was observed to have a new mattress that was not in the room during the earlier observations. The new mattress was observed to be a perimeter mattress (for patients that are prone to exiting the bed unassisted or to falling out of bed), during this time of the observation. While in R706's room, their was a discussion about the new mattress and when it arrived on R706's bed. R706's roommate overheard the discussion and reported the mattress was just put on.</p> <p>On 6/18/24 at 2:37 PM, the DON was asked about the mattress. The DON explained, R706 was moved closer to the nurses station as an intervention for falls about a week ago. The DON further explained during the move the correct mattress may not have transfer to the new room with R706.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The DON was asked the facility's expectations and which staff would be responsible to check R706's mattress. The DON explained, the Unit Managers are responsible for making sure the interventions are in place.</p> <p>R708</p> <p>On 6/18/24 at 9:44 AM, R708 was observed in a bed that was not low to the floor. R708 was asleep and did not awaken for an interview.</p> <p>On 6/8/24 at 11:41 AM, R708 was observed in a bed that was not low to the floor. R708 was asked about falls at the facility. R708 reported they had a fall awhile ago and it was something that just happened. R708 was asked if it was during care or if they were alone. R708 stated they were alone and they did not have an injury from the fall.</p> <p>A review of R708's medical record noted, R708 was admitted to the facility on [DATE] with diagnoses of Seizures and Vertigo.</p> <p>A review of R708's care plan noted, Focus: Resident is at Risk for Falls and Potential for Injury r/t: Confusion, history of falls, muscle weakness, poor balance, potential side effects of medications used, psychotropic medication use, require assistance with Activities of Daily Living (ADL) care and transfers but is alert and chooses not to ask for assistance, unsteady gait, use of antihypertensive medication, use of opioid medications and poor safety awareness. Date Initiated: 09/02/2022. Goal: Resident will have decrease risk factors for falls with currently interventions x 90 days. Date Initiated: 04/04/2023. Interventions: Bed to be in low position when in bed. Date Initiated: 04/04/2023. Low bed. Date Initiated: 5/22/2024 .</p> <p>On 6/18/24 at 1:48 PM, the DON was asked to observe R708's bed and was asked if the bed was in the lowest position. The DON stated, No it's not. The DON was observed to use R708's bed remote to lower the bed and was unable to lower the bed due to the bed not functioning properly.</p> <p>On 6/18/24 at 2:05 PM, the DON and the Maintenance Director reported that a work order was put in this morning regarding the bed not lowering back down.</p> <p>A review of the facility policy titled Care Plan- Comprehensive and Revision revised date, 8/25/23 noted, Policy overview: A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident ' s physical, psychosocial and functional needs is developed and implemented for each resident . Care plan interventions are chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. When possible, interventions address the underlying source(s) of the problem area(s), not just symptoms or triggers. Assessments of residents are ongoing and care plans are revised as information about the residents and the residents' conditions change .</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50223</p> <p>This citation pertains to Intake MI00145063.</p> <p>Based on observation, interview, and record review the facility failed to secure medications on three of three medication carts throughout the facility. Findings include:</p> <p>On 6/18/24 at 9:30 AM, an unlabeled medication cart (#1) was observed unlocked and unattended in a hallway containing resident rooms. An unknown staff member walked by and locked it 9:32 AM.</p> <p>On 6/18/24 at 11:42 AM, an unlabeled medication cart (#2) was observed unlocked and unattended in hallway containing resident rooms 501-509.</p> <p>On 6/18/24 11:45 AM, an unlabeled medication cart (#3) was observed unlocked and unattended outside resident room [ROOM NUMBER]. When an unidentified nurse was asked about the unlocked cart they stated, I know, that's my mistake.</p> <p>A request was made for the facility's medication cart policy. The facility provided the Centers for Medicare and Medicaid Services form (CMS-20089) titled Medication Storage and Labeling. The form noted, Medications and biologicals in medication rooms, carts, boxes, and refrigerators were maintained within: Secured (locked) locations, accessible only to designated staff; Clean and sanitary conditions; and Maintain temperatures in accordance with manufacturer specifications and monitor according to national guidelines (e. g., see CDC vaccine storage and handling) .</p>