

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  235590	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Livonia Woods Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  33600 Luther Lane Livonia, MI 48154	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44750</b></p> <p>This intake pertains to Intake MI00142183.</p> <p>Based on interview and record review, the facility failed to provide showers per schedule and preference for one resident (R704) out of one reviewed for Activities of Daily Living (ADL). Findings Include:</p> <p>A review of Intake MI00142183 noted the following, Complainant states the resident is not getting showered.</p> <p>A review of the medical record revealed that R704 admitted into the facility on [DATE] with the following diagnoses, Displaced Fracture of Right Foot and Alcoholic Polyneuropathy. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R704 also required assistance with bed mobility and transfers.</p> <p>Further review of the medical record revealed that R704 was scheduled to receive showers on Tuesday and Friday evenings. A review of the shower documentation revealed that R704 did not receive showers on the following days, 1/19, 1/23, and 2/2/24.</p> <p>On 3/20/2024 at 10:09 AM, an interview was conducted with the Director of Nursing (DON). The DON stated that R704 was young and alert, so they aren't sure why they did not receive their showers. The DON stated that if someone refused a shower, then the certified nursing assistant (CNA) should tell the nurse so they can follow up. If the resident continues to refuse, then a progress should not follow.</p> <p>A review of the progress notes did not reveal any refusals of showers.</p> <p>A review of a facility policy titled, Tub Bath or Shower noted the following, Tub baths and/or showers are used to cleanse the body, stimulate circulation, and condition and assist debriding skin. Ben linen is changed weekly and PRN (as needed). This is performed by a CNA.</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:  235590	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2024
NAME OF PROVIDER OR SUPPLIER  Livonia Woods Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 33600 Luther Lane Livonia, MI 48154	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44750</p> <p>This citation pertains to Intake MI00142813.</p> <p>Based on interview and record review, the facility failed to administer medication per physician's order for one resident (R704) out of two reviewed for medication administration. Findings Include:</p> <p>On 3/19/2024 at 9:07 AM, a phone interview was conducted with Family Member (FM) E. FM E stated that R704 did not receive their medications like they were supposed to while in the facility. Specifically, their pain medicine.</p> <p>A review of the medical record revealed that R704 admitted into the facility on [DATE] with the following diagnoses, Displaced Fracture of Right Foot and Alcoholic Polyneuropathy. A review of the Minimum Data Set assessment revealed a Brief Interview for Mental Status score of 15/15 indicating an intact cognition. R704 also required assistance with bed mobility and transfers.</p> <p>Further review of the medical record revealed the following order, Pregabalin (Medication used to treat neuropathy) Oral Capsule 200 MG Give one capsule by mouth two times a day for nerve pain.</p> <p>Further review of the Medication Administration Record (MAR) revealed that R704 did not receive the medication at the following days and times, 1/11 at 4:00PM, 1/12 at 8:00 AM and 4:00 PM, and 1/13 at 8:00 AM and 4:00 PM.</p> <p>A review of the progress notes revealed multiple documentations noting that they are waiting for it to be received from pharmacy.</p> <p>On 3/20/2024 at 10:37 AM, an interview was conducted with the Director of Nursing (DON). The DON stated that R704 admitted into the facility on the 11th and the nurse called to pull the medication out of back up, however could not because the dose was too high. The DON stated that they had to send a signed c2 script over and it was not received until the 13th, which is when R704 received the medication. The DON was queried as to if this is the process when a medication is not being administered. The DON stated that a progress note should have been entered and the physician notified.</p> <p>A review of a facility policy titled, Medication Pass Guidelines noted the following, .New Medication Starts-Begin new medication orders timely. Begin routine orders on the same day ordered, unless the next dose would normally be given the next day.</p>		